

# Victorian HIV strategy

2017–2020

The Department proudly acknowledges Victoria's Aboriginal community and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

# **Victorian HIV strategy**

2017–2020

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# Minister's foreword

I am delighted to release the *Victorian HIV strategy 2017–2020*.



We are at a pivotal moment in the HIV response. Our research, policy and service delivery innovations have created the opportunity, for the first time, to virtually eliminate new HIV notifications in Victoria.

Victoria has been at the forefront of pre- and post-exposure prophylaxis, treatment as prevention, the promotion of risk-reduction practices and the elimination of stigma and discrimination. Our history of community activism and advocacy, in partnership with clinicians, researchers and governments, has helped Australia maintain one of the lowest rates of HIV in the world.

Our vision for people living with HIV now is that they are able to lead long and healthy lives and participate fully in a Victoria free from discrimination. This HIV strategy sets out our pathway to this vision built around four key pillars: prevention, testing, treatment, and the elimination of stigma and discrimination.

For the first time, eliminating stigma and discrimination is now front and centre in our approach. The Andrews Labor Government wants to make it clear that stigma and discrimination experienced by people living with HIV is completely unacceptable.

Ongoing consultation with the sector and collaboration with affected communities has informed and strengthened our approach. Now, in partnership with these and other stakeholders, we will lead this charge to reinvigorate and refocus our efforts to achieve our vision.

To achieve our bold targets we must build on these successes, and make prevention tools like treatment as prevention and pre-exposure prophylaxis easily understood and more accessible, while sustaining and revitalising traditional HIV prevention strategies such as condom use and safer injecting practices. We must also continue our efforts to research, trial and evaluate advances in testing technology and treatment.

In undertaking these efforts, we must never lose sight of what matters most: the health and wellbeing of people living with, affected by, and at risk of HIV. This is a period of hope. Together we have the opportunity to create a better future for those living with and affected by HIV.

A handwritten signature in black ink, reading 'Jill Hennessy'.

**The Hon. Jill Hennessy MP**  
Minister for Health

# Our vision

By 2020 we aim to virtually eliminate new HIV transmissions.

By 2030 Victoria will eliminate stigma and discrimination associated with HIV and achieve the 95-95-95 targets for diagnosis, treatment and viral suppression.

## Our objectives

Victorians are supported to reduce their risk of contracting HIV.

Victorians with HIV know their status.

Victorians with HIV will have access to best practice treatment and care.

People living with HIV (PLHIV) and affected communities are free from HIV-related stigma and discrimination.

Victoria will sustain the virtual elimination of HIV transmission among sex workers and from mother to child.

Victoria will sustain low rates of HIV transmission among both people who inject drugs, and also among Aboriginal and Torres Strait Islander people.

**With this strategy Victoria will set bold targets to increase prevention, testing and treatment, and to reduce stigma and discrimination.**

**“Overcoming HIV stigma is our greatest challenge. When people live with fear of disclosing their HIV status, are faced with ignorance and dismissed by their families and communities or have to face unnecessary scrutiny of health care providers then shame overshadows their lives.”**

**Brent Allan**

Chief Executive Officer  
Living Positive Victoria







**“Victoria has a remarkable opportunity to harness the momentum in HIV science, policy and advocacy to achieve our ambitious goals: eliminating new HIV transmissions by 2020 and improving the lives of people living with HIV.”**

**Associate Professor Edwina Wright**  
The Alfred Hospital and the  
Burnet Institute



# Introduction

Recent significant advances in science, research and technology make Victoria's ambitious time-bound HIV targets entirely achievable.

The introduction of antiretroviral therapy in the mid-1990s enabled people with HIV to live longer and healthier lives. Over the past 10 years, the effectiveness of antiretroviral therapy has improved considerably, changing the clinical care needs of people living with HIV. As demand for inpatient care has declined, demand for community-based care and support has grown. With it, new challenges associated with ageing and chronic conditions have emerged. More recently, new science has driven significant advances in biomedical prevention and treatment strategies for HIV.

HIV continues to disproportionately affect gay and bisexual men. While it has never been confined to a single population or community, our awareness of how it affects different people has changed and increased.

In the context of this change, there is an opportunity and responsibility to strengthen the current service system to ensure greater integration between mainstream primary and community care and specialist programs.

Victoria's HIV response has been defined by successes across the spectrum of health promotion, prevention, testing, treatment, workforce development and surveillance. Victorian HIV

health services have been developed, led and delivered by affected communities. This world-class response is defined by a unique partnership with community members, clinicians and researchers. The Victorian Government is committed to maintaining and strengthening this partnership.

This HIV strategy provides a comprehensive plan for achieving the strategic directions for sexual and reproductive health outlined in the *Victorian public health and wellbeing outcomes framework 2015-2019*. This will assist in tracking progress and outcomes, and provide a transparent approach to monitoring and reporting. In addition to the target of the virtual elimination of new HIV transmissions by 2020, the Victorian Government is committed to combination prevention strategies, increased testing rates for all sexually transmissible infections (STIs), access to treatment, and the promotion of safer sex and harm reduction practices.

The Victorian Government recognises that the experience of discrimination and stigma remains an obstacle to people seeking important prevention, treatment, support and care services. Victoria is committed

to the greater and meaningful involvement of people living with HIV. The Greater/Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) principles underpin this strategy, and are the backbone of the Victorian partnership model.

Achieving the vision outlined in this strategy will require the Victorian HIV partnership to have a holistic understanding of the individual within a social model of health framework. People will not be viewed solely through the lens of their HIV status, but understood in the context of their social, environmental, economic and cultural status. By partnering with communities, organisations, and the individuals they represent, the Government can better understand and support the actions necessary to improve their collective health.

This strategy provides the framework and rationale for a whole-of-system approach to designing, targeting and evaluating Victoria's system of HIV care. This system will be sensitive and responsive to the changing needs of people living with and affected by HIV, and will work to ensure a refreshed approach to integration along the continuum of prevention, testing, treatment and care.

# Introduction (continued)

Importantly, this strategy will also focus on building a clinical HIV prevention and treatment system to coordinate access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), testing and treatment where people live, through primary and community care. Undertaking individual, community and system-level engagement about the range of available combination prevention activities will renew Victorian efforts to virtually eliminate new HIV transmissions by 2020 and achieve the 2030 diagnosis, treatment and undetectable viral load targets.

## What is HIV?

HIV (human immunodeficiency virus) is a virus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker and the person is more likely to be affected by other infections and illnesses.

If untreated, HIV infection can progress to AIDS (acquired immunodeficiency syndrome). This means the body is unable to fight off most infections and illnesses. AIDS usually takes many years to develop. In Australia, because treatment is widely available, very few people develop AIDS.

HIV is most commonly transmitted through sex without a condom or through sharing needles and other injecting equipment.

With the success of antiretroviral therapy, HIV infection is now considered a chronic condition rather than a fatal disease, as these treatments can effectively manage and suppress it.

Importantly, these treatments can effectively reduce the viral load in people living with HIV to undetectable levels, meaning that the risk of transmitting the disease to others is negligible.

## HIV, wellbeing and the social determinants of health

HIV cannot be viewed in isolation. Many people living with or at higher risk of HIV experience other conditions and complexities that affect their ability to manage their HIV, or their risk of contracting it.

Prevention, testing, treatment and stigma must be viewed in the context of various factors including: gender and gender identity; race, nationality and linguistic identity; disability; education, employment, income and housing status; mental health; and other medical conditions. An effective HIV response must also consider personal and contextual factors such as the power dynamics within relationships and social groups, family and intimate partner

violence, and the ability and autonomy of people to manage their own health. All of these can affect the ability of people to adopt prevention strategies, test regularly for HIV and other STIs, or adhere to HIV treatments.

In supporting them to manage their health, clinicians and community organisations must consider these factors in providing comprehensive care to affected people and communities. This requires all sectors of the HIV response to collaborate on the development of clear, robust linkage strategies and referral pathways, ensuring everyone is able to access the care they need.

## Changing health needs – HIV and ageing

Across the developed world, people living with HIV are ageing. With this comes increasing complexity and comorbidities.

As this population ages, gaps in service provision become evident, as do opportunities to evolve programs that will enable people to age well with HIV.

In 1985 the proportion of people living with HIV in the over-55 age group was 2.6 per cent. By 2000 it was 10.9 per cent, and by 2010 it was 22.3 per cent.

It is estimated that by 2020 the number of people living with HIV aged over 55 years in Victoria will be 38.5 per cent.

Our efforts should be directed to understanding the long-term health consequences of HIV as the population of people living with HIV ages.

Compared with the general population, people living with HIV are at higher risk for diseases associated with the ageing process, including cardiovascular disease, osteoporosis, neurocognitive dysfunction and some cancers.

**“Visibility is crucial for people living with HIV. Each of us has different needs based on our individual identity and personal experience. We need to support the minorities within the minority – women, Aboriginal and Torres Strait Islander people, and others – to help them live well with HIV.”**

**Bev Greet OAM**

Co-founder

Positive Women Victoria



# HIV in Victoria

There are more than 7,800 people living with HIV in Victoria.

**Figure 1: Victoria's progress against the 90-90-90 2020 targets, December 2016**

There are more than

**7,800**

Victorians living with HIV

**90%**

know their status

of these

**84%**

are on treatment with antiretrovirals

and

**78%**

of those on treatment have an undetectable viral load

Over time, the population of people with HIV in Victoria has increased for several reasons, including dramatically reduced mortality due to the availability of highly effective antiretroviral therapies, migration of people with HIV to Victoria from interstate and overseas, and new transmissions.

In Victoria, men who have sex with men – including gay and bisexual men – is the population most affected by HIV. There are several known risk behaviours associated with HIV transmission. The most commonly reported exposure to HIV in Victoria is condomless anal intercourse without the use of biomedical prevention strategies.

Almost one in five notifications occur among other priority populations such as women, travellers, Aboriginal Victorians, young people and people from culturally and linguistically diverse communities.

With increased use of PrEP, better understanding of treatment as prevention (TasP), increased community awareness and use of risk-reduction practices, increased migration and mobility between Victoria and high-prevalence countries, and different patterns of drug use, the diversity, size and demography of Victoria's HIV epidemic is continually changing.

## Did you know?

### Melbourne is Australia's first Fast-Track City

The Victorian Government, in partnership with the City of Melbourne, has committed to a global initiative to fast-track local responses to HIV and AIDS.

The goal of Fast-Track Cities is to attain the UNAIDS 90-90-90 targets: 90 per cent of people who are HIV-positive know their status; 90 per cent of people who are HIV positive are on treatment; and 90 per cent of people on HIV treatments have an undetectable viral load (see Figure 1).

Melbourne and Victoria are among the most successful Fast-Track Cities participants to date. Along with Amsterdam, San Francisco and Denver, Melbourne has already achieved its diagnosis target, and has some of the highest rates of treatment and undetectable viral load in the world.

**Victoria has been extremely successful in sustaining the virtual elimination of HIV transmission among sex workers and from mother to child. Victoria has also successfully sustained a low incidence of HIV in both Aboriginal people and in people who inject drugs.**



## Victoria's priority populations

As the demographic profile of HIV changes in Victoria we have an urgent challenge, as well as an opportunity, to focus our efforts on those who are most vulnerable and most affected by HIV. These people include:

- people living with HIV
- gay, bisexual and other men who have sex with men
- Aboriginal and Torres Strait Islander people
- culturally and linguistically diverse and refugee communities
- people from or who travel to high-prevalence countries
- people who inject drugs
- prisoners
- sex workers
- young people
- transgender and gender diverse people
- women at greater risk of HIV

The Victorian Government is strongly committed to equality regardless of gender or gender identity. Accordingly, this strategy includes both women and trans and gender diverse people as priority populations in their own right. This strategy recognises the unique

challenges these populations face when living with or at risk of HIV. Both experience significant disadvantage as a result of the intersection of gender and gender identity with other socioeconomic factors, placing them at greater risk of harm.

The Government acknowledges that HIV can affect anyone, regardless of whether they belong to a priority population. Victoria also acknowledges that there are specific sub-population groups, such as international students, people with disability, older people living with HIV, people who are co-infected with other blood-borne viruses (BBVs) and rural and regional residents, who will require tailored responses.

**People living with and affected by HIV are central to Victoria's HIV response. Their experience, engagement and participation are essential in the development of our programs and policies. People living with HIV must be the focus of – and equal partners in – their treatment, care and other decisions that affect their lives.**

**“Our renewed focus on prevention, testing and treatment must be mindful of the diversity of people affected by HIV. Our collective efforts must consider the whole person – not just their risk factors – and how stigma impacts their engagement and wellbeing.”**

**Associate Professor Mark Stoové**  
Head of Public Health Discipline  
The Burnet Institute



# What you told us

The Victorian Government consulted with a wide range of people living with and affected by HIV, as well as the community, health professionals and researchers. These consultations focused on prevention, treatment and care, bringing together participants from a diverse range of backgrounds and organisations.

The numerous ideas and comments summarised below reflect the energy and enthusiasm of all involved to be part of a bold new vision for HIV. This invaluable process helped inform Victoria's strategic response to HIV.

*'Our society is changing and we are slowly gaining equality including naming racism, trans and homophobia. HIV stigma is still very real. We have to work together to ensure no one is left behind.'*

*'Our services should reflect the changes that we are seeing and that they should also be welcoming and safe for all people with or affected by HIV.'*

*'We are at a pivotal point in the epidemic. We have exciting new tools and science driving our ability to eliminate this virus. We must do everything to use these opportunities.'*

*'If we keep doing more of the same, we will get more of the same. It is time to do our work differently, to be bold and innovative and move from merely managing this epidemic to eliminating it.'*

**"Victoria's inclusion of women as a priority population is a significant step in addressing the stigma, discrimination, and violence experienced by women living with and at greater risk of HIV. Our strength and resilience will help Victoria end the HIV epidemic."**

**Christabel Millar**

Health Promotion Coordinator  
Positive Women Victoria

Board of Directors  
Living Positive Victoria



## Overview of consultation findings

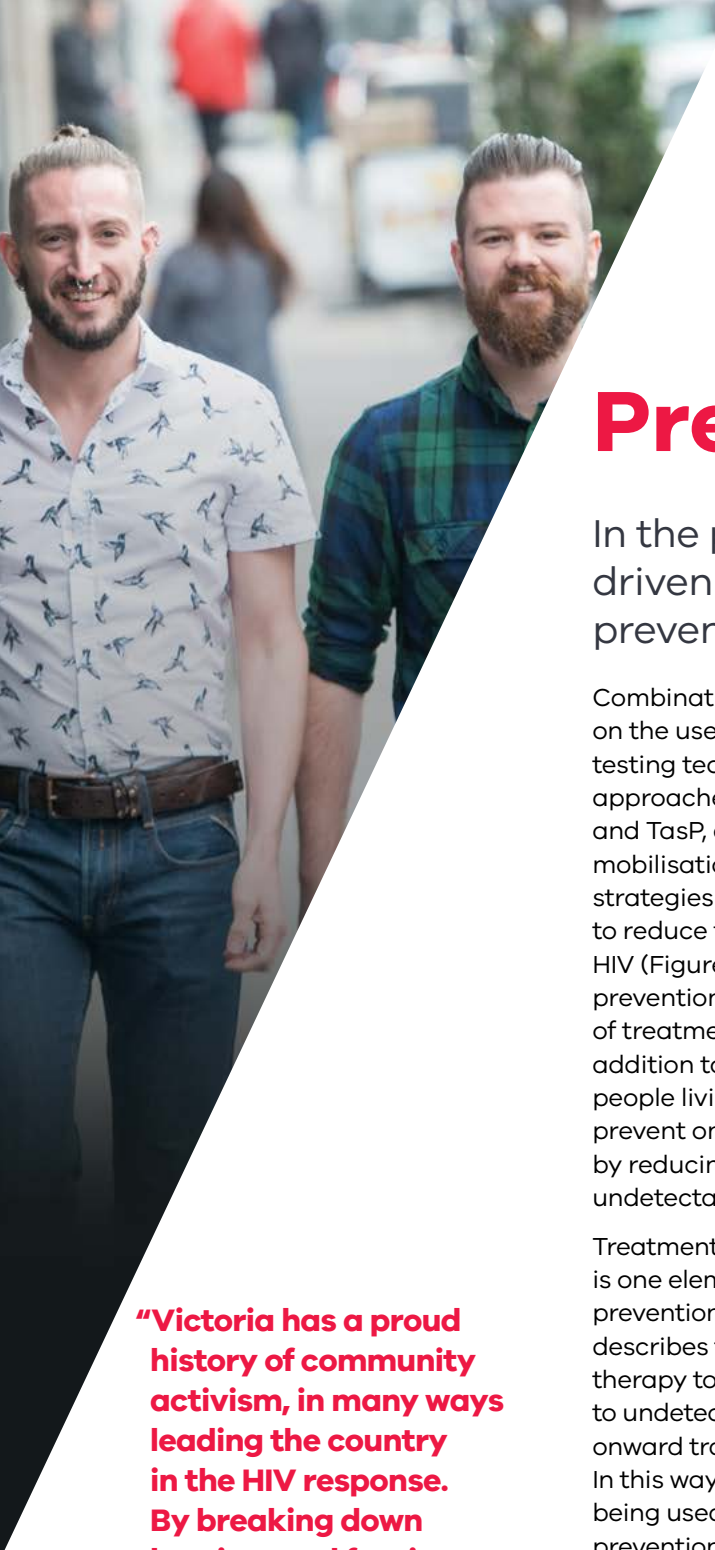
- There have been significant achievements to date in HIV prevention and in challenging stigma and discrimination, setting a positive precedent for continuing success into the future.
  - Legislative reform in Australia has introduced a broader acceptance, visibility and mainstreaming of lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. This has affected how connected people are to either mainstream or LGBTI communities.
  - Technology and social media changes are reworking the way in which people are forming relationships, socialising, connecting to communities and accessing health information and support. This is most apparent in people under 30 years of age and presents opportunities for evolving our prevention responses.
  - There is a shared vision for revitalising primary prevention, increasing early detection and facilitating early and rapid access to treatment commencement.
  - Normalising and increasing testing and integration with STI testing, and introducing an annual testing day, were all highlighted, as were innovative peer-led and social media approaches.
  - Scientific advances mean our services need to change to capitalise on these.
  - Models of care need to be collaborative, integrated, coordinated, linked to other services and supports, and tailored to the individual/population. It was reiterated that empowerment of individuals and peer-led strategies will be critical to future success.
  - Across all priorities the importance of targeting and tailoring to diverse populations was emphasised. Of note, international students, women at greater risk and travellers were highlighted as populations requiring targeted and tailored programs.
  - Community health literacy, sexuality education in schools and clinical education present important opportunities to make real gains across all objectives.
  - There is also a significant need to continue to address stigma and discrimination, improve workforce capacity, and undertake further targeted research.
- The refreshed strategies put forward by participants had common elements of multi-sector partnership, community collaboration and peer leadership, all of which set a basis for building collective impact for change.

**“It’s important for the HIV sector to listen to people from culturally and linguistically diverse backgrounds. Understanding them is important to better prevention and treatment of HIV.”**

**Cristian Cortes Garzon**  
Systems Project Officer  
Living Positive Victoria

Co-founder  
LGBTI Latinx and Hispanics  
in Australia





# Prevent

In the past five years, new evidence has driven significant advances in biomedical prevention and treatment strategies for HIV.

Combination prevention relies on the use of new rapid HIV testing technologies, biomedical approaches such as PrEP and TasP, and community mobilisation and behavioural strategies all working together to reduce the transmission of HIV (Figure 2). Combination prevention conceives of the role of treatments in a new way. In addition to its health benefits for people living with HIV, treatments prevent onward HIV transmission by reducing the virus to undetectable levels.

Treatment as prevention (TasP) is one element of combination prevention. It is a term that describes the use of antiretroviral therapy to reduce HIV viral load to undetectable levels, preventing onward transmission of infection. In this way, treatment is now being used as a community-level prevention strategy.

Improved understanding of TasP and undetectable viral load has resulted in a highly effective intervention being added to the growing suite of HIV prevention strategies. It underlines the importance of developing rapid linkage to care models, building the primary care workforce to improve regular screening, and supporting treatment uptake and adherence.

PrEP is another highly effective tool for HIV prevention. Clinical studies have shown that, when taken consistently, PrEP

can reduce the risk of HIV transmission by around 99 per cent. It is transforming prevention efforts across the world. This is a game-changing tool for preventing HIV.

Increased awareness of PrEP, TasP and undetectable viral load has changed how individuals and communities view HIV. It has prompted important conversations about prevention and HIV status and had a profound impact on HIV stigma.

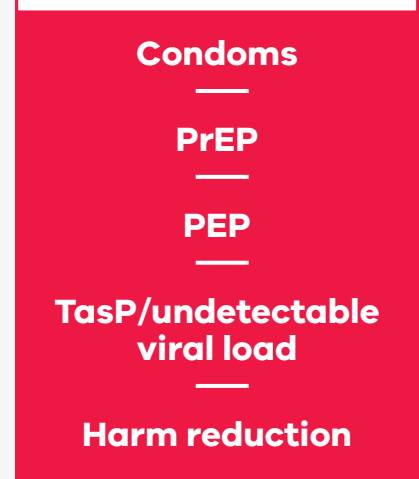
It is essential to retain a central focus on condom use and harm reduction efforts in preventing transmission. Condoms and harm reduction approaches, like needle and syringe programs, not only protect against HIV but also other BBVs and STIs. We must incorporate and increase access to new biomedical tools and approaches.

**“Victoria has a proud history of community activism, in many ways leading the country in the HIV response. By breaking down barriers and forging partnerships across the sector, as we’ve done with PrEP, Victoria can support communities to take charge of their own health.”**

**Chris Williams,**  
Co-founder  
PrEP’d for Change

**Michael Whelan**  
Vice Chair  
PrEPaccessNOW

**Figure 2: Key elements in the fight against HIV**



## PrEPX study

PrEPX is a landmark public health research study launched in 2016 that aims to provide HIV prevention medication to 3,800 Victorians at greater risk of HIV. The plan is to decrease HIV notifications by up to 25 per cent over the coming years. The PrEPX study is a co-designed and co-funded initiative between the Victorian Government, Alfred Health and the Victorian AIDS Council. The study will reorient the Victorian HIV testing and treatment model to achieve the target of the virtual elimination of new HIV infections by 2020.

Importantly, the design of the study embeds access to PrEP within primary care. This model provides a platform for supporting a comprehensive approach to improving sexual health testing and treatment for Victorians at higher risk, potentially tripling the annual volume of tests conducted.

Unique to the PrEPX study is the involvement of a number of community pharmacies, which have been engaged to dispense PrEP to enrolled participants to support accessibility and a familiar model of care. PrEPX has been implemented across metropolitan Melbourne and rural and regional Victoria.

## PrEP guidance for practitioners

The Victorian guidance on PrEP is now available online at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-guidance-on-pre-exposure-prophylaxis>. It provides medical practitioners with information on PrEP for preventing HIV transmission and supports a high standard of sexual health care when PrEP is prescribed.

## PEP program

The administration of PEP for HIV represents secondary prevention when primary prevention has failed. It involves the use of medication (typically a combination of antiretroviral drugs) within 72 hours to reduce the risk of HIV transmission following a known or possible exposure to infected blood or body fluids.

The Victorian PEP program works on a hub-and-spoke model, with Alfred Health as the central hub providing the primary access point. People who need PEP are referred to the closest 'spoke,' which includes selected general practitioners such as s100 prescribers, hospital emergency departments or infectious diseases units, and sexual health clinics across metropolitan and regional Victoria. The antiretroviral treatments are funded and distributed by Alfred Health to the PEP providers as required.

## Taking action to prevent HIV

In addition to well-established prevention programs, the government is implementing innovative and bold approaches to achieving its prevention targets. Victoria's response supports the development and funding of community-led campaigns and services that have been able to adapt to rapidly changing science and technologies.

**"To improve sexual health screening among communities like trans and gender diverse people, we need to understand the unique and diverse needs of each person. A one-size-fits-all approach will not work."**

**Jeremy Wiggins**

Co-founder, PASH.tm

Project Lead

Victorian AIDS Council







## PRONTO!

PRONTO! is a peer-led, community-based rapid testing service run by the Victorian AIDS Council, in partnership with the Burnet Institute. It facilitates easy and frequent testing, which is critical to helping people know their status and linking them into treatment.

PRONTO! has increased its reach through innovative outreach strategies, and expanded its services. It now offers STI screening, and is co-located with Equinox, a dedicated general practice for trans and gender diverse people.

**"Effective HIV prevention is more than providing condoms and PrEP. People at risk of HIV need information tailored to their particular needs, provided in places and communities where they are safe and supported, living free from stigma and discrimination."**

**Simon Ruth**

Chief Executive Officer  
Victorian AIDS Council

# Test

In recent years, innovative models of HIV testing have emerged from new technologies and service redesign, improving access to and frequency of testing and reducing waiting times for results. To significantly increase HIV testing in populations at greater risk, diversifying testing models and approaches should be central to efforts to remove barriers so more people can test more often.

HIV testing is a key HIV prevention strategy for priority populations in Victoria and Australia. It aims to decrease the number of people who are unaware of their HIV status. A growing body of evidence suggests that early detection of HIV promotes early commencement of antiretroviral treatment, before the immune system sustains significant damage. This leads to positive outcomes such as protection against opportunistic illnesses, non-AIDS conditions such as cardiovascular disease and cognitive impairment, and overall mortality. Earlier detection of an HIV infection depends on increased coverage and frequent testing.

Testing efforts should focus on identifying people with HIV who remained undiagnosed, and providing support and referral pathways to rapid linkage to health care. It is critical to normalise HIV testing and to build a culture of early and regular screening for priority populations such as gay men, transgender people, women at greater risk, and men who have sex with men. To achieve this we need to

remove barriers to testing and improve knowledge about the need for regular testing among health professionals and the community.

Behavioural survey data indicates that fear of stigma in health settings, the inconvenience of some current testing models, off-putting clinical testing environments and difficulties in getting appointments are common barriers to testing. Home-based HIV testing could potentially address some of the barriers and may also be useful for people who may otherwise be reluctant to return for test results and/or to access traditional testing services.

Models of care, including specialist outreach and consultancy, counselling and rapid links into primary care must adapt to support these more flexible testing approaches. By expanding our targeted sexual health screening and BBV testing efforts through local primary and community care services we will decrease the number of people undiagnosed and increase early detection of new infections.

Regular testing also provides the opportunity to test for other STIs and to reinforce information about prevention messages and options.

## Melbourne Sexual Health Centre Test and Go (TAG) clinic

Test and Go (TAG) is Melbourne Sexual Health Centre's innovative nurse-led sexual health testing service for gay and bisexual men and other men who have sex with men. TAG provides a convenient express service offering 15-minute appointments, with tests for HIV, syphilis, chlamydia and gonorrhoea.

The appointment involves a short meeting with the nurse followed by self-collection of samples for testing.

# Treat

Supporting people to link into care and commit to it is fundamental to HIV treatment and prevention efforts and to improving the health and wellbeing of people living with HIV. Improving the system response to treatment retention in care and adherence to treatment will aid efforts to achieve Victoria's 95-95-95 goals by 2030.

The updating of the antiretroviral guidelines to remove restrictions for initiating first-line antiretroviral therapy has allowed people to begin treatment immediately after diagnosis and achieve viral suppression quickly. A focus on rapid linkage to care post diagnosis is essential for individual and public health. This requires us to acknowledge the increased health needs of people living with HIV, notably the disproportionately high incidence of mental health conditions.

Because of the incredible advances in HIV treatment, HIV is now considered a treatable chronic illness rather than a terminal condition. This is good news; people with HIV are living longer and with much improved health outcomes. We need to reframe our services to best support access to care, long-term adherence to treatments and optimal chronic disease management.

This requires improving integrated pathways between community, primary and

specialist care services, the provision of ongoing, patient-centred care in local settings and support for self-management. We also need to consider the needs of people living with HIV who are ageing and how HIV services are best integrated into aged care support services.

Shortening the time between diagnosis and treatment and care assessment is essential for improving the long-term health of people living with HIV. Strong referral pathways to HIV treatment assessment, management and peer support are vital to improving individual and community wellbeing and reducing the risk of further transmission. Amid efforts to achieve this goal, we must acknowledge that the needs of people with HIV will vary. Some people will be well supported by mainstream services, while others may require a more intensive or specialist response. Ultimately, the decision to start treatment is up to the individual, with information and advice from their doctor.

Comprehensive coverage and access to antiretroviral therapy is essential for increasing the number of people living with HIV who have an undetectable viral load. This will improve health outcomes for individuals and strengthen the level of health protection in the community.

Access to treatment can also be supported by providing services close to where people live. This is particularly an issue for those living in rural and regional Victoria. Strengthening the capacity of primary health services to provide ongoing HIV care and to provide innovative specialist outreach services are just some of the ways access is being improved for Victorians living in regional areas, as well as for those living in outer metropolitan Melbourne.



**"This is the most important and exciting time in HIV prevention. Getting this right will prevent countless infections. And getting it right means making access to prevention, testing and treatment as easy as possible. We have a real opportunity to show the world how it is done."**

**Professor Kit Fairley**  
Director  
Melbourne Sexual  
Health Centre







**"Stigma is its own sort of disease.  
It injures and paralyses us,  
preventing us from looking after  
our own health and wellbeing.  
As an HIV community,  
our primary focus must  
be reducing stigma, and  
helping people build  
resilience in order to  
confront it."**

**Richard Keane**  
President  
Living Positive Victoria



# Stigma and discrimination

Stigma and discrimination are the greatest challenges we face in the HIV response.

Addressing stigma is remarkably difficult. It is often multifaceted, with elements of enacted or external stigma, and internalised or perceived stigma. It is exacerbated by its intersection with other stigmatised characteristics or identities. These include but are not limited to gender identity, injection drug use, sexual orientation, cultural identity, religious affiliation and disability.

Our efforts to reduce and eliminate stigma must acknowledge the intersectionality of stigmatised identities as they relate to HIV. The pervasive presence and significant impact of homophobia, transphobia and biphobia must be acknowledged. We should focus on building and supporting resilience among those living with and at risk of HIV, and challenging interpersonal and community-level attitudes toward HIV, and diverse genders and sexualities.

All parts of the service system need to be free from stigma and discrimination, including ensuring our services meet the differing needs of people affected by HIV from diverse priority population groups. We must also work in partnership to remove barriers across the legal, regulatory, policy and social domains.

The meaningful involvement of people living with HIV is critical in achieving this. The Victorian

Government is committed to working in partnership with affected communities, carers and clinicians to improve the lives of Victorians living with or affected by HIV. Their experience and participation is invaluable in dispelling the fear and misconceptions that fuel stigma and discrimination.

## Involvement of people living with HIV

At the United Nations, Australia has endorsed the principles of the Greater Involvement of People Living with HIV/AIDS (GIPA) and the Meaningful Involvement of People Living with HIV/AIDS (MIPA). GIPA and MIPA have informed Australia's HIV response for nearly 20 years, and are affirmed in this strategy.

The greater and meaningful involvement of people living with HIV, and of all affected communities, is essential to all aspects of the HIV response. The Victorian Government is committed to working in partnership with communities, carers and clinicians to improve the lives of Victorians living with or affected by HIV. Their experience and participation is invaluable in dispelling the fear and misconceptions that fuel stigma and discrimination.

## Repeal of section 19A of the Crimes Act

Victoria has worked hard to remove structural HIV-related stigma and discrimination. The Victorian Government recently repealed s 19A of the *Crimes Act 1958*, an HIV-specific provision that imposed severe penalties for intentionally infecting another person with HIV. This change signifies the government's commitment to advancing the dignity and human rights of people affected by HIV and to counter stigma and discrimination. Repeal of s 19A removes barriers to testing for HIV, which will support early detection and early treatment for individuals, resulting in better health outcomes for Victorians and improved public health management of the epidemic.

# Victorian HIV strategy

By 2020 we aim to virtually eliminate new HIV transmissions.

By 2030 we aim to eliminate stigma and discrimination related to HIV and achieve the 95-95-95 targets for diagnosis, treatment and viral load.

## Priority objectives

Victorians are supported to reduce their risk of contracting HIV

Victorians with HIV will know their status

Victorians with HIV will have access to best practice evidence-based treatment and care

PLHIV and affected communities are free from HIV-related stigma and discrimination

## Priority focus areas

Victoria will achieve its objectives through actions that focus on people, communities and the health system. It will act in partnership with researchers, clinicians, community organisations, policy makers, and people living with and affected by HIV.

Increase prevention

Increase testing

Increase treatment

Eliminate stigma and discrimination

Victoria will sustain the virtual elimination of HIV transmission in people who inject drugs, among sex workers and from mother to child.

## System enablers

Strengthening the Victorian health system will:

- ensure the Victorian workforce has the skills, knowledge and attitude needed to deliver best practice HIV prevention, testing, treatment and care
- integrate systems and settings to meet the needs of people living with, affected by, or at risk of HIV
- improve the quality and completeness of HIV data collection and support research.

## Priority outcomes for 2030

The proportion of all people with HIV who are diagnosed will be:

95%

The proportion of all PLHIV who are accessing appropriate treatment will be:

95%

The proportion of PLHIV with an undetectable viral load will be:

95%

The proportion of people experiencing and reporting HIV-related stigma and discrimination will be:

0%

A portrait of Alison Boughey, a woman with short brown hair and black-rimmed glasses, wearing a necklace with a red rectangular pendant. She is smiling and looking towards the camera.

**"The gender inequity experienced by women prevents them from accessing the HIV services they desperately need. If women are to receive effective support in the HIV response, we need to remove the structural and cultural barriers that affect their health outcomes."**

**Alison Boughey**  
Executive Officer  
Positive Women Victoria

A portrait of Alison Coelho, a woman with dark hair pulled back, wearing a colorful, patterned top with a decorative neckline. She is smiling and looking towards the camera.

**"People from refugee and migrant backgrounds, asylum seekers and international students are all important parts of the solution to achieving the elimination of new transmissions by 2020. HIV prevention and care needs to be accessible and inclusive in order to meet the needs of all priority populations."**

**Alison Coelho**  
Manager  
Multicultural  
Health & Support Service  
Centre for Culture,  
Ethnicity & Health



## Priority focus area 1:

# Victorians are supported to prevent HIV transmission

### What will be different:

- Victorians know what to do to prevent HIV and are supported to do so.
- Victorians are supported to use harm reduction strategies to reduce the risk associated with BBV transmission.
- Health professionals have the knowledge and understanding to provide contemporary prevention advice.
- There is an overall and ongoing reduction in new HIV notifications in Victoria.
- Biomedical prevention drugs are made available to enable Victorians to manage their health.
- Safe sexual and injecting practices are practised among priority populations.
- Victorians who experience greater inequity and who are at increased risk of HIV are the focus of renewed prevention efforts.

### Priority actions:

#### Increase knowledge of HIV prevention

- Sustain and refresh HIV health promotion strategies including implementing new and innovative social media strategies.
- Promote PrEP and PEP access among priority populations, and identify new access points.
- Provide contemporary prevention programs in a range of settings including schools, community health services and prisons through a collaboration between the departments of Health and Human Services, Justice and Regulation, and Education and Training.
- Work with Aboriginal Victorians living with or at higher risk of HIV to develop tailored prevention and health promotion activities.
- Improve TasP literacy among people living with HIV and other priority populations.
- Ensure people living with or at higher risk of HIV understand the action required to stop transmission of HIV.
- Ensure Victorian health professionals have the knowledge to provide current and accurate advice on prevention options.

#### Increase access to biomedical prevention


- Expand PrEP and PEP access, particularly in rural and regional areas, pending a listing on the Pharmaceutical Benefits Scheme (PBS).
- Advocate with the Commonwealth to list PrEP and PEP on the PBS to support universal access.
- Increase frequency of testing and use of prophylaxis medication (PrEP and PEP) among priority populations.
- Enhance harm-minimisation and HIV risk-reduction approaches, working with people who use drugs by providing sterile injecting equipment, safe injecting and other drug harm reduction education.
- Increase sexual health testing in priority populations and key communities at higher risk of HIV.
- Maintain peer education and outreach efforts for sex workers and ensure non-discriminatory access to regular sexual health screening.

A portrait of a middle-aged man with short dark hair, smiling at the camera. He is wearing a dark grey t-shirt under a dark navy blue button-up jacket. The background is a blurred outdoor setting with a fence and some foliage. The image is framed by a white diagonal shape on the left and a purple diagonal shape on the right.

**"PrEP has transformed the way people think about HIV risk. It has empowered many in their sex lives while leading major reductions in HIV transmission. Raising PrEP awareness and expanding access will be key to achieving virtual elimination of HIV transmission."**

**Brian Price**  
Business and Community  
Services Manager  
Alfred Health



A portrait of a young man with short dark hair, smiling, wearing a grey crewneck sweater over a collared shirt. The background is a blurred outdoor setting with green foliage. A large white diagonal shape is on the right side of the image, containing text. A purple diagonal shape is on the bottom left corner.

**“Young people’s experiences and understanding of HIV, stigma, and belonging are unique to this generation. If we are to be meaningfully involved in the HIV response of the future, we need appropriate, equitable and responsive ways to engage.”**

**Tim Krulic**  
Health Promotion Officer  
Living Positive Victoria

## Priority focus area 2:

# Victorians with HIV will know their status

### What will be different:

- Victorians with HIV know their sero-status, are diagnosed early and are supported to do so.
- Victorians at greater risk of HIV understand the need for frequent regular testing.
- Regular testing is normalised within priority populations and is available across community and primary care settings, particularly in areas of high need.
- Testing services meet the needs of priority populations.
- There is high coverage and frequency of HIV testing.

### Priority actions:

#### Increase knowledge of the need to test

- Increase awareness among priority populations about the benefits of testing regularly for HIV and knowledge about how often they should be tested, especially among communities historically considered at low risk.
- Implement a strategy to promote testing every three months.
- Investigate systems for opt-in testing reminders to support individuals to undertake regular testing.
- Ensure Victorian health professionals are aware of the need for regular testing of those at greater risk and how frequently testing should be offered.

#### Increase access to testing and early diagnosis

- Increase access to and uptake of high-quality, safe and appropriate testing services that facilitate early diagnosis, and continue to reduce structural, social and community barriers to testing.
- Advocate with the Commonwealth to consider listing both rapid point-of-care testing and self-testing on the Medicare Benefits Schedule.

- Promote and support peer-led community-based rapid HIV testing programs across regional and rural Victoria, targeting key settings, locations and populations.
- Increase primary-care-based testing to improve access and normalise regular testing in primary and community settings.
- Review and modernise the requirements for training and competencies for pre- and post-test counselling.
- Work with a range of providers, including Primary Health Networks, to increase regular and opportunistic testing for BBVs and STIs across primary care and community health.
- Coordinate Victorian HIV programs to support and strengthen pathways between testing services and prevention programs, and adherence to repeat testing.
- Explore the potential role of self-testing in improving access to testing for particular populations.
- Improve the knowledge of PEP and HIV risk across relevant health services, including primary, community and emergency care providers.



### Priority focus area 3:

## Victorians with HIV have access to best practice evidence-based treatment and care services, and are supported to achieve an undetectable viral load

### What will be different:

- Victorians living with or at greater risk of HIV are aware of the long-term consequences of untreated HIV infection and know how to access appropriate treatment and support.
- All Victorians diagnosed with HIV are linked into rapid treatment initiation and are supported to stay on treatment.
- People living with HIV receive the treatment, care and support they need (including monitoring, viral load testing and antiretroviral therapy).
- People living with HIV can easily access care and medications in local primary and community health settings.
- Treatment services meet the needs of affected communities through a process of co-design and integrated pathways between community, primary and specialist care services.

### Priority actions:

#### Increase access to early treatment

- Reduce the time between diagnosis and treatment initiation by streamlining and strengthening linkages between testing, treatment and support.
- Develop early treatment linkage pathways between specialist services and primary care for people who are newly diagnosed, and build the capacity of existing community-based clinical services to deliver care and support.
- Promote and support continued engagement in care and the benefits of adherence to treatment.
- Explore methods to enhance partner notification for HIV, and increase the likelihood of early diagnosis and treatment of sexual contacts of people newly diagnosed.
- Increase the use and effectiveness of shared care and outreach models between general practitioners and HIV specialists.

- Improve the service models for older people living with HIV to ensure access to respectful, inclusive, high-quality care and support services.
- Strengthen the care coordination and self-management models for people with more complex needs, aligned with the Health Independence Program, with clear links to services, community networks and peer support.

#### Improve community engagement and understanding

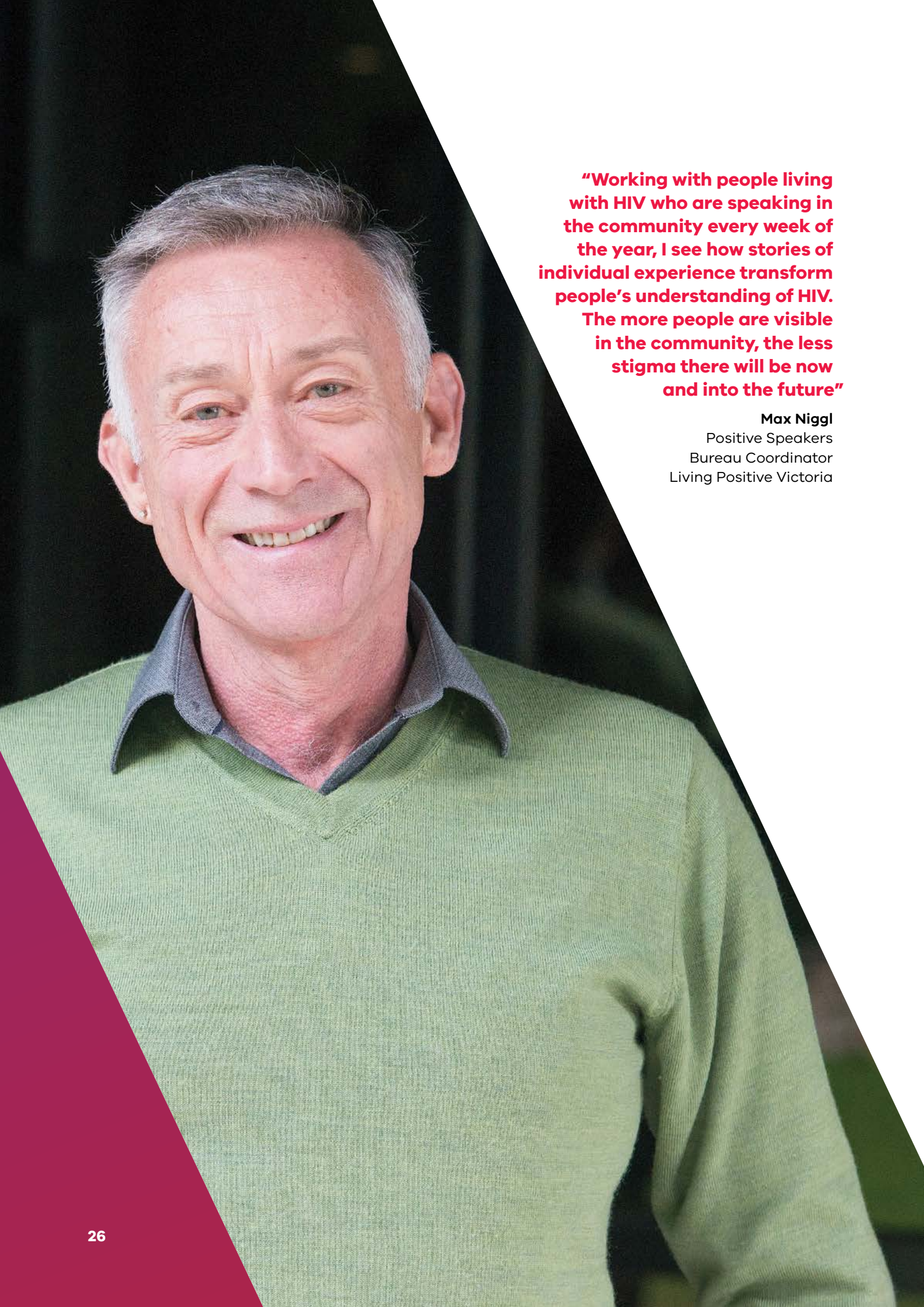
- Enhance community-based peer support approaches from initial diagnosis through to adherence to treatment.
- Support independence, resilience and health literacy programs for people living with HIV.
- Promote awareness of the individual and community health benefits of overall reduction in viral load, with an understanding that not all people are able to achieve undetectable levels.

**“Treatment is our most valuable tool in the HIV response. It enables people living with HIV to take charge of their health and wellbeing, and also ensures a public health benefit by minimising the risk of onward transmission.”**

**Professor Jenny Hoy**  
Director  
Victorian HIV Service  
Alfred Health







**“Working with people living with HIV who are speaking in the community every week of the year, I see how stories of individual experience transform people’s understanding of HIV. The more people are visible in the community, the less stigma there will be now and into the future”**

**Max Niggl**  
Positive Speakers  
Bureau Coordinator  
Living Positive Victoria

## Priority focus area 4:

# Victorians and affected communities are empowered to speak up about stigma and discrimination

### What will be different:

- People living with HIV feel safe to disclose their status.
- People living with or affected by HIV are engaged in all aspects of the HIV response.
- No person living with HIV experiences stigma or discrimination when seeking or using Victorian health and community services.
- Victorians feel confident accessing services for HIV testing, treatment and support, regardless of their gender, gender identity, cultural identity, ethnicity, age, sexual orientation, disability status or residential location.

### Priority actions:

#### Reduce stigma and discrimination

- Address organisational and structural stigma and discrimination in community and healthcare settings for people with HIV.
- Work to remove legal, regulatory and systemic barriers to equality of care in the health sector for people living with or affected by HIV.
- Support a systematic approach to reducing stigma aligned with the Victorian Government's equality reform agenda.
- Incorporate GIPA/MIPA principles in all aspects of the Victorian HIV model of care, from policy to program implementation.
- Embed awareness of HIV stigma and discrimination in public health and wellbeing plans across local government authorities.
- In collaboration with people with HIV, identify individual, community, systemic and policy barriers in accessing HIV testing, treatment and care and develop evidence-based strategies to address these barriers.

#### Increase understanding of stigma and discrimination

- Support affected communities to address stigma and discrimination, including the use of peer-based approaches.
- Develop measures for better understanding the impact of stigma and discrimination on people living with HIV and other BBVs.
- Promote better understanding of the impact of stigma and discrimination and the impacts of policy, planning and service delivery decisions across all sectors (including the health, housing, education and legal sectors) on the health of people living with HIV.



## System enabler 1:

# The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice HIV prevention, testing, treatment and care

### What will be different:

- Primary care providers' knowledge of HIV transmission, diagnosis and management in allied health and community service settings is high.
- Health professionals have the knowledge to deliver appropriate and evidence-based care that meets the needs of priority populations.
- Health professionals understand the impact of stigma and discrimination on people living with HIV and actively work to eliminate it from their services.
- Victoria's workforce responds to the broader health and psychosocial care needs of people living with or at higher risk of HIV.

### Priority actions:

#### Increase knowledge among key workforces

- Ensure high-quality training and support to mainstream and specialist service providers to support evolving models of testing, prevention and treatment.
- Ensure workforce development initiatives support culturally appropriate services for priority populations and facilitate optimal person-centred care and psychosocial support for each individual.
- In key workforce sectors, increase health literacy about HIV, including prevention, testing, treatment and risk among priority populations, particularly those populations historically considered at low risk.
- Develop the skills of the mainstream healthcare workforce to reduce stigma and discrimination in the health system.
- Promote and target s100 prescriber training and accreditation, particularly in areas of high need and for health professionals working with priority populations.
- Work with Primary Health Networks and community health to strengthen BBV/STI testing across primary care and community settings.
- Train and provide ongoing support to primary care clinicians (medical and nursing) on how to monitor and manage the health of people with HIV.
- Explore expanding the model of workforce support in hospital settings, exemplified by the HIV Health Independence Program.
- Ensure training is provided on the GIPA/MIPA principles and that they are implemented by organisations and service providers.
- Improve knowledge of PEP and HIV risk across relevant health services, including primary, community and emergency care providers.

**“Victoria needs a vibrant, knowledgeable and compassionate workforce to reach its HIV targets. Front-line workers are key partners in providing excellent care, sharing information, fighting stigma and building resilience among priority communities.”**

**Chris Carter**

Chief Executive Officer  
North West Melbourne  
Primary Health Network







**"Managing HIV care can be complex and difficult. By strengthening the partnerships between clients, carers, clinicians and community organisations, we can improve the quality of care available to people living with HIV."**

**Liz Crock**

HIV Clinical Nurse Consultant  
and HIV Team Coordinator  
Royal District Nursing Service



## System enabler 2:

# Victoria's service systems across the continuum of prevention, treatment, care and support are coordinated and integrated, and meet the needs of people living with and affected by HIV

### What will be different:

- Care and referral pathways are linked and implemented by multidisciplinary teams across community, primary and tertiary care settings.
- Access to contemporary, fit-for-purpose services is high, and the individual health costs and consequences of unmanaged HIV infection are low.
- People living with or at higher risk of HIV are able to readily and conveniently access the services they need.
- People are supported to take action that maximises their likelihood of preventing transmission, being tested, being treated and receiving information and support.
- Partnerships are strengthened between specialised services and other health services including primary care providers and social and human services.

### Priority actions:

#### Coordinate and integrate services across the continuum of HIV prevention, treatment and care

- In consultation with the community and the HIV sector undertake an independent review of the Victorian HIV services model across the prevention, treatment and support continuum to ensure the Victorian service system is able to respond and adapt to new and emerging evidence and best practice.
- Strengthen links between specialist services, general practice, community health, mental health, drug and alcohol services and other support services to foster prevention, early detection and management of HIV.
- Promote linked prevention and treatment services by defining clear service pathways across the acute and subacute service and community sectors, including the role of specialist and mainstream services.
- Increase the capacity of providers to deliver flexible, integrated prevention, treatment and care that is holistic, proactive and person-centred and that promotes overall health regardless of where a person interacts with the system.
- Use innovative service models, including telehealth, to expand services into rural and regional Victoria.
- Work with Primary Health Networks to implement an integrated, streamlined model of care for people living with HIV.
- Work in partnership across the BBV/STI sector on common priority areas and identify opportunities to reduce duplication, improve coordination and plan services according to local diversity and need.
- Establish a new diagnosis and linkage model to ensure support is provided immediately after diagnosis and that linkages are made to care, treatment and research trials.

### System enabler 3:

## HIV services and outcomes are improved in Victoria by supporting research and evaluation, and improving the quality and completeness of data

### What will be different:

- Complete and accurate data is recorded across the continuum of the HIV pathway to measure outcomes and improve service delivery.
- Demographic data is complete (for example, collecting Aboriginal and Torres Strait Islander status, gender, gender identity, country of birth and culturally and linguistically diverse identity) to enable more targeted interventions.
- Priority social, public health and implementation research is identified and coordinated to guide the development of clinical and public health responses to HIV.

### Priority actions:

#### Increase data quality, monitoring and evaluation of effectiveness

- Strengthen the capacity of the HIV workforce to evaluate the effectiveness of programs and services to improve outcomes, service design and delivery.
- Maintain, link, improve and evaluate surveillance systems to monitor high-risk behaviours and BBV/STI testing rates.
- Develop enhanced systems to measure knowledge, attitudes and behaviour around testing, treatment uptake/adherence, biomedical prevention strategies, sexual health literacy and quality-of-life indicators for people living with HIV.
- Assess any gaps in data collection across the HIV cascade of care and identify opportunities to address these.
- Improve data collection to track priority populations across the HIV cascade of care and monitor targets.
- Undertake data mapping to identify system gaps and enhance service planning.

#### Support research

- Review the current service system model, including notification and reporting processes, and use data and evidence to make necessary improvements.
- Continue to invest in social, public health, implementation and cross-disciplinary research to improve public health and clinical responses to HIV (including TasP, antiretroviral adherence, HIV remission/cure initiatives and peer empowerment models).
- Coordinate regular cross-disciplinary forums to guide and inform surveillance and research priorities.
- Strengthen partnerships with biomedical researchers in HIV to progress key research areas such as biomedical intervention, treatment, vaccine and cure in partnership with affected communities.

**“The effort to end new HIV transmissions, eliminate stigma and eventually find an effective vaccine and cure should be viewed as a partnership: community, clinicians, researchers and policy-makers working together toward the same goal. When we harness one another’s knowledge and passion, we can achieve the extraordinary.”**

**Professor Sharon Lewin**  
Director  
Doherty Institute



# Next steps: toward 2020 and 2030

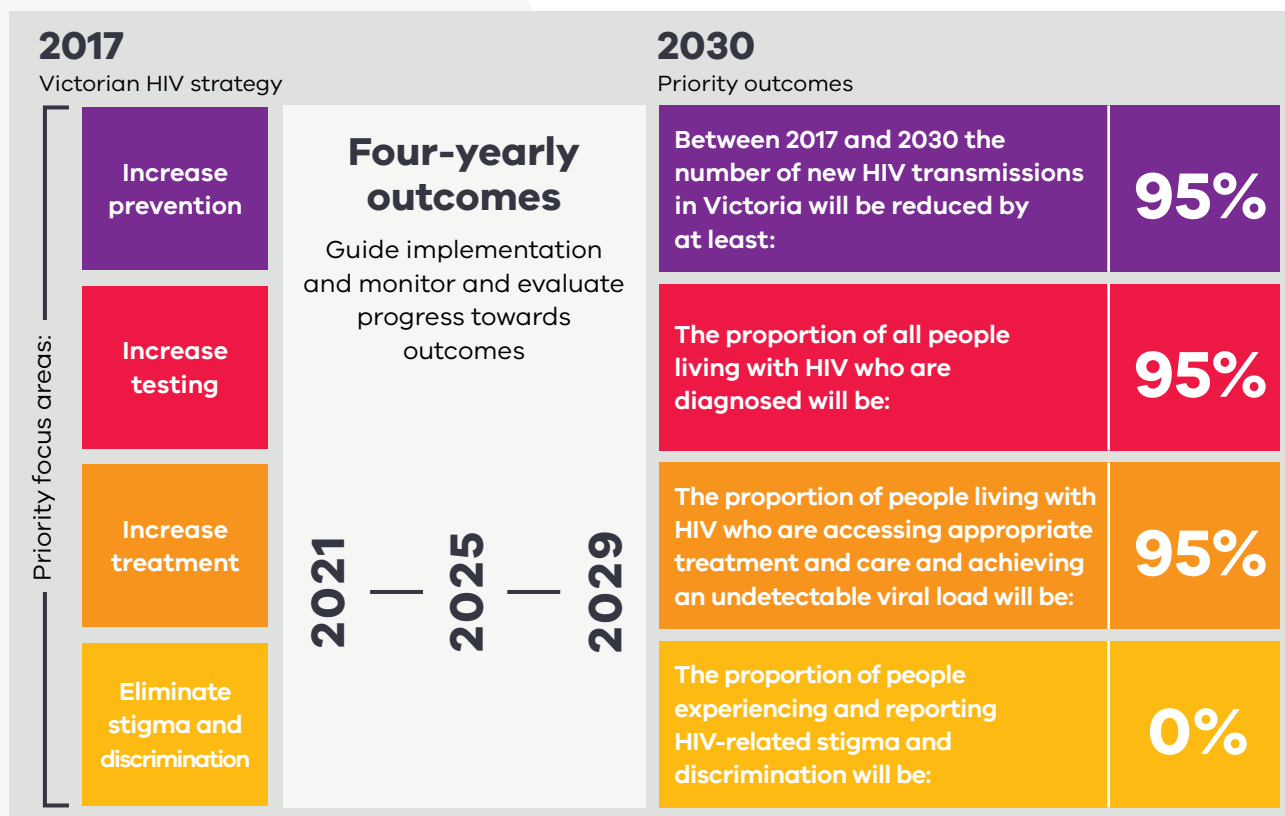
Implementing this strategy promises to be an exciting period for achieving our bold vision. In the next few years we will see more people accessing treatment and achieving an undetectable viral load than ever before. We will have new and improved ways to bring testing and treatments to people in a way that is culturally appropriate and effective.

The next steps for this strategy will involve mapping out how we will achieve our goals, how we will best configure and use our resources and, as our systems and practice evolve, how we will ensure we are evaluating the impacts of those changes.


This work will be coordinated through an outcomes plan to identify short, medium and long-term actions, and our progress will be measured using the data we collect. Progress made towards the 2020 transmission elimination target will be monitored and reported under the *Victorian public health and wellbeing outcomes framework 2015-2019*, providing government and stakeholders with regular opportunities to assess the effectiveness of our efforts. Performance against national indicators will also be monitored.

The Department of Health and Human Services Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections will provide ongoing oversight of the strategy and its implementation, with time-limited working groups and other mechanisms established as necessary to advise and progress work on specific priority initiatives to achieve both the 2020 and 2030 elimination goals (see Figure 3).

**Figure 3:** Achieving the vision of the *Victorian HIV strategy 2017–2020*





A photograph of a man with dark hair and a beard, smiling broadly. He is wearing a red, textured crewneck sweater and blue jeans. The background is a blurred outdoor setting with trees and a building. A large purple triangle is in the top right corner, and a white triangle is in the bottom left corner.

**"Ending HIV isn't only about strategies and targets. It's about recognising the humanity of the people who live with HIV, and of all those who are at risk or affected by it. We aren't statistics and case studies. We are leaders, and partners in this effort. Only by working together will we end the HIV epidemic."**

**Theodore Tsipiras**  
Community advocate and activist







