NSW HIV Strategy 2012–2015
A NEW ERA

NSW GOVERNMENT | Health

NSW MINISTRY OF HEALTH
73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

SHPN 120419
ISBN 978-1-74187-853-0

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

2012

FOREWORD

HIV has been with us for over thirty years now. It has touched many lives in NSW, including mine.

Over 16,000 people have been infected with HIV in NSW and of these, nearly 7,000 have died. Each death has been a sad loss for families, friends, loved ones, and communities.

Many of us will remember the early days when AIDS-related illness and death were for many the inevitable consequence of HIV infection, and we feared that HIV could become a generalised epidemic in Australia. Thankfully this has not occurred. In NSW, political leaders, health workers, researchers and the affected community formed an invaluable partnership that changed laws, made health services more accessible, and fought against stigma and discrimination.

Together we found ways to prevent this disease, and to care for those who were infected. The affected community itself led a prevention response when there were no effective treatments, and where education, safe sex, and safe injecting, were the only tools that were available. We came together in the face of great challenges and we forged a genuine partnership that worked.

The use of condoms to prevent the sexual transmission of HIV, and access to sterile injecting equipment through the Needle and Syringe Program, have provided us with relatively stable rates of HIV notifications in NSW, but now we are in a new era. NSW has the opportunity and the need to dramatically drive down new HIV infections. Science has delivered us treatments that help people live longer and new science has given us the evidence that testing, together with treatment can greatly reduce the transmission of HIV at the population level.

I am determined that NSW will lead the way in this new era. I am committed to the reforms which are necessary and will be personally driving them through to implementation. Moves are underway to make HIV testing more accessible, faster, and convenient across NSW and I have already initiated action to remove barriers to treatment access via the Enhanced Medication Access Scheme. However, this is just the beginning of the work that needs to be conducted over the next three years to support prevention and increase HIV testing, treatment and care for people with HIV.

I am proud to announce the NSW HIV Strategy 2012-2015 which provides our framework for working towards our goal of the virtual elimination of HIV transmission. This document sets bold and ambitious targets, and calls on us to prioritise our efforts so that they are informed by the latest evidence, while staying true to the principles that have underpinned the HIV response since the beginning. These are partnership, a bipartisan approach, harm minimisation, and the involvement of affected communities.

I invite you to consider your own role in the new era of HIV prevention and treatment. We have the evidence and the tools to end this epidemic. Now we must put them to use, through our partnerships and collective action.

Hon Jillian Skinner MP
Minister for Health
Minister for Medical Research

STRATEGY AT A GLANCE

OUR GOAL

TO WORK TOWARDS THE VIRTUAL ELIMINATION OF HIV TRANSMISSION IN NSW BY 2020

TARGETS: BY 2015 WE WILL:

- Reduce the transmission of HIV among gay and other homosexually active men by 60%, and by 80% by 2020
- Reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50%
- Sustain the virtual elimination of mother-to-child HIV transmission
- Sustain the virtual elimination of HIV transmission in the sex industry
- Sustain the virtual elimination of HIV transmission among people who inject drugs
- Reduce the average time between HIV infection and diagnosis from 4 ½ years to 1 ½ years
- Increase to 90% the proportion of people living with HIV on antiretroviral treatment
- Sustain the virtual elimination of HIV related deaths

HOW WE WILL ACHIEVE THIS

- Maintain high levels of safe behaviours
- Intensify HIV prevention with priority populations
- Improve access to the needle and syringe program
- Promote HIV testing, make it easier to have an HIV test
- Promote treatment uptake, make access to treatment easy
- Provide treatment, care and support services in the community
- Improve the health and well-being of people living with HIV
- Continue to invest in surveillance and research to inform the response

OUR PRIORITY POPULATIONS

- People living with HIV
- Gay and other homosexually active men
- Aboriginal people
- Sex workers
- People who inject drugs
- People from culturally and linguistically diverse backgrounds

CONTENTS

FOREWORD

1. STRIVING FOR SUCCESS: OUR GOAL AND TARGETS 5

2. HIV TREATMENT AS PREVENTION: A NEW ERA 7
   - 2.1 Advances in HIV treatment 8
   - 2.2 Treatment as prevention 8
   - 2.3 Pre-exposure prophylaxis 9

3. PRIORITY AREAS FOR ACTION 11
   - 3.1 Maintain high levels of safe behaviour 11
   - 3.2 Intensify HIV prevention with priority populations 13
   - 3.3 Improve access to the needle and syringe program 18
   - 3.4 Promote HIV testing, make it easier to have an HIV test 19
   - 3.5 Promote treatment uptake, make access to treatment easy and support treatment adherence 25
   - 3.6 Provide treatment, care and support services in the community 28
   - 3.7 Improve the health and well-being of people living with HIV 34

4. IMPLEMENTING THIS STRATEGY 36
   - 4.1 Guiding principles 36
   - 4.2 Governance 36
   - 4.3 Workforce development 38
   - 4.4 Continue to invest in surveillance and research to inform the HIV response 39
   - 4.5 Provide regional leadership 41
   - 4.6 Monitor outcomes 42

"My journey living with HIV for the last 25 years has allowed me to find courage to deal with stigma and discrimination, acceptance to deal with my HIV status, and resilience to deal with the ongoing treatments on a daily basis ... today I am confident that journey will continue into an optimistic future!"

Mr José Machado, *NSW*

1. STRIVING FOR SUCCESS: OUR GOAL AND TARGETS

In NSW there is already a strong track record of achievement in preventing the spread of HIV. While HIV rates are relatively stable in NSW, rather than continuing to accept a plateauing of HIV infection rates this strategy is unequivocal in aiming to dramatically drive down rates of HIV infection and maximise the health of people living with HIV.

The NSW Government has produced this Strategy to coordinate the work of all government and non-government partners.

OUR GOAL IS TO WORK TOWARDS THE VIRTUAL ELIMINATION OF HIV TRANSMISSION BY 2020

To achieve this goal, our program efforts will focus on the following:

- Reduce the transmission of HIV among gay and other homosexually active men by 60% by 2015 and by 80% by 2020.
- Reduce heterosexual transmission of HIV, and transmission of HIV among Aboriginal populations, by 50% by 2015.
- Sustain the virtual elimination of mother-to-child HIV transmission.
- Sustain the virtual elimination of HIV transmission in the sex industry.
- Sustain the virtual elimination of HIV transmission among people who inject drugs.
- Reduce the average time between HIV infection and diagnosis from 4 ½ years to 1 ½ years by 2015.
- Increase to 90% the number of people living with HIV on antiretroviral treatment by 2015.
- Sustain the virtual elimination of HIV related deaths.

To achieve these ambitious targets, our efforts will focus on:

- Promoting condom use, safe injecting and risk reduction behaviour among priority populations.
- Improving access to HIV testing for those who need it.
- Encouraging and supporting people with HIV to start and maintain ARV treatment*.

The ambitious goal and targets outlined in this Strategy require that HIV prevention programs are monitored and evaluated for evidence of their effectiveness. Resources will continue to be allocated in accordance with this evidence.

HIV treatments can now not only save the lives of those treated, but help prevent infections in the first place.

* In accordance with evidence based clinical guidelines

"The 2011 United Nations Political Declaration on HIV/AIDS is an ambitious new global plan to end AIDS which all countries have promised to implement. The centrepiece of the Declaration are bold new prevention and treatment targets, including reducing sexual transmission of HIV by 50%, reducing HIV transmission through injecting drug use by 50%, and eliminating mother-to-child transmission, all by 2015."

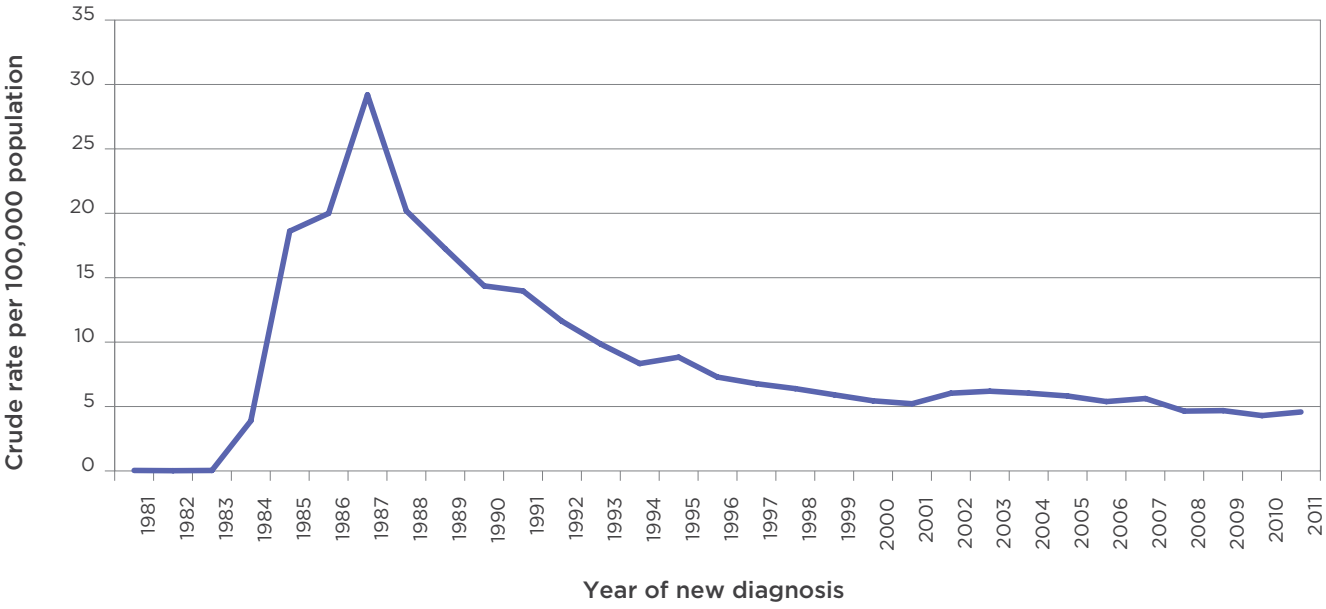
Mr Bill Whittaker AM
National Association of People with HIV Australia (NAPWHA)
UNAIDS High Level Commission on HIV Prevention

2. HIV TREATMENT AS PREVENTION: A NEW ERA

In 2011, 330 people in NSW were newly diagnosed with HIV infection. Most infections were reported among gay and homosexually active men (84%) with heterosexual contact accounting for 13% and injecting drug use 2.4% of notifications.

AIDS-related deaths have fallen dramatically in NSW because of effective HIV treatment, and international research shows that the lifespan of people living with HIV is now not much different from the average population life expectancy[1].

Figure 1: Notifications of newly diagosed HIV in NSW, 1981-2011



Research has shown that for every $1 invested in HIV prevention, the NSW Government has saved $13 dollars in clinical care costs.

2.1 Advances in HIV treatment

When HIV first emerged in NSW no treatments were available to reduce the progression of the disease to AIDS, or to reduce the spread of HIV. Thirty years on the continued advance in treatments through simpler treatment regimens with fewer side effects is enabling the effective management of HIV as a chronic condition.

Evidence based clinical guidelines such as the US Department of Health and Human Services Guidelines on antiretroviral (ARV) treatment of HIV now recommend commencing treatment for all HIV-infected individuals. The strength of the recommendation varies according to the HIV positive person's CD4 cell count (CD4 count is a clinical marker for HIV disease progression). Treatment is 'strongly' recommended where a person's CD4 count is 500 cells/mm^3 or lower, however the recommendation is 'moderate' where the person's CD4 count is above 500 cells/mm^3.

The Australian Pharmaceutical Benefits Scheme (PBS) prescribing criteria, in place for many years, does not currently allow prescribing of ARV drugs for HIV positive people with over 500 CD4 cells, unless there are symptoms. The Commonwealth Government is responsible for ensuring that the PBS prescribing criteria are aligned with evidence of clinical benefit. During the period of this NSW HIV Strategy, the NSW Government will continue to advocate for changes to PBS prescribing criteria where needed to ensure that appropriate access to treatment for people with HIV is achieved.

2.2 Treatment as prevention

Recent studies have found that combination ARV treatment can help prevent the transmission of HIV[†] as well as improve the health and life expectancy of people with HIV. Mathematical modelling has suggested that universal voluntary HIV testing of those at risk of HIV combined with immediate access to ARV treatment is an effective strategy for reducing HIV transmission[2]. Economic modelling also predicts that it is a cost efficient strategy. As infection rates decline so will the costs associated with HIV treatment and care.

Gaining the optimal benefit in NSW relies on early detection of HIV through increased voluntary testing, early provision and uptake of ARV treatment for people who test positive, and support for treatment adherence to achieve undetectable viral load. The NSW "HIV Treatment Cascade" (Figure 2) gives an estimate of the numbers of people with HIV in NSW. It illustrates the steps that are necessary to take from reducing undiagnosed HIV infection to supporting people with HIV to access to adhere to treatment.

The 'test and treat' approach prioritises the scale up of HIV testing, linking individuals to care, and offering ARV treatments to all individuals who test positive (irrespective of CD4 counts)[§].

[†] The most compelling evidence is that the provision of ARV treatment to the HIV positive partner of a serodiscordant couple (that is one partner is HIV positive, the other partner is HIV negative) led to a 96% decrease in HIV transmission from the HIV positive to the HIV negative partner[†]. Most scientists agree that ARV treatments will likely have a similar impact in reducing HIV transmission among other populations[†].

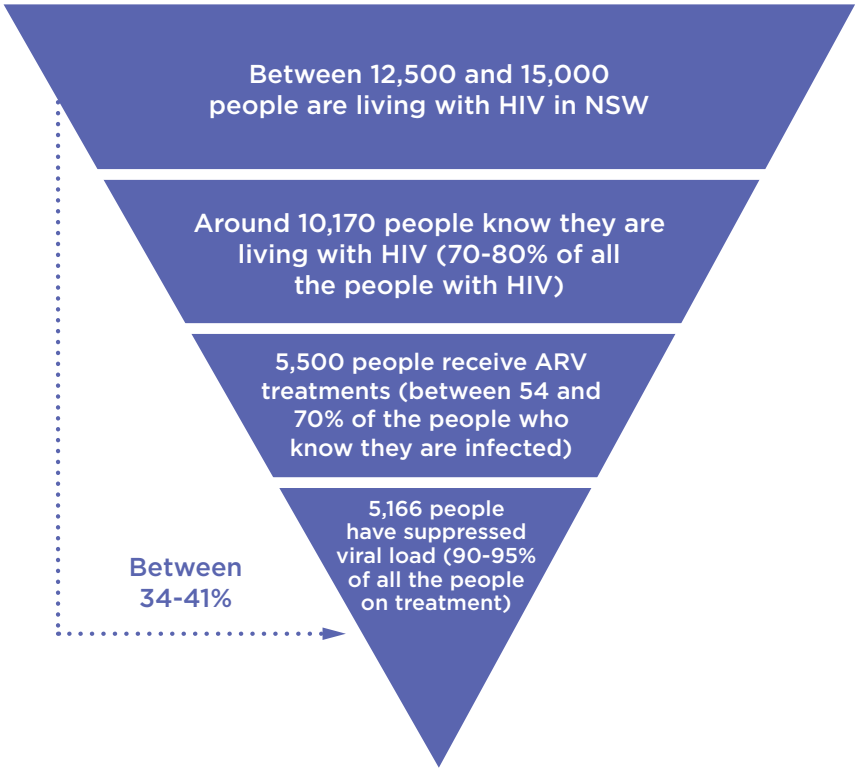
[§] In San Francisco this approach has achieved a reduction in community viral load (a measure of HIV infectivity at the population level) and associated decreases in HIV infections to the order of 40% among gay men. A further 76% reduction is predicted if all HIV positive gay men start treatment.

2.3 Pre-exposure prophylaxis

In pre-exposure prophylaxis (PrEP), HIV negative individuals at high risk for HIV are treated with ARV drugs in order to reduce the risk of becoming HIV infected. Clinical trial results have only recently demonstrated the efficacy of PrEP~. PrEP offers potential as a prevention option for a small number of people who are at very high risk of HIV infection. During the period of this Strategy, NSW Health will consider the application of these trial results to non-trial settings, and the mechanisms to most appropriately and efficiently implement PrEP in line with evidence. The Commonwealth has responsibility for determining whether any ARV drugs are approved for use as PrEP in Australia, and whether or not to fund PrEP through the Pharmaceutical Benefits Scheme or through other arrangements.

Figure 2: The NSW "HIV Treatment Cascade"

Unpublished analyses by the Kirby Institute for Infection and Immunity in Society



~ ARV drugs such as emtricitabine or emtricitabine in combination with tenofovir (Truvada®) have been shown to reduce HIV transmission, with some studies suggesting this strategy may be cost effective. The US Food and Drug Administration has approved the ARV drug Truvada® for use in PrEP, although the extent that it is used for this purpose in the US is not yet clear.

"HIV treatments are very different now from when they first became available. Side-effects have been greatly reduced, and drug combinations are now simpler and more well-tolerated.

We now understand that untreated HIV infection not only results in immune destruction, disease progression and illness, but it also has an effect on HIV-associated inflammation and the development of other health problems like cardiovascular disease, cancers, and neurologic complications.

Recent studies have found that treatment can lower a person's HIV viral load and greatly reduce the risk of HIV transmission. By taking treatments, people with HIV will not only improve their own health, they will also play a vital role in reducing the transmission of HIV."

Mr Sonny Williams
Executive Officer
Positive Life NSW

3. PRIORITY AREAS FOR ACTION

3.1 Maintain high levels of safe behaviour

This Strategy builds on the HIV prevention efforts to date in NSW. Protective behaviours by people at risk of HIV have resulted in stable rates of HIV transmission in gay and other homosexually active men, people who inject drugs, and sex workers.

Continue to promote condom use

Condom use has been widely promoted and adopted in the communities most at risk of HIV in NSW, and remains central to preventing the sexual transmission of HIV and other sexually transmissible infections.

Continue a focus on harm reduction

The NSW Needle and Syringe Program (NSP) has proven to be highly effective in preventing the transmission of HIV and other infections through injecting drug use. The NSP is an important component of NSW's efforts to reduce harms from injecting drug use.

Continue to promote targeted education campaigns

From the outset of the response to HIV, targeted social marketing campaigns have been an effective tool to raise awareness and educate at risk populations. More than ever, the internet and social media provide a real opportunity to engage priority populations in a conversation about HIV prevention, treatment and care strategies and their implications.

Creating an enabling environment

Since the beginning of the response to HIV there has been a critical relationship between public policy and criminal, public health, and anti-discrimination law. The measures that are identified in this Strategy are reliant on an enabling legislative and policy framework. In 1993, the HIV/AIDS Legal Working Party conducted a review for the then Minister for Health to identify ways in which NSW law enabled or impeded progress against the HIV Strategy[3]. This Strategy recognises the continuing role of the law in contributing to an environment that supports safe practices, provides safeguards against discrimination and protects public health.

WHAT WE WILL DO

- NSW Health, ACON, Positive Life NSW, the NSW STI Programs Unit (STIPU), and HIV and Related Programs in Local Health Districts, will promote condom use, voluntary HIV testing, and treatment, through social marketing campaigns. Campaigns will make use of new technology and social media as appropriate, as well as peer education and health promotion, and direct one-to-one client work.
- Strengthen our ability to reduce HIV infection in NSW by increasing voluntary testing among people at risk of HIV infection and increasing treatment uptake for people with HIV to enhance our existing behavioural prevention strategies:
  - The Ministry of Health has performance indicators for voluntary HIV testing and treatment for Local Health Districts and will write these into Service Agreements.
  - Local Health Districts will improve access to voluntary HIV testing and treatment services.
  - The Australasian Society for HIV Medicine (ASHM) will support HIV s100 (highly specialised drugs) prescribers and update the medical and health workforce on the individual and prevention benefits of HIV treatment.
- Continue to promote and support other protective HIV prevention behaviours by people most at risk of HIV infection, including post-exposure prophylaxis through Local Health Districts, and information on other behavioural risk reduction strategies, such as pre-exposure prophylaxis, via education campaigns led by ACON.
- Ensure access to specialist HIV advice for couples where one or more of the partners has HIV and they are wanting to have children.

"HIV is a chronic disease and a patient living in NSW has access to excellent care and experienced doctors. I can provide ongoing primary care to these patients for an extended period of time, and that is a privilege for me."

Dr Miriam Grotowski
B. Med (Newc) FRACGP Dip. Psychiatry (ED)
General Practitioner, Tamworth

3.2 Intensify HIV prevention with priority populations

This Strategy recognises that while all members of the community are potentially at risk of HIV infection, some populations are at greater risk. This Strategy prioritises prevention efforts to reach populations at greatest risk.

Gay and other homosexually active men

The transmission of HIV in NSW continues to occur overwhelmingly among gay and other homosexually active men. The majority of gay men continue to use condoms consistently with casual partners during anal intercourse, however there has been an increase in the proportion of gay men reporting some unprotected anal intercourse (from 29.7 in 2007 to 34.1% in 2010)[12].

Gay men who are highly sexually active or sexually adventurous may be at increased risk of HIV infection [4, 5]. Some gay men have increasingly used HIV risk reduction strategies which do not involve the use of condoms during anal intercourse, such as having sex with other men of the same HIV sero-status. While consistent condom use during anal intercourse remains the most effective strategy for preventing HIV, other strategies that do not involve the use of condoms may also reduce HIV risk. Behavioural research indicates clearly that these other non-condom based strategies are also being used by gay men, and there is a need to address these other strategies in HIV prevention programs.

The particular education needs of homosexually active men who do not identify as gay will continue to be addressed during the implementation of this Strategy.

People who inject drugs

People who inject drugs have maintained very low rates of HIV transmission in NSW through their adoption of safe injecting practices, thus preventing the high rates of HIV infection seen in people who inject drugs in many countries. Access to sterile injecting equipment in combination with opioid treatment programs, and peer education and community outreach led by the NSW Users and AIDS Association (NUAA), have contributed to this positive outcome.

Peer education and outreach programs also contribute by increasing the health literacy of people who inject drugs and increasing the availability of injecting equipment. NUAA plays a key role in HIV prevention and health promotion for users of illicit drugs, as well as supporting health care workers and health agencies in meeting the needs of people who inject drugs.

The NSW Needle and Syringe Program has proven to be highly effective in preventing the transmission of HIV and other infections through injecting drug use.

Aboriginal people

Aboriginal people in NSW suffer a greater burden of ill health than other populations. A large number of the health conditions experienced by Aboriginal people are associated with broader social and economic disadvantage. Aboriginal people continue to experience significantly shorter life expectancy and higher rates of chronic disease.

The rate of HIV infection among Aboriginal people in NSW is approximately the same as the rate in the non-Aboriginal population. This is a significant achievement given Aboriginal people experience poorer overall health. Rates of STIs among Aboriginal people are a cause for concern in themselves, but also because they have the potential to facilitate HIV infection. The NSW response to blood borne viruses and STIs for Aboriginal people will be explicitly addressed in a soon to be released Plan for Aboriginal People. The Aboriginal Health and Medical Research Council (AHMRC) and the network of Aboriginal Controlled Community Health Services (ACCHS) will continue to play leading roles in the response to HIV in NSW.

In the Australian Aboriginal population, 1.2% of the total burden of disease has been attributed to the consequences of unsafe sex, primarily through its effect on virus induced cervical cancer, Chlamydia, HIV and AIDS[6]. Aboriginal people's vulnerability to HIV and other sexually transmissible infections is exacerbated by factors such as poorer access to primary health care, homelessness and over-representation within the Australian prison system[7].

Social factors relating to sexuality, sexual identity, drug use, and gender, are often regarded as sensitive and personal issues within society in general, and can be difficult to discuss openly. This can be further compounded by specific cultural sensitivities within Aboriginal communities. Hence, the impact of HIV in Aboriginal communities, and its relationship to male-to-male sex and drug use, needs to be addressed in the context of these cultural sensitivities.

"Aboriginal Community Controlled Health Services operate within a comprehensive primary health care model. They are well placed to provide HIV testing and HIV management for Aboriginal people."

Ms Sandra Bailey
Chief Executive Officer,
Aboriginal Health and Medical Research Council

Sex workers

Sex workers in NSW have been very successful at protecting their own and their clients health, as evidenced by the extremely low prevalence of HIV and STIs among sex workers. Peer education and outreach by the Sex Worker Outreach Project (SWOP) based at ACON, have played a central role in achieving these health outcomes.

Programs and services need to be accessible to culturally and linguistically diverse sex workers given female brothels are largely staffed by workers who were born overseas and/or who come from a non-English speaking background. The Multicultural Health Promotion team at Sydney Sexual Health Centre has played an important role in facilitating sex worker access to sexual health services.

Sex worker programs need to be maintained, as half of the sex industry workforce turns over every year[8]. Though they are the smaller component of the industry, street-based sex workers in NSW have lower rates of condom use and poorer overall health and well-being compared to brothel-based workers[9].

Decriminalisation of sex work in NSW has proven to have beneficial health impacts, with sex workers in NSW having better access to sexual health information and services.

People from culturally and linguistically diverse backgrounds

NSW has one of the most culturally diverse populations in Australia. Services and programs need to better reach culturally and linguistically diverse communities. Service delivery challenges include: limited use of health services; the stress of migration; the large number of temporary migrants; late HIV presentation and diagnosis; and lack of knowledge, skills and self-efficacy among health providers in working with culturally and linguistically diverse communities[10].

NSW takes this issue very seriously as patterns of migration have significantly impacted on the HIV epidemics in Western Australia, South Australia and the Northern Territory. For example in Western Australia 50 percent of infections occur via heterosexual contact, two-thirds of which is attributable to people from high prevalence countries or partners from such countries. This has very significant implications for health promotion and clinical service delivery.

Condom use has been widely promoted and adopted in the communities most at risk of HIV in NSW, and remains central to preventing the sexual transmission of HIV.

WHAT WE WILL DO

- Educate priority population groups about safe practices, HIV testing and the role of HIV treatment, including the prevention benefits that it offers.
  - Positive Life NSW will deliver awareness campaigns targeting people with HIV.
  - ACON will lead community mobilisation efforts for gay and other homosexually active men including the delivery of HIV testing awareness campaigns.
  - NUAA will lead community education, and improve access to peer education and support for people who inject drugs.
  - The Aboriginal Health and Medical Research Council will work with Aboriginal Community Controlled Health Services to pilot culturally appropriate NSP services in Aboriginal community service settings.
  - SWOP will provide peer education and outreach services to sex workers and support workplaces to provide a safe and healthy work environment.
- Implement a pilot project with NUAA for peer distribution of sterile injecting equipment.
- Enhance the cultural competence of HIV organisations and programs to meet the needs of culturally and linguistically diverse communities through the Multicultural HIV and Hepatitis Service.
- Support the skills of the Aboriginal health workforce and HIV workforce to prevent HIV and support Aboriginal people living with HIV.
- Pilot models of care with Aboriginal Community Controlled Health Services and in other primary health care settings for regular testing of Aboriginal people at risk of HIV infection, and for early initiation of ARV treatment for those diagnosed with HIV.
- Conduct an education campaign informing Aboriginal people who are at risk of HIV of ways to minimise HIV transmission and the benefits of HIV testing and treatment.

3.3 Improve access to the Needle and Syringe Program

The NSW Needle and Syringe Program (NSP) is a proven, cost effective public health intervention of considerable success and has potential to further reduce the number of new HIV infections attributed to injecting drug use.

From 2001 to 2008, there was a slow but sustained decline in the number of needles and syringes distributed in NSW in spite of consistent funding levels. This occurred primarily in the pharmacy sector. However since 2008, concerted efforts have been made to increase the volume of needles and syringes distributed, resulting in a 22% increase during the period 2009 to 2011.

Priority must be given to ensuring access among Aboriginal people who inject drugs, as well as young people and culturally and linguistically diverse communities. The evidence related to the risk of hepatitis C infection indicates that young and new injectors are at particular risk, as infection occurs on average within 1.6 years from the onset of injecting. A disproportionate incidence of infection is also experienced by Aboriginal people and people from CALD backgrounds.

The NSW Ministry of Health, Local Health Districts, non-government organisations and the private sector will continue to improve access to NSP services. Future efforts will focus on diversifying the range of mechanisms through which equipment is dispensed and increasing the number of sites from which equipment is made available. This requires that distribution models are cost effective and efficient, and have the capacity to increase supply and reach people who inject drugs who are most marginalised. This includes more outlets for NSP distribution, more automatic dispensing machines that allow 24 hour access, and permitting people who obtain equipment from NSP outlets to distribute that equipment to peers without criminal penalties.

Notwithstanding the low rates of HIV transmission through drug injecting, the rate of reusing needles and syringes and the rate of receptive sharing were both higher in NSW than the national average[11]. NSW is committed to reducing these rates to the level of or below the national average.

During the period of this Strategy, the Ministry of Health and partners will review the evidence of need and public health risk related to the provision of a wider range of injecting equipment, including winged vein infusion sets and syringes with a capacity greater than 5mls.

The partnership response to HIV in NSW will continue to promote improvements to address stigma and descrimination associated with injecting drug use and HIV.

WHAT WE WILL DO

- Increase and diversify the number of sites and mechanisms from which sterile injecting equipment is available.
- Improve access to sterile injecting equipment for people who inject drugs who are most marginalised and of greatest public health priority:
  - street based injectors
  - HIV positive young people
  - young injectors who do not yet have a blood borne virus
  - young injectors who do not access the public health system
  - Aboriginal people
  - people from culturally and linguistically diverse communities.

3.4 Promote HIV testing, make it easier to have an HIV test

Making testing for HIV easier will increase access and help improve the frequency and regularity of HIV testing. Increasing HIV diagnosis at the time of seroconversion or very early HIV infection is a key strategy for reducing onward transmission of HIV.

HIV testing among gay men in NSW remains high by international comparison. However, research is showing some decline in the frequency of testing[12]. A compelling argument in favour of stepping up HIV testing efforts, is that the median time between HIV infection and diagnosis is currently 4.5 years for the general population and four years for gay and other homosexually active men. Among recent HIV seroconverters, prior to their HIV diagnosis, one in eight men had never had an HIV test[13].

HIV testing should be considered in all cases where STI testing is indicated, as most of the behaviours that can transmit STIs can also transmit HIV. It is also important to consider HIV testing where an STI is diagnosed or suspected, because STIs may facilitate HIV transmission.

Improved HIV testing rates may result in a rise in the annual number of HIV notifications in the short-to-medium term. However, this will reduce the pool of undiagnosed infection in the community, and if treated will lead to reduced onward transmission.

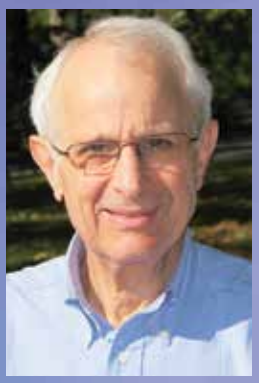
Remove barriers to HIV testing

A significant barrier to HIV testing is the need to return to receive test results[14]. Some people experience cost barriers to getting tested arising from the decline in Medicare bulk-billing by doctors. With HIV testing guidelines recommending that gay men get tested at least annually and some priority populations be tested for HIV up to four times per year, the way in which HIV test results are delivered must be simplified. For gay men who have been previously tested for HIV, service providers will provide test results by phone or in other ways that do not require the client to attend a subsequent consultation where approporiate.

Health services will make access to HIV testing easier. This includes making the most of voluntary screening and testing opportunities that can occur across the health system as well as supporting the development of after hours and weekend testing services, more diverse locations of testing services, the provision of same-day results from services using conventional testing, and more use of SMS and email reminders for HIV testing.

It is recognised that providing access to confidential and anonymous HIV testing is important. Some people will otherwise be reluctant to be tested, for fear of disclosure of their personal details. The right to confidential and anonymous HIV testing will be preserved.

Improved HIV testing rates may result in a rise in the annual number of HIV notifications. However, this will reduce the pool of undiagnosed infection in the community, and if treated will lead to reduced onward transmission.



"In the 1980s when a child had HIV it was devastating – not just the implications for the child but commonly the mother and other carers in the child's life were also unwell or died. In Australia we've had expert paediatric services delivering services to mothers and children. With the availability of these services and treatments, we've been able to avoid the mother to child transmissions that have characterised the HIV epidemic in less developed countries. It is rare to have a mother to child transmission of HIV now in NSW."

Associate Professor John Ziegler
Head of the Department of Immunology and Infectious Diseases at Sydney Children's Hospital
Associate Professor of Paediatrics at the University of NSW

Introduce Rapid HIV Testing

Rapid testing is a screening tool for HIV rather than being a definitive diagnostic test. Rapid HIV testing is already in use in many developed and developing countries and has been shown to have a positive impact on reducing barriers to HIV testing[15]. The performance of HIV rapid tests now approaches that of laboratory-based assays, although the slightly lower specificity of rapid tests means that while they are good for identifying HIV negative results, confirmatory testing is required for reactive results.

Rapid HIV testing does not detect very early infection, prior to the production of HIV antibodies in the infected person. Where HIV seroconversion or very early infection is suspected, laboratory testing must be carried out.

Currently HIV rapid testing is not licensed by the Commonwealth. During the life of this Strategy NSW Health will support the evidence based use of rapid HIV testing to complement other existing testing strategies noting that Commonwealth regulatory requirements will need to be met.

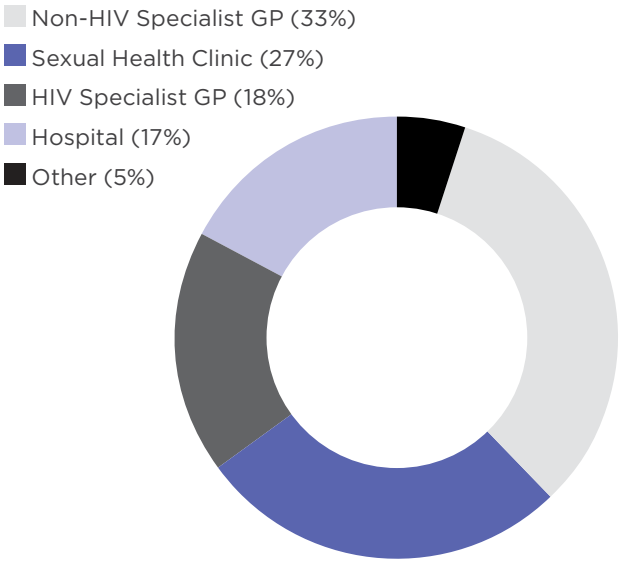
The United States Food and Drug Administration's licensing of a self-administered HIV test for over-the-counter sale has policy implications for HIV testing in Australia. The NSW government recognises that people may already be buying HIV home-based rapid tests via the Internet for use. Given this, NSW Health will work with the Commonwealth to ensure that any use of these tests by the community is informed by appropriate educational support.

Reduce late diagnosis of HIV

Efforts to reduce late presentation with HIV infection will be targeted to those populations most affected. The highest number of late diagnoses of HIV is among gay and other homosexually active men, including gay and homosexually active men who inject drugs. Gay men in their 40s and 50s are over-represented in data on late HIV diagnosis. Late HIV diagnosis is also seen among heterosexual people, and people from culturally and linguistically diverse backgrounds[16]. The proportion of late diagnoses among Aboriginal people diagnosed with HIV is relatively high, although the absolute numbers of HIV notifications in Aboriginal people in NSW each year is very low.

There are particular challenges to be overcome in reducing the rate of late diagnosis of HIV. This is the case in populations where HIV prevalence is very low and HIV awareness is not high (for example in heterosexual people), or where other barriers reduce access to primary care (for example some culturally and linguistically diverse populations). It is for these reasons that late diagnoses of HIV are more likely to be made by general practitioners who are not s100 prescribers and do not provide care for populations that have a high awareness of HIV. Figure 3 below illustrates the proportion of HIV diagnoses that are made across the health system.

Figure 3: Who diagnosed HIV in NSW in 2011?



WHAT WE WILL DO

- Make it easier to get tested and provide faster test results:
  - Local Health Districts will improve access to HIV testing services through one-visit testing and faster and more convenient provision of results.
  - The NSW STI Programs Unit (STIPU) and the Aboriginal Health and Medical Research Council will promote contemporary models of HIV testing in primary health care, including for general practice and for Aboriginal Community Controlled Health Services.
  - The Ministry of Health, STIPU and ASHM will lead partnerships with the Royal Australasian College of General Practitioners and Medicare Locals to promote HIV testing to GPs with low HIV caseloads in areas of high HIV prevalence, and to GPs with clients from populations at increased risk of HIV.
- Promote frequent HIV testing among priority populations and by those individuals who may be at greater risk of HIV infection.
  - Local Health Districts will improve access to testing including through HIV testing in community settings, no-appointment clinics, better out-of-hours access, fast-throughput services, and more convenient delivery of results.
  - Local Health Districts will explore models of testing that making the most of voluntary screening and testing opportunities that can occur across the health system.
  - ACON will lead community mobilisation efforts for gay and other homosexually active men to have a greater awareness of the need to test more frequently and regularly.
- Use HIV rapid testing in line with the evidence to increase rates of HIV testing for people at increased risk of HIV infection.
  - The Ministry of Health will advocate for Commonwealth approval of rapid HIV testing in line with evidence for how it can contribute to achieving increased testing rates at a population level or among specific groups at high risk for HIV.
  - The Ministry of Health will support research into how this new technology may be used in settings with a high proportion of people at risk of HIV infection.
  - The Kirby Institute and the Albion Centre will evaluate models of HIV rapid testing in NSW.

"We can be proud of the partnership in NSW between the affected community, the government, researchers and health care providers, which has led to some of the lowest HIV rates in people who inject drugs anywhere in the world. The Needle and Syringe Program (NSP) has been an important part of this success.

People who inject illicit drugs have shared the responsibility for making the program work. The NSW Users and AIDS Association (NUAA) provides peer-delivered services for HIV prevention including NSP, outreach services, health education, community mobilisation and support. With other partners in NSW we are aiming to sustain the virtual elimination of HIV through drug injecting, and we will continue to work towards this goal. Unfortunately there are many examples from other countries of how HIV can suddenly increase where HIV prevention services are not maintained."

Ms Nicky Bath
General Manager
NSW Users and AIDS Association

3.5 Promote treatment uptake, make access to treatment easy and support treatment adherence

Estimates of the number of people with known HIV currently taking antiretroviral (ARV) treatment in NSW vary from around 54% to 70%. This Strategy has a target of achieving 90% of people with HIV taking ARV treatment. This requires that HIV testing is well targeted to identify undiagnosed infection in the community, that people who have received an HIV diagnosis are provided with information about the benefits and impact of ARV treatment, and that they are linked into care.

The new evidence that ARV treatments not only have individual benefit but that they greatly reduce HIV transmission should be communicated to all people with HIV. Treatment as prevention is a new concept to many people with HIV. While preventing HIV transmission is the responsibility of all individuals, irrespective of HIV status, people with HIV need to remain involved in all facets of the HIV prevention response.

If ARV treatment uptake and adherence by people living with HIV is to increase, then some significant disincentives to commencing and staying on HIV treatment need to be removed. The supply of HIV drugs is restricted to public or private hospitals that have appropriate specialist services for patient review. Given the significant improvement in the health of people with HIV due to treatment, and with the majority of people with HIV in the workforce, current access to HIV drugs through hospitals is no longer optimal.

In December 2011 the Enhanced Medication Access (EMA) Scheme was established, so that people can have HIV medications delivered to an address of their choice, including to one of 31 retail pharmacies participating in the project. The EMA Scheme provides an interim solution for some people with HIV, particularly people living in rural areas, or people unable to attend a hospital pharmacy because of employment commitments.

The NSW HIV Treatment Access Taskforce was established to drive other changes needed at the NSW or Commonwealth level to improve access and adherence to HIV treatments. The financial cost of taking HIV treatments is a real barrier to starting or continuing treatment for many people. Costs can relate to travelling to a hospital pharmacy, losing time from paid employment, and the cost of the patient's copayments for prescription drugs. Around 750 people in NSW currently receive assistance from the Bobby Goldsmith Foundation, an HIV charity, to meet the cost of their HIV prescriptions, and the NSW Ministry of Health will continue to monitor the financial barriers that reduce a patient's ability to start or continue with HIV treatment.

In addition to improvements achieved at the State level, NSW will continue to advocate for improvements to Commonwealth programs, including a move to dispensing HIV treatments through retail pharmacies rather than through the less accessible hospital pharmacies.

WHAT WE WILL DO

- Implement strategies to improve access and adherence to HIV treatment.
  - The Ministry of Health will work with the Commonwealth on the removal of CD4-based restrictions on HIV prescribing to enable clinicians to prescribe early access to treatment as appropriate.
  - The Ministry of Health will continue to advocate to the Commonwealth for HIV treatment to be available outside hospital outpatient pharmacy settings and for other changes that will make it easier for people with HIV to access treatment.
  - The Albion Centre will deliver HIV treatment to people where they need it through the Enhanced Medication Access Scheme.
  - Local Health Districts with significant populations of people with HIV will improve the accessibility of outpatient pharmacy dispensing services by offering more flexible services.
  - The Bobby Goldsmith Foundation will continue to assist with the costs of HIV treatment for those who need financial assistance.
  - The Agency for Clinical Innovation and ASHM will strengthen models of community and clinical care to support access and adherence for people living with HIV.
  - ACON and Positive Life NSW will develop community education campaigns regarding the individual and preventative benefits of HIV treatment.
- Continue to involve people with HIV in the development and implementation of HIV prevention programs, including those involving biomedical prevention.

This Strategy is unequivocal in aiming to dramatically drive down rates of HIV infection and maximise the health of people living with HIV.

"I have been involved in HIV clinical medicine and immunology since the onset of the epidemic in NSW in the early 1980s. Some things about responding to HIV haven't changed. Foremost is our successful partnership approach, where the experiences of people affected by HIV, the views of clinicians and the evidence gathered by researchers all inform our policies and services."

Dr Roger Garsia
Senior Staff Specialist in Immunology
Director of Clinical AIDS Services,
Sydney Local Health District
Chair of the NSW Ministry Advisory Committee on HIV and Sexually Transmissible Infections

3.6 Provide treatment, care and support services in the community

People with HIV have dramatically improved life expectancy due to ARV treatment. The success of combination ARV treatments in improving health outcomes for people with HIV presents its own unique set of issues that will have to be addressed across the whole of the health system, including the clinical care implications of HIV as a chronic condition.

Improved models of care

Managing HIV effectively requires continuous life-long medication and regular clinical monitoring. As a result of the efficacy of treatment, there has been a decline in hospital in-patient care and an increase in specialised HIV services available in community settings through general practitioners who are authorised HIV treatment prescribers[17]. It is increasingly appropriate that hospitals and sexual health services have a decreased role in the day to day care of people with HIV, instead focussing on specific target groups and more complex care needs. In rural and regional settings and other locations where there are no or a limited number of GP HIV prescribers, publicly funded sexual health services can fulfil this role, but the role of Medicare Locals and the provision of primary care by general practitioners and other primary health care providers including Aboriginal Community Controlled Health Services remains essential. Allied health teams and ancillary services provided by non-government organisations have enabled the delivery of care and support in the community[18].

Given the success of combination ARV treatments, there needs to be a realignment of models of care to support the management of HIV within the community. The Agency for Clinical Innovation which was established in January 2010 to drive continuous improvement in the way care is provided to patients in the NSW health system. It can assist in improving models of care by engaging clinicians and consumers to achieve clinical innovation across the health system, including innovations in the context of HIV being a chronic manageable condition.

Co-managed care between HIV specialists and low HIV caseload general practitioners still needs to be better defined. More flexible arrangements for prescribing of ARV treatments to allow different levels of prescribing are required. For example, to permit low HIV caseload doctors to write continuation scripts for ARV treatments, with prescriptions for treatment initiation or changes to the treatment regimen being written by doctors who specialise in HIV.

Non-specialist GPs are responsible for diagnosing the largest number of all new cases of HIV in NSW[20]. These GPs will receive support at the time of an HIV diagnosis to promote their ongoing role in meeting the primary health care needs of people living with HIV and to ensure appropriate links with GPs who are HIV treatment prescribers. GPs who are HIV treatment prescribers or who wish to become prescribers, require ongoing training and support, and appropriate links with HIV specialists. Further expansion of the geographic locations where HIV treatment prescribers are available is also important.

Specialist HIV community services will continue to provide support for people with complex care needs and support the delivery of the case management required across NSW.

Co-morbidities and HIV

The effects of ageing may be accelerated by HIV and the diseases of ageing can be made more complex by HIV treatment. The clinical management of HIV will therefore increasingly require a focus on co-morbidities. Apart from accelerated ageing, there are other long term effects of ARV treatment that some people with HIV experience including metabolic disorders, neurological complications, malignancies, cardiovascular disease and kidney dysfunction[21].

The majority of people with HIV require only regular health monitoring (rather than specialist treatment and care)[21]. It is a minority of people with HIV who have more complex needs because they have mental health issues, drug and alcohol misuse, or other services needs. Co-morbidities can include hepatitis B and hepatitis C infection. Hepatitis C infection in people with HIV can result in additional complications in the treatment of both HIV and hepatitis C. HIV services will work closely with other mainstream services to meet the health care and service needs of people with HIV. Specialist HIV community teams will have a key assessment and support role where complex issues present. Strategies to improve case management between health care providers and support services need to be explored.

Women with HIV

Women who are aware of their HIV status may have special health needs, particularly as the availability of effective HIV treatment means some women with HIV are now choosing to have children. It is important that these women are provided with appropriate support to access services and to maintain well-being.

The risk of transmission of HIV from an HIV-positive mother to her child is high. However it can be almost entirely eliminated with treatment and other prevention strategies that are available for both the mother and infant. In line with the National HIV Testing Policy (2011), NSW supports antenatal HIV testing being recommended to all pregnant women by their care provider, and conducted with each woman's informed consent.

While the Sydney Childrens Hospital has built up expertise and provided specialist treatment and care for children and mothers since the 1980s, it is now a rare event for a baby to be born with HIV in NSW, and HIV positive children from the early years of the epidemic are now transitioning to adulthood. The specialist HIV paediatric services of Sydney Childrens Hospital have increasingly focused on the prevention of HIV transmission to babies where mothers have a known diagnosis of HIV.

HIV prevention and detection services for women include outreach to women accessing drug and alcohol services, and outreach to female sex workers including female sex workers from Chinese and Thai backgrounds. As patterns of migration change and people from high HIV prevalence countries come to live in NSW, it is important that services are accessible to women from culturally and linguistically diverse backgrounds. In the Western Sydney Local Health District, an African women's group provides support to African women with HIV, the only known group of its kind in Australia. The support group helps women overcome problems with accessing HIV services, and has also provided a way of reaching the broader community of African women in NSW with information about HIV.

"I am a woman, a mother, a partner who has been living with HIV for 12 years. I have evolved with this virus into a self-aware, confident, grateful and resilient woman who is excited about each and every day that I enjoy with my loved ones."

Ms Diane Nyoni, *NSW*

Case support for HIV prevention and treatment uptake

Achieving the very ambitious targets for HIV prevention and treatment uptake in this Strategy will require a fresh look at models of HIV care, including the potential benefits for individuals and for public health, from enhanced case support for people at the time of diagnosis.

A case support approach at the time of diagnosis involves appropriately trained health workers establishing a connection with each newly diagnosed person to:

- provide them with assistance to identify the range of care services available and to provide access to information on treatment options;
- ensure that they are linked to appropriate clinical care services as well as peer education and support;
- provide support for the individual to promote safe behaviours and assist in addressing barriers to accessing and maintaining treatment; and
- ensuring that they are followed up and encouraged to remain linked to care services.

A case support approach will also assist with contact tracing of other people at risk of HIV transmission. Contact tracing in these circumstances allows the provision of a timely diagnosis for the people who were unaware of their HIV status and it provides the person who may have been the source of infection with further opportunities for support for behaviour change and treatment interventions.

People with HIV have dramatically improved life expectancy due to HIV treatments.

WHAT WE WILL DO

- The Agency for Clinical Innovation (ACI) and ASHM will strengthen models of case management and clinical care to support people living with HIV in the community.
  - The ACI and Local Health Districts will establish protocols to ensure that all people with HIV receiving care in the public system have access to primary care and that there is regular communication between the specialist and the patient's primary care provider.
  - Local Health Districts will ensure that case management assessment and support is available to people with HIV whose CD4 count is below 350, or between 350 and 500, where co-morbidities or other relevant factors are present.
- ASHM and Local Health Districts will further develop strategies, including case management, that enable HIV specialist and mainstream service providers to partner in providing care to people living with HIV.
- Provide training, education and support to general practitioners and Aboriginal Community Controlled Health Services to manage HIV in primary health care settings.
  - ASHM and the ACI will develop new models of care that make it easier for people who are newly diagnosed with HIV to receive care from their existing general practitioner.
- Support HIV testing in primary care settings and support general practitioners who make an HIV diagnosis.
  - STIPU and ASHM will develop tools to promote contemporary models of HIV testing in general practice and work with Medicare Locals and Medical Colleges to promote easier and more regular HIV testing.
- Local Health Districts will provide case support for people with HIV at the point of diagnosis in order to link them to HIV care and treatment services and to provide support for treatment adherence and support contact tracing.

"In 1988, NSW became the first Australian jurisdiction to pass legislation to enable its Needle Syringe Program (NSP). This program was rapidly and comprehensively implemented across the state, quickly achieving the coverage levels needed to stem the transmission of HIV among people who inject drugs, and the rest of the population. This rapid response saved countless lives that would have otherwise been lost to HIV/AIDS. And this remains the case today.

In the last decade alone it has been estimated that there was a return of $27 for every dollar invested in NSPs by Australian governments, also making it one of the most cost-effective public health initiatives of all time.

The bipartisan approach, the innovativeness and dedication of the NSP workforce and the involvement of people who inject drugs at all levels, have all contributed to successful HIV prevention in NSW."

Associate Professor Ingrid van Beek AM
Director at Kirketon Road Centre

3.7 Improve the health and well-being of people living with HIV

This Strategy aims to improve the health and well-being of people living with HIV. The impact of poverty, inadequate accommodation and unemployment on health is well recognised. Research has found that 31% of people living with HIV are living below the poverty line.

People living with HIV are highly active health consumers, and seek out information on HIV from a variety of sources. People living with HIV have identified the need for more information on employment, managing treatment side effects, financial planning and legal issues.

Even though combination ARV treatment has had an enormous impact on health outcomes for people with HIV, some people with HIV report difficulties taking treatments. This can include remembering to take treatments on time, managing side effects, difficulties transporting their medication and taking medication in public. This highlights the need to continue to provide education and support for people with HIV to manage, in collaboration with their doctors, their HIV treatment.

A significant number of people living with HIV report a diagnosis of a mental health condition, and they also report higher rates of depression compared to the general population. HIV alone does not increase the likelihood of depression, but experiencing HIV-related or sexuality-related stigma, or social isolation, does. Risk factors such as smoking, drug and alcohol use, poor diet and nutrition and lack of physical activity can be more common among people living with HIV. STIs are of particular concern not only because of their impact on the health of people with HIV but also because of the role STIs can have in facilitating sexual transmission of HIV.

Reducing social isolation and providing social support can improve the health and well-being of people living with HIV. While the number of heterosexual men and women living with HIV is low in comparison to gay men, there has been a small increase in heterosexually transmitted HIV in recent years. People with heterosexually acquired HIV may experience particular issues more acutely, such as social isolation and discrimination, due to stereotypes and stigma associated with HIV in the wider community[22]. Similar issues have been reported by people from Culturally and Linguistically Diverse backgrounds living with HIV, with additional stressors attributed to migration and adapting to life in a new country[23].

Stigma and discrimination towards people with HIV is associated with negative health outcomes. While protective policies, legislation, and guidelines have been developed at State and Commonwealth levels, people with HIV report experiences of discrimination from service providers including in relation to health care, accommodation and insurance[24]. The consequences of stigma and discrimination can include stress-related illness, and delaying or avoiding access to services such as HIV testing and treatment. Stigma and discrimination also act as impediments to disclosure of HIV status. Ensuring the rights of people with HIV is fundamental to this strategy.

ARV treatments for HIV have improved over the past 15 years, and are now generally more effective and more easily tolerated, with fewer pills and less side-effects. For many people with HIV, the benefits have been enormous. Their health and well-being has improved, and many people with HIV have returned to paid employment, some after an extended period of poor health. Improved health and well-being also allow people to live a more active life in their community, bringing social as well as economic benefits.

WHAT WE WILL DO

- Implement programs to address stigma and discrimination and provide support for people living with HIV.
  - Positive Life and ACON will work with Local Health Districts, professional medical organisations, and the ACI to promote policies and deliver education that reduces discrimination in health-care settings.
  - Positive Life and ACON will continue to raise community awareness about the impact of stigma and discrimination on the lives of people with HIV.
- Implement health promotion programs that enable people with HIV to be active partners in managing their own health.

We can now think about the role of HIV treatment in a new way, not just to save lives of those infected, but to prevent infection in the first place.

4. IMPLEMENTING THIS STRATEGY

4.1. Guiding principles

The NSW response to HIV is based on principles shared by members of the HIV partnership. Four of the defining characteristics of the response to HIV in NSW are that: responsibility is shared among a **partnership** between the NSW Government, affected communities, researchers and health care professionals; there is **bipartisanship** support for the response to HIV in NSW; the **involvement of affected communities** in all facets of the response to HIV; and a **harm minimisation** approach is adopted that aims to reduce the harms associated with some risky behaviours such as injecting drugs.

Additionally, these principles guide our response:

- Primary and secondary prevention
- Providing an enabling environment
- Redressing health inequities
- Ensuring effectiveness in achieving health outcomes
- Promoting good practice, evidence informed program development and evaluation
- Ensuring accountability and transparency
- Taking a population health approach
- Collaboration between population programs and services for individuals.

4.2 Governance

The NSW Ministry of Health is establishing an Implementation Committee for the *NSW HIV Strategy 2012 – 2015*. The Committee will meet with the specific purpose of driving the changes that are necessary to achieve our goals and targets. This Committee will oversee the implementation of the strategy and will be responsible for monitoring performance against it.

The NSW Ministry of Health Advisory Committee on HIV and STIs (CAS) provides independent expert advice to the Director-General of Health on policy aspects of the NSW response to HIV. The committee includes clinicians, researchers, and members of affected communities.

The Aboriginal STI, HIV, and Hepatitis Advisory Committee (ASHHAC) provides leadership and strategic advice on policies and practices that will improve health outcomes for Aboriginal people living in NSW with regards to STIs, HIV, and viral hepatitis.

Local Health Districts and non-government organisations deliver services to the community that are aligned with this Strategy. The Ministry of Health provides funding for these services, and Service Agreements with the relevant organisations will state clear program directions and performance expectations, including for HIV testing, treatment, and management.

4.3 Workforce development

Building and maintaining an appropriately skilled workforce is critical to achieving the objectives of this Strategy. The workforce is supported through the provision of a variety of education and training programs. The workforce is diverse, with different strategies required for different sectors.

Primary health care practitioners who are HIV treatment prescribers are crucial for providing treatment and clinical care for people living with HIV in the community. Challenges include ensuring an appropriate geographic spread, recruitment of new HIV prescribers and support, training and retention of existing prescribers. Greater support needs to be offered to those general practitioners who are diagnosing HIV infections, but are not HIV treatment prescribers.

Ensuring mainstream services are accessible and appropriate for people living with HIV requires ensuring the mainstream workforce, such as drug and alcohol, mental health and ageing workforce, has the appropriate skills and capacity to deal with needs specific to HIV.

Community organisations and the health promotion workforce play a vital role in maintaining and improving the health of populations through: education; advocacy; creating environments which support effective programs and enabling access to prevention, treatment, and care services. A sustained workforce development effort is required to; promote high levels of knowledge; ensure that skills and practices are effective and efficient; and evolve with contemporary evidence and the needs of consumers and communities.

WHAT WE WILL DO

- Provide workforce development opportunities to develop the skills of the HIV and generalist workforce:
  - ASHM will implement the Workforce Development Program for the HIV workforce and the HIV Prescriber Program for general practitioners.

4.4 Continue to invest in surveillance and research to inform the HIV response

HIV is a notifiable disease in NSW, and the *Public Health Act 2010* requires laboratories to report all confirmed cases to the NSW Ministry of Health. HIV surveillance in NSW informs the public health response, and helps ensure that prevention strategies are targeted to those at greatest risk. The surveillance program is supplemented by sentinel surveillance and other studies undertaken by research centres. Ongoing behavioural surveillance remains important to monitor changes in risk behaviour among priority populations.

The Ministry of Health's investment in broader HIV research focuses on improving health outcomes and improving the value delivered by the health system. It addresses gaps in the HIV research program. Research should include a focus on HIV prevention, the care and support needs of people with HIV, and behavioural and social research that identifies the changing perceptions of HIV among priority populations and the corresponding impact this has on behaviour.

Health services and intervention research help the HIV sector to understand the impact of programs and services, and how programs can improve health outcomes for affected communities. Further work is required to improve the evaluation of health promotion programs, and build the capacity of the workforce to undertake more evaluation.

Investment in policy-relevant HIV research ensures the response to HIV is evidence informed. The Kirby Institute for Infection and Immunity in Society and the National Centre in HIV Social Research are key partners in the NSW response to HIV, through their work in epidemiology, clinical research, and behavioural and social research.

WHAT WE WILL DO

- Maintain a high quality HIV surveillance system in NSW.
- Invest in HIV research to improve health outcomes by strengthening policy, clinical practice and health promotion responses.
- Ensure researchers participate in governance structures for the oversight of the NSW HIV Strategy and provide reports, analysis and advice to the HIV partnership.
- Strengthen the capacity of the HIV workforce to participate in evaluations of programs and services, and to use the outcomes in improving program and service design.
- The Kirby Institute and the National Centre in HIV Social Research will provide efficacy and effectiveness evidence for the implementation of new HIV prevention technologies such as rapid HIV testing.

"Combination anti-viral therapy drives the virus down to undetectable levels. It preserves or restores people's immune systems. It can prevent the transmission of HIV to sexual partners, or from mother to child.

I think the main focus of HIV research now is this: how do we get as many people as possible onto treatment, to reduce their viral load, and to stop HIV transmission?"

Professor David Cooper AO
Program Head
Kirby Institute for Infection and Immunity in Society
University of NSW

4.5 Provide regional leadership

NSW Health and numerous funded non-government organisations have a proud record of providing support and leadership for the development of responses to the HIV/AIDS epidemic in our region, with particular focus on South-East Asia and the South-West Pacific. For example the Kirby Institute for Infection and Immunity in Society, UNSW and a number of our community-based organisations have been active in leading capacity building among similar organisations internationally. Including the Albion Centre which has been designated as a World Health Organisation (WHO) Collaborating Centre for Capacity Building and Health Care Worker Training in HIV Care, Treatment and Support. The contributions made by the Ministry of Health and its supported non-government organisations have played a vital role in contributing positively to the international response to HIV/AIDS.

WHAT WE WILL DO

- NSW Health and partners in this Strategy will continue to seek and support opportunities to provide assistance and leadership to the international response to HIV/AIDS in our region and will seek appropriate partnerships in doing this.

4.6 Monitor outcomes

The NSW Ministry of Health will monitor the implementation of this Strategy. It will monitor progress in achieving the strategy objectives, particularly progress towards achieving the targets that have been identified. A review of progress will occur annually and a final evaluation of Strategy outcomes will be conducted at the end of 2015.

WHAT WE WILL DO

- The NSW Ministry of Health will develop and implement an evaluation framework for this Strategy with input from stakeholders.
- The NSW Ministry of Health will produce reports of achievements against targets for the key governance committees and other response partners, including an annual report and an evaluation report at the end of the Strategy.

The United Nations Political Declaration on HIV/AIDS recognises that there are additional means and important new scientific evidence available to reverse the global HIV epidemic and avert millions of HIV infections and AIDS related deaths.

"Our passion and commitment in pursuit of an HIV-free future draws on the passion and commitment our predecessors showed in working to ensure there was any future at all. Nothing less than success would honour their legacy."

Mr Nicolas Parkhill
Chief Executive Officer
ACON

1. NSW Ministry of Health, *New Diagnoses of HIV infection*, NSW, 2011, http://www0.health.nsw.gov.au/resources/publichealth/infectious/diseases/hiv_aids/new_diagnoses_hiv_infection_2011.pdf. Accessed 9 October 2012.

2. Granich RM, Gilks CF, Dye C, De Cock KM, Williams BG 2009, Universal voluntary HIV testing with immediate antiretroviral therapy as a strategy for elimination of HIV transmission: a mathematical model, *Lancet 2009*;373:48-57.

3. NSW Ministerial Review HIV/AIDS Legal Working Party. *The courage of our convictions: HIV/AIDS: report to the Minister for Health*.

4. Prestage G, Hudson J, Bradley J, et al 2010, *TOMS three or more study*, Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.

5. Prestage G, Bradley J, Down I, et al 2009, *HIV seroconversion study: newly diagnosed men in Australia 2007-2009*, Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.

6. Begg SJ, Vos T, Barker B, Stanley L, and Lopez DA (2007) *Burden of disease and injury in Australia in the new millennium: measuring health loss from diseases, injuries and risk factors*. Medical Journal Australia 2008; 188 (1): 36-40.

7. Aboriginal and Torres Strait Islander Social Justice Commissioner (2005) *Achieving Aboriginal and Torres Strait health equality within a generation – A Human Rights based approach*. www.hreoc.gov.au/social_justice/health/health_summary.html. Accessed 4 March 2012.

8. Donovan B, Harcourt C, Egger S, Fairley C 2010, Improving the health of sex workers in NSW: maintaining success, *NSW Public Health Bulletin* 2010;21(3-4):74-77.

9. Harcourt C, van Beek I, Heslop J, Donovan B 2001, The health and welfare of female and transgender street sex workers in New South Wales, *Aust N Z J Public Health* 2001;25:84–9.

10. Urbis 2010, *Evaluation of the: NSW HIV/AIDS Strategy 2006-2010; NSW Sexually Transmissible Infections Strategy 2006-2010; NSW Hepatitis C Strategy 2007-2010; and Implementation Plan for Aboriginal People 2006-2010*, Sydney.

11. Iversen J, Topp L, Maher L 2011, *Australian NSP survey national data report 1995-2010: prevalence of HIV, HCV, and injecting and sexual behaviour among NSP attendees*, Sydney: Kirby Institute.

12. Lee E, Holt M, Mao L, et al 2010, *Gay community periodic survey: Sydney February 2010*, Sydney: National Centre in HIV Social Research, The University of New South Wales.

13. Down I, Bradley J, Ellard J, Brown G, Grulich A, Prestage G 2010, *Experiences of HIV: the seroconversion study*, Sydney: The Kirby Institute, The University of NSW.

14. Prestage G, McCann PD, Hurley M, Bradley J, Down I, Brown G 2010, *Pleasure and Sexual Health: The PASH Study*, Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of NSW.

15. Pedrana A, Guy R, Bowring A, Hellard M, Stoove M 2011, *Community models of HIV testing for men who have sex with men: Systematic Review* 2011, ACON.

16. McPherson N, McMahon T, Moreton R, Ward K 2011, Using HIV notification data to identify priority migrant groups for HIV prevention, NSW 2000-2008, *Communicable Diseases Intelligence*;32(2):185-191.

17. Pell C, Donohoe S, Conway, D 2008, Health care services for men who have sex with men in different Australian states and territories since the emergence of HIV, *Sexual Health* 2008;5(2):161-168.

18. Garsia R 2010, HIV treatment, care and support in NSW: A work necessarily still in progress, *NSW Public Health Bulletin* 2010;21(3-4):89-92.

19. Savage J, Crooks L, McLean S 2009 *Models of access and clinical service delivery for people with HIV in Australia: final report*, Sydney: Australasian Society for HIV Medicine.

20. O'Donnell D, Grulich G, Garsia R, Parkhill N, Browne K 2010, HIV in NSW in 2010: sustaining success in an evolving epidemic, *NSW Public Health Bulletin* 2010;21(3-4):49-53.

21. Hardwick J, Cotton R 2005, *HIV/AIDS care and treatment services needs assessment*, Sydney: NSW Department of Health.

22. Persson A, Richards W, Barton D, Reakes K 2009, *Men and women living heterosexually with HIV: the straightpoz study, Volume 2*, Sydney: National Centre in HIV Social Research, The University of NSW.

23. Korner H, Petrohilos M, Madeddu D, *Living with HIV and cultural diversity in Sydney*, Sydney: National Centre in HIV Social Research, 2005.

24. Australasian Society for HIV Medicine and National Centre in HIV Social Research, *Stigma and Discrimination around HIV and HCV in Healthcare Settings: Research Report*, ASHM and NCHSR, 2012.