THE NSW HIV STRATEGY 2026-2030

Ensuring the forthcoming Strategy is a roadmap to virtual elimination of HIV transmission by 2030

Executive summary

This paper outlines some of the key steps that partners in the NSW HIV response, including Government, community organisations, clinicians and researchers, must take if we are to achieve virtual elimination of HIV transmission by 2030. The paper outlines key areas for action to be included in the forthcoming NSW HIV Strategy, including access to PrEP, testing, the need for global preparedness, and strategies to improve quality of life for people living with HIV (PLHIV) and reduce stigma.

Introduction

The goal of virtually eliminating HIV transmission by 2030 is ambitious yet attainable. Achieving this will require renewed energy and innovative strategies to enhance prevention, testing, diagnosis, care, and treatment. A strong commitment to this goal must underpin the Strategy in its development, content, rollout, and evaluation.

This will require effort across all aspects of the NSW HIV partnership, without necessarily additional resourcing. There are ways to reform and review existing programs, including within ACON's services, to ensure we are prioritising the right initiatives for the right populations.

Background

Neither NSW nor Australia is currently on track to achieve virtual elimination of HIV transmission by 2030. Quality of life for PLHIV is not improving at an acceptable rate, and stigma remains high.

To achieve virtual elimination of transmission by 2030, the number of new HIV diagnoses will need to fall at a much faster rate than has been achieved in recent years. The last stages of the prevention effort will also be the most difficult. We will also need to make significant progress toward reducing stigma to continue to improve the quality of life of people living with HIV.

Current strategies have achieved significant success, but current strategies do not appear to be able to achieve the rate of change required. The NSW HIV strategy 2026-2030 needs to prioritise key populations and settings where current HIV treatment, prevention and testing efforts have not been as effective. Furthermore, the current targets to reduce stigma and improve quality of life for PLHIV are ineffective. The 2026-2030 Strategy needs to be more proactive and engaged in combating stigma.

There are four main areas ACON wants the forthcoming Strategy to address. They are:

1. Creating new and improved pathways for access to PrEP
2. Accessible and tailored testing and peer navigation

3. The potential impact of international HIV epidemics in Australia
4. Strategies to improve quality of life and reduce stigma for PLHIV.

Some of this work can, and is, being done within existing budgets and partnerships. Some additional investment is required to deliver novel strategies that evolve our HIV response to meet the needs of the final stages of a complex epidemic.

Creating new and improved pathways for access to PrEP

Affordable PrEP is a critical tool to the HIV prevention efforts and may be the most useful tool in reducing diagnoses. PrEP uptake in NSW has been strong, and NSW has always lead in innovative approaches to HIV prevention, including via the EPIC-NSW trial. Expanded PrEP dispensing, such as nurse-led, pharmacy-led, or peer-led dispensing pilots will streamline access. These innovative approaches build on the success of reforms to dispensing the oral contraceptive pill and take home naloxone in NSW.[1]

The new Strategy will also have a responsibility to ensure that the benefits of prevention are taken up by more overseas-born gay and bisexual men and other men who have sex with men (GBMSM). Among overseas-born MSM, two thirds of notifications are from MSM born in Asia, and around 15% from MSM born in Latin America.[2] The Commonwealth agreement to make PrEP available to people living in Australia who are ineligible for Medicare is an important initiative and we welcome the opportunity to partner on its implementation in NSW.

Additionally, innovative PrEP models, namely long-acting injectable PrEP, need to be considered as a part of the response. This will require significant community advocacy at the federal level. We are seeking support for this advocacy from the NSW Ministry of Health will add significant weight to the fight to see this game-changing tool for HIV prevention available in NSW.

To virtually eliminate HIV by 2030, NSW will need to find better ways to improve access to prevention methods. ACON is advocating for:

- NSW to introduce innovative models of PrEP dispensing, including nurse, pharmacy, and peer-led options.
- Rigorous implementation of the promised initiatives to provide PrEP to Medicare ineligible people in NSW.
- A review of testing and prescribing requirements to streamline access for ongoing PrEP users (discussed further in the next section).
- At the federal level, streamlining access to medication via the PBS, including new forms of PrEP.
- Patent waivers from pharmaceutical companies to allow for more cost-effective options for new forms of PrEP.

Accessible and tailored testing and peer navigation

The forthcoming Strategy should continue the success of publicly-funded sexual health clinics and community-based peer testing. These dedicated services provide a safe and inclusive environment, and are also increasingly a part of social and sexual network recommendations.[3]

The Strategy should also explore ways that we can expand the capacity of, and relieve the pressure on, these services, through reviewing testing and prescribing guidelines for PrEP, specifically reducing testing frequency, exploring online appointment models, and partnerships to provide new testing services in priority areas. Relieving pressure on these clinics, currently the result of potentially over testing those who have less of a risk profile (those reporting consistent PrEP use), allows for expanded capacity to reach priority populations, including those who have never tested.

Overseas born GBMSM are a priority population to reach in the push for virtual elimination of HIV transmission by 2030. Community testing services are a key part of reaching these parts of our community. Evaluations of ACON's a[TEST] found 57% of clients are overseas-born,

and 19.9% of overseas-born diagnoses in NSW were detected at a[TEST], despite accounting for only 1.3% of tests.[4] Peer education and support programs are also incredibly important in reaching these communities. ACON currently runs peer education for Asian gay, bi, and queer (GBQ) men, and approximately 30% of clients of the HIV support programs are overseas born.

Despite the reach of ACON and other NSW programs, it is clear that there are still overseas born men who are not engaged with prevention. Program reforms in NSW are needed, targeting recently arrived GBMSM in both prevention and support settings, as well as increasing and diversifying the campaigns to better target priority populations.

ACON's new National HIV Multicultural Peer Navigators service is an excellent example of an innovative program designed to reach these communities. This service and others will be needed to reach those populations not currently engaged in HIV prevention, testing and treatment.

In addition, ACON is also reviewing its health promotion programs, and in 2025-26 will divert more resources to campaigns and peer education specifically targeted at overseas-born men, aiming to reduce the time between arrival in Australia and first test.

To increase testing uptake in priority populations, ACON will:

- Provide tailored early-test campaigns targeting newly arrived GBMSM from priority countries to cut the time to first HIV test.
- Expand peer navigation and education programs for international students and migrants to build confidence, reduced internalised stigma and provide support for health system navigation.
- Expand our programs, within existing resources, in Greater Western Sydney and outer metro areas including those with higher populations of overseas-born GBMSM populations.
- Explore opportunities for delivering peer-based testing in partnership with local service providers.
- Deliver in-language and culturally specific health promotion activities across priority communities.

We are also advocating for:

- A review of testing frequency requirements for those using PrEP, creating capacity in peer testing and sexual health services.
- Expansion of the MyCheck service at Sydney Sexual Health Clinic to all publicly-funded sexual health clinics across all local health districts to allow for greater flexibility and capacity in these services and provide safe and accessible options for GBMSM based in outer metro areas and regional NSW.

The impact of international HIV epidemics in Australia

Growing epidemics in neighbouring countries will have domestic implications.[5] Cuts to the USAID and PEPFAR programs will further impact this.[6] We must be prepared for the implications in NSW linked to significant migration and travel between Australia and countries experiencing growing epidemics.

A larger epidemic in the region requires NSW to be responsive. Strategic thinking and programming need to shift to a focus on decreasing time to first test for those newly arriving in Australia, especially from impacted areas. As mentioned in the above suggestions, a shift towards targeting new migrants is already happening across state and community programs, but growing epidemics will require us to be dynamic and tailor this programming for specific countries of origin.

It is imperative that NSW maintains our current approach to HIV treatment, testing and prevention, but we are also asking that:

- Scenario planning takes place to test the ability of public health systems to respond to major changes in the size or

nature of the domestic epidemic, as well as global disruptions to supply chains.
- Readiness for investment in targeted programming to decrease time to first test for newly arrived migrants from high prevalence countries is a part of planning and strategy.

Strategies to improve quality of life and reduce stigma for PLHIV

The NSW HIV cascade of care demonstrates that almost all diagnosed people living with HIV in NSW are on treatment and have an undetectable viral load.[7] This is great news for the health of PLHIV, and the prevention of onward transmission, as those with an undetectable viral load are unable to pass on the virus.

The available data on the quality of life for PLHIV is limited, and doesn't provide a full picture, as it is skewed toward older people born in Australia.[8] These data tools are not integrated into healthcare settings and so aren't tested with a broad population of PLHIV. The current data does not sufficiently measure the experience of newly-arrived overseas-born GBMSM.[a] While the PozQoL tool will be embedded into the Single Digital Patient Record (SDPR), training will need to be invested in to support its implementation and analysis. Embedding PozQoL at primary care is also critical to understanding the quality of life of PLHIV. A research program to support extraction of PozQoL data across different clinical settings will support effective evaluation of the strategies we are using to improve quality of life, in real time.

NSW has made very little progress in its efforts to reduce stigma, and experiences of stigma are still reported too frequently within healthcare settings by all priority populations, including PLHIV.[9] There has been little to no investment in stigma reduction.

The rollout of the SDPR offers an opportunity to train healthcare providers in stigma reduction.

Privacy is a significant concern for people living with, and at risk of HIV with the rollout of the SDPR, including GBMSM, but also people who inject drugs and sex workers. Effective action to mitigate these risks via co-designed provider training will support efforts to reduce stigma in healthcare settings.

It is critical that we invest in efforts to reduce stigma at the structural and societal level, including within healthcare settings, but also at the individual level. ACON is investing in initiatives to address internalised and anticipated stigma, and we need the support of our partners to address stigma in other settings.

To address internalised stigma, ACON is:

- Investing in peer navigation for multicultural communities to provide peer support to those living with and at risk of HIV
- Increasing efforts to provide tailored peer education to address homophobia, transphobia, and HIV stigma in our programs for multicultural communities
- Continuing our efforts to address stigma and discrimination through counselling and support to those living with or at risk of HIV, especially among priority populations.

We are also advocating for:

- Use of PozQol in primary healthcare settings, as well as in state-based services, to better understand quality of life of PLHIV at scale in NSW.
- Research programs to collect and evaluate PozQoL data collected in healthcare settings across NSW.
- Renewed policy commitments in the HIV Strategy to effectively address stigma.
- Increased resourcing via the rollout of the SDPR to address stigma in healthcare settings by providing workforce training, organisational development, and targeted information, as well as clear methods to report and evaluate these initiatives.

[a] Of the HIV Futures 10 sample, just 3.7% (n=30) arrived in Australia in the last 5 years.

- Additional training for healthcare providers to better embed the benefits of undetectable viral load on onward transmission (U=U) into clinical guidelines, and
- Action to address structural stigma, including the repeal of the *Mandatory Disease Testing Act 2021 (NSW)* and changes to the *Public Health Act 2010 (NSW)*.

Conclusion

ACON and NSW Health, along with other organisations, clinical partners, researchers and community, have forged an incredibly strong HIV partnership that has led to NSW being at the forefront of HIV testing, treatment and prevention.

It is this partnership that will move us forward in response to the changing challenges of our epidemic response. With renewed commitment and investment, with a focus on increasing accessibility for all members of our communities to prevention, testing, and treatment and stigma reduction initiatives, the NSW HIV Strategy can reach the goal of virtual elimination of HIV transmission by 2030.

References

[1] Arapali T, Warzywoda S, Smith AKJ, Keen P, Mac Phail C, Dowell-Day A, Clackett S, Lockwood T, Vaughan M, Varma R, Sullivan E, Chan C, Hammoud MA, Holt M, AvasaluR,Grulich AE, Bavinton BR. (2024) Innovative oral PrEP service delivery models and the policy, legal, and regulatory barriers to their implementation. Kirby Institute, UNSW Sydney: Sydney, Australia. http://doi. org/10.26190/4xvf-0083
[2] NSW Health (2025). NSW HIV Strategy 2021–2025: Annual Data Report 2024.
[3] Wells N, Chan C, Philpot S, Saliba B, Wong H, Holt M, et al. Pathways to engaging with sexual health services and LGBTQ+ communities among recently arrived, overseas-born gay, bisexual, and other men who have sex with men in Australia: A qualitative study Acknowledgement of Country. 2025 [cited 2025 Aug 18]; Available from: https://doi.org/10.26190/unsworks/30740
[4] Chan C, Patel P, Johnson K, Vaughan M, Price K, McNulty A, Templeton D, Read P, Cunningham P and Bavinton BR. (2020). Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019. Kirby Institute, UNSW Sydney: Sydney, Australia
[5] McLennan, S (2025). Fiji's HIV crisis is a regional challenge that demands a regional response. *The Conversation* (31 January). Available: https://theconversation.com/fijis-hiv-crisis-is-a-regional-challenge-that-demands-a-regional-response-248536
[6] UNAIDS (2025). About the impact of US funding cuts on the global HIV response. Available: https://www.unaids.org/en/impact-US-funding-cuts
[7] NSW Health (2025). NSW HIV Strategy 2021–2025: Annual Data Report 2024.
[8] NSW Health (2025). NSW HIV Strategy 2021–2025: Annual Data Report 2024.
[9] NSW Health (2025). NSW HIV Strategy 2021–2025: Annual Data Report 2024.