

Consensus for action

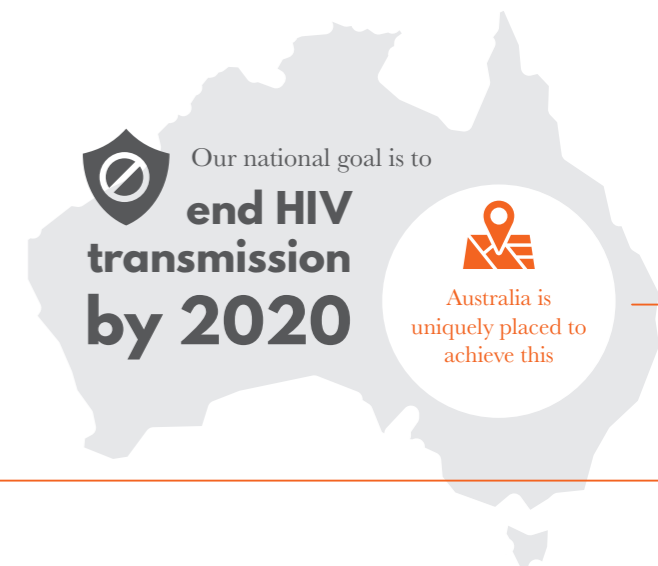


HIV blueprint



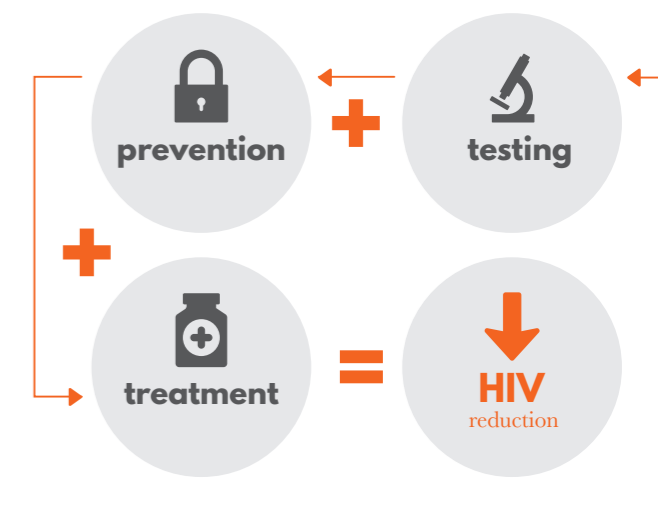
Australia can end HIV transmission

A powerful combination of new science and decades of experience means Australia can lead the world and end the HIV epidemic.



Community, research and medicine - working together

With additional resources and effort, national leadership can end HIV transmission, driving excellence in prevention, testing and treatment



Lifting the burden of disease

Australia can champion models of early HIV diagnosis and linkage to high quality prevention, treatment and care.

Each averted HIV transmission saves the cost of HIV treatment and is a life free from HIV stigma.



Ending HIV transmission in Australia

GOAL

This blueprint describes the additional effort and investment needed across community organisations, research and the clinical workforce to end HIV transmission.

EFFORT



Community-led efforts

Strengthen the national HIV response through prevention, testing and treatment campaigns, supports for peer based organisations to conduct education and community outreach, guidance to allied workforces, planning and service re-development
 💰 \$10m pa across communities

Develop specialised programs to engage with 'hidden' populations at risk of being left behind, including people with unsuspected HIV, late HIV presenters and those not being treated
 💰 \$3m pa

Challenge stigma and discrimination through targeted communication
 💰 \$400k pa

Implement a communications and media strategy to promote safe sex and encourage testing among Australians traveling overseas
 💰 \$400k pa

Plan and implement an improved and sustained response to HIV and STIs among Aboriginal and Torres Strait Islander communities
 💰 \$15m pa

The time of frontline educators is precious. Many community HIV organisations have only one or two educators working across a range of populations for an entire jurisdiction. To ensure messaging is consistent, and to support frontline workers, backbone resources need to be developed nationally for local implementation. For example, every educator should have access to materials for an information session on HIV self-testing. This includes presentations, Q&A, handouts, session outlines etc. If these materials are developed nationally, educators can spend their time working with clients, not needlessly researching and developing materials.



Technology

Implement a positive recommendation from the Pharmaceutical Benefits Advisory Committee for HIV pre-exposure prophylaxis without delay
 💰 As per PBAC advice

Register a HIV self-test on the Australian Register of Therapeutic Goods
 💰 \$0

Seek a sponsor and provide MBS listing for rapid HIV testing
 💰 As per Medical Services Advisory Committee advice



Workforce

Improve community workforce skills and knowledge through specialised training, a bi-annual conference and support for new employees
 💰 \$250k pa

Provide HIV and wider clinical workforce training and support, including through periodic clinical networking and leadership activities
 💰 \$350k pa

Meaningfully involve people with HIV and affected communities in all levels of the response



Data, research & evaluation

Unlock access to big data (Pharmaceutical Benefits Scheme and Medicare Benefits Schedule), including through linkage to existing HIV datasets, while maintaining strict protections for individual's privacy
 💰 \$0

Further strengthen and support high quality and timely HIV surveillance and annual community-based behavioural surveillance from every and state and territory
 💰 \$400k pa

Fund implementation research that is integrated fully with the planning and delivery of national community programs
 💰 \$1.5m pa

Continuously evaluate the effectiveness of national and local programs to guide adjustments as needed.
 💰 \$1.2m pa

How this works



Community Engagement: Increased awareness of new technologies powered by peer-based education and health promotion



Tools and technology: Equitable and affordable access to evidence-based measures such as PrEP, self-testing and the Needle and Syringe Program



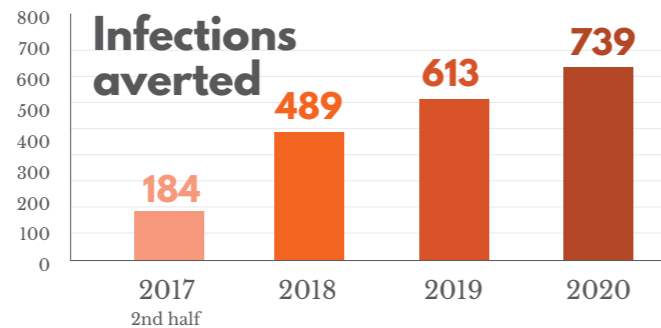
Community education and action: Nationally coordinated programs, implemented locally



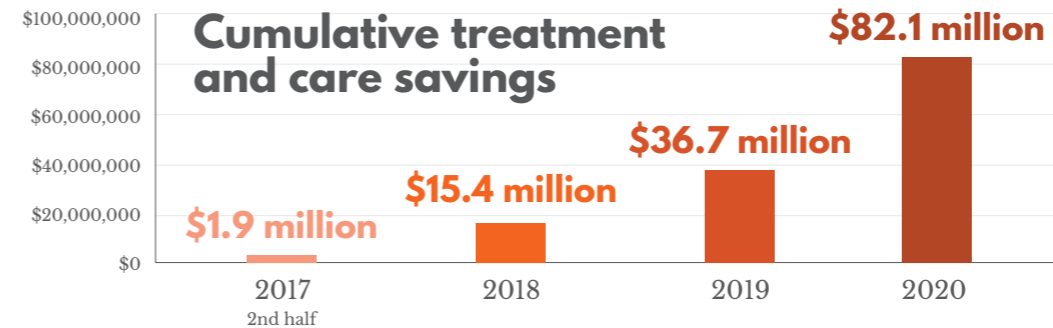
Health outcomes: Substantial reduction in HIV transmission, including sustained low rates of HIV among people who use drugs and sex workers, reduced public health expenditure, improved health and wellbeing among key populations

IMPACT

95-95-95 + 80 per cent of high risk men who have sex with men on PrEP by 2020.



total infections averted by 2020:
2,025



lifetime savings from 2,025 averted infections
\$2 billion