afao HIV IN AUSTRALIA 2023

KEY STATS



29,460 people were estimated to be living with HIV at the end of 2021



KEY POINTS



This represents a decline in the number of HIV notifications overall of 48% over 10 years.



There has been a 38% reduction in HIV notifications since 2019*.



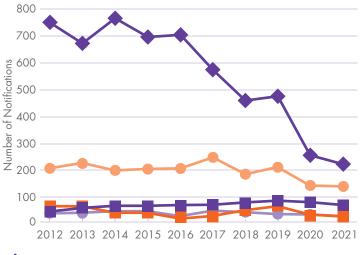
Agenda 2025 elimination target: 90% reduction from 2010, or 91 cases.



Most HIV transmission today occurs where one partner has HIV but does not know it.

HIV NOTIFICATIONS BY EXPOSURE 2021

Among gay and bisexual men, HIV diagnoses have declined by over 52% between 2012 and 2021.*



◆ Male-to-male sex

- Heterosexual contact
- Male-to-male sex and injecting drug use
- Other

Injecting drug use

HIV AMONG GAY AND BISEXUAL MEN

AUSTRALIAN-BORN VS OVERSEAS-BORN 2021*



INNOVATIONS IN HIV

TasP (TREATMENT AS PREVENTION)

There is zero risk of sexual transmission from someone on HIV treatment with an undetectable viral load



- HIV treatment must be available for all who need it, regardless of Medicare eligibility.
- Long-acting injectables became available for HIV treatment in 2021.
 Rather than a pill a day, people can opt for one injection every two months.

Prep (PRE-EXPOSURE PROPHYLAXIS)

The use of HIV medication by people at risk of HIV to prevent HIV acquisition

- PrEP has been available through the PBS since April 2018. More than 38,000 people were accessing PrEP in Australia in 2021, the highest number per capita in the world $^{\parallel}$.
- Continued community messaging is needed to drive demand for PrEP.
- Making PrEP available to all who need it, regardless of their residency or visa status, will further reduce HIV transmission.

HIV SELF-TESTING

HIV test device that allows testing at home

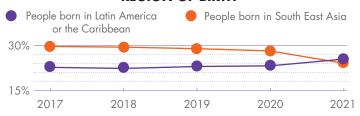
- In November 2018, the first HIV self-test was approved.
 Australian research shows HIV self-testing devices increase testing among infrequent and non-testers.
- From late 2021, changes to the approval conditions allowed these devices to be sold in pharmacies.

PEP (POST-EXPOSURE PROPHYLAXIS)

Month-long daily treatment to prevent HIV acquisition following risk exposure

PROPORTION OF PEOPLE WITH HIV UNDIAGNOSED

REGION OF BIRTH



HIV PREVALENCE AMONG PEOPLE AGED 15 YEARS OR OLDER

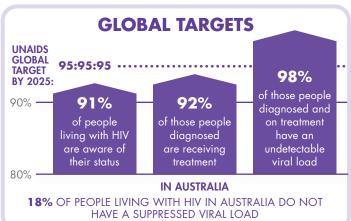
Australia has virtually eliminated HIV transmission among sex workers and people who inject drugs. HIV prevalence is highest among gay and bisexual men.

GAY AND BISEXUAL MEN 9.2%ⁱⁱⁱ

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES **0.1%**



PEOPLE WHO INJECT DRUGS



WHY IS AUSTRALIA SUCCESSFUL?



COMMUNITIES LEADING THE RESPONSE

Ongoing investment in community-led HIV organisations.
Nationally coordinated health promotion.
Local implementation through AFAO members.



PEER EDUCATION

Involving priority populations in the response.

Community-led HIV prevention.

Peer-based rapid HIV testing.



HARM REDUCTION

Needle and Syringe Programs.



PREVENTION

 $\label{eq:U} \mbox{ Undetectable = Untransmissible (U=U) } - \mbox{ regular HIV testing, TasP, PrEP, PEP and condom use.}$

IMPACT OF HIV PREVENTION

WITH TARGETED INVESTMENT,
AUSTRALIA CAN END HIV TRANSMISSION.

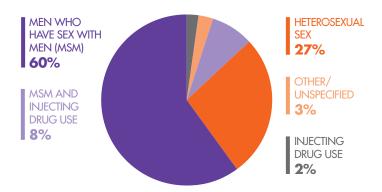
Modelling shows investment in HIV can avert over **6,000 new infections** and save **\$1.4 billion** by 2030.



Every \$1 spent on Needle and Syringe Programs saves the community \$27 in healthcare costs. The absence of needle and syringe programs in prisons continues to be a major gap in Australia's response to HIV and other blood-borne viruses.



HIV TRANSMISSION IN AUSTRALIA 2021



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Between 2011 and 2016, the HIV notification rate among Aboriginal and Torres Strait Islander peoples increased from **3.6 to 6.3 per 100,000** and then declined to **2.2 per 100,000** in 2020.

In 2021, the HIV notification rate was **2.3 per 100,000** among Aboriginal and Torres Strait Islander peoples and **1.7 per 100,000** among non-Indigenous people.

While the HIV notification rate remains lower than in preceding years, the effects of COVID-19 mean we must be mindful of trends over time. Culturally appropriate and scaled up prevention programs in partnership with community stakeholders must be sustained for all who need them.

WHAT AFAO AND ITS MEMBERS BRING TO THE RESPONSE

- Initiated by the community
- Designed by the community
- Implemented by the community
- Responsive to the evolving needs of the community
- Partnerships with mainstream health providers
- Dependent on community for authority



[i] Unless stated otherwise, data for this factsheet has been drawn from King, J., McManus, H, Kwon, A, Gray, R & McGregor, S 2022, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022, The Kirby Institute, UNSW Sydney, Sydney, Australia and Grulich, A., Bavinton, B., Stoové, M., Wright, E., & Treloar, C. (2022) Agenda 2025: Ending HIV Transmission in Australia, Technical paper on science, trends and targets. Sydney: AFAO.
[ii] The Kirby Institute's newsletter, Monitoring HIV pre-exposure prophylaxis (PrEP) uptake in Australia: Issue 7 at https://kirby.unsw.edu.au/report/monitoring-hiv-prepuptake-oustralia-issue-7

[iii] Self-reported HIV prevalence Mao L, Broady, T., Holt M, Newman C, Treloar C. Annual Report of Trends in Behaviour 2022: HIV/STIs and Sexual Health in Australia. Sydney: Centre for Social Research in Health, UNSVV Sydney; 2022.

[iv] Among attendees of needle and syringe programs Heard S, Iversen J, Maher L. Australian Needle Syringe Program Survey National Data Report 2017-2021: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees. Sydney: Kirby Institute, UNSW Sydney; 2022.