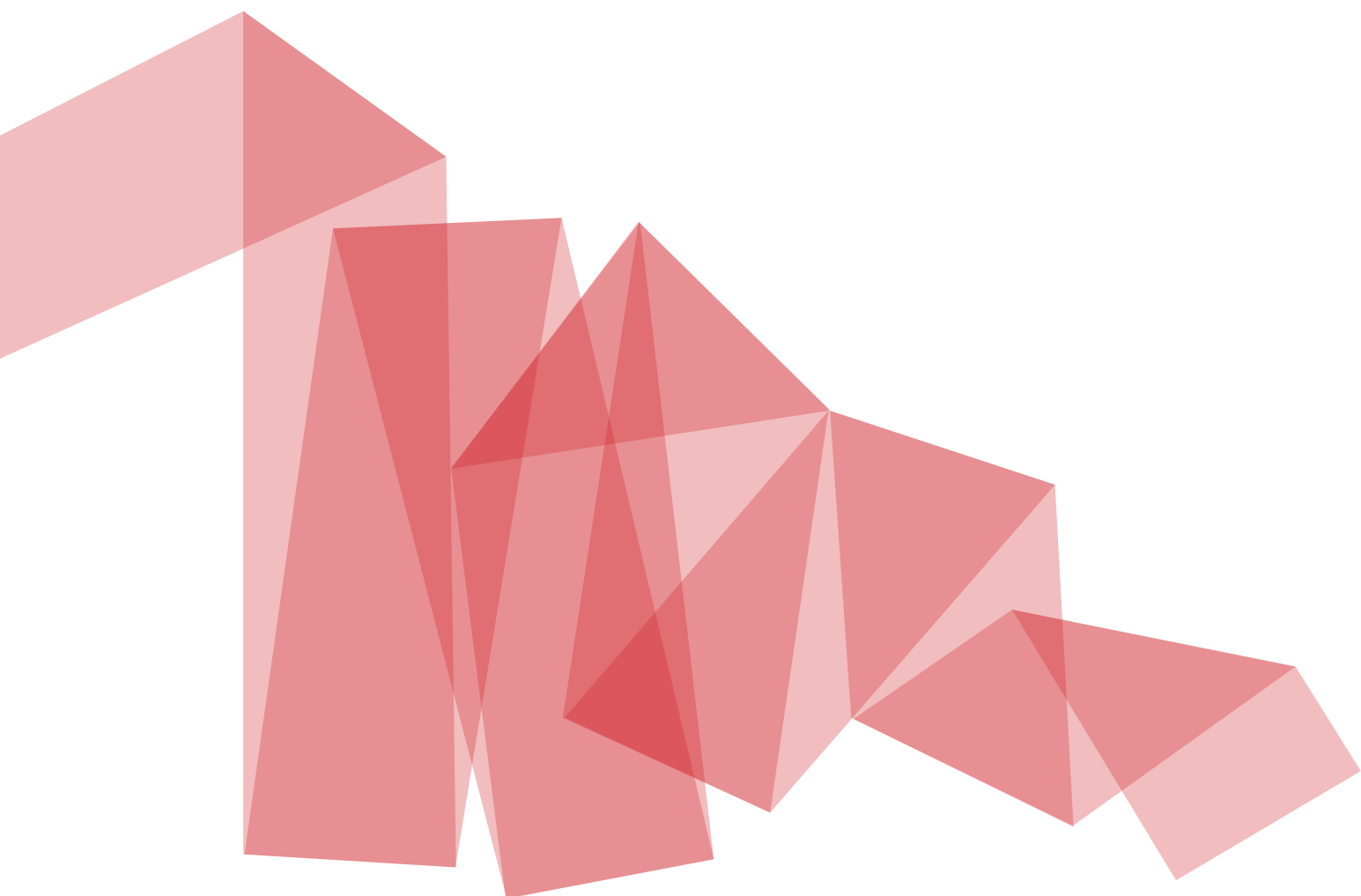


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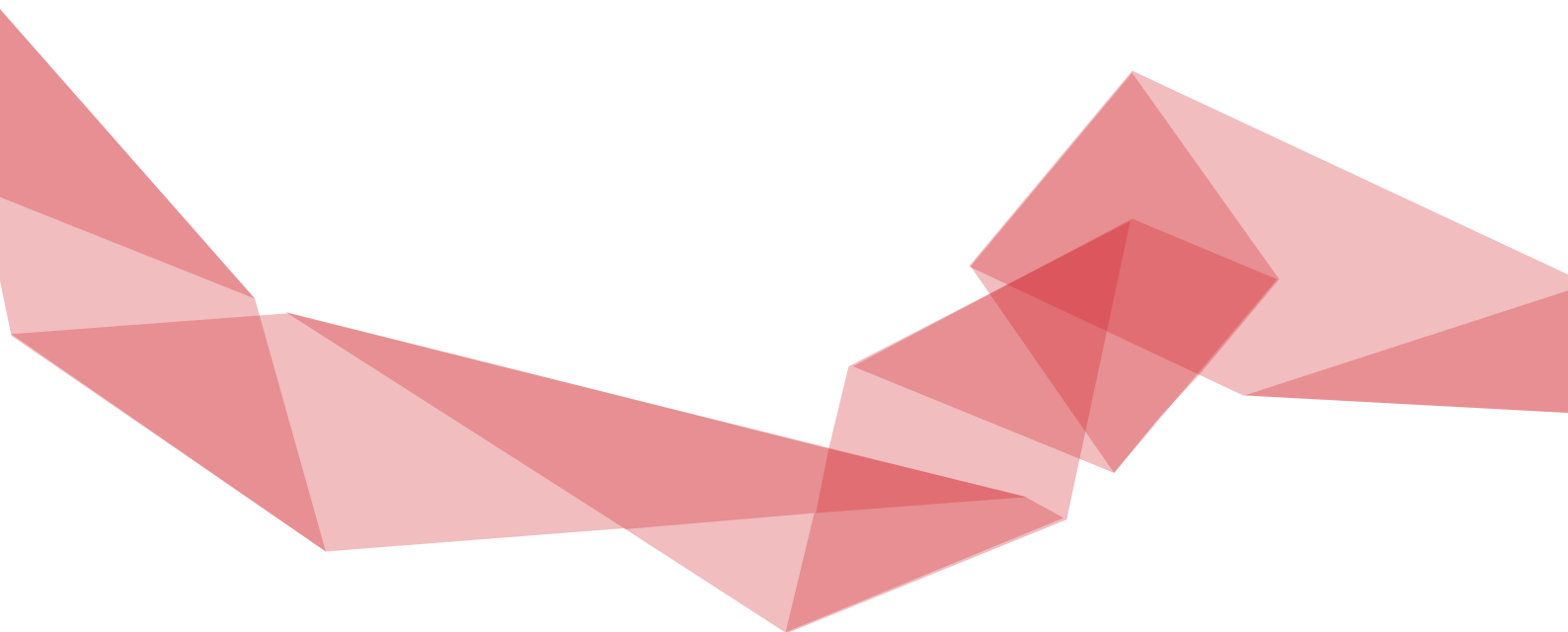
**HIV & AIDS PRIORITIES**



# ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the land we are on, and pay our respects to their Elders past, present and emerging.

We respectfully acknowledge Aboriginal and Torres Strait Islander people living with HIV and their families.



# INTRODUCTION

It has been 35 years since Australia's first Human Immunodeficiency Virus (HIV) diagnosis. It was a time when fear was pervasive, knowledge of HIV was limited, and initial treatment, once developed, was relatively ineffective. Little could be done to prevent the progression of HIV to Acquired Immunodeficiency Syndrome (AIDS) and AIDS-related illnesses, yet faced with fear and untold misery, we rallied. Community members, volunteers, researchers, health professionals and governments worked together to fight HIV. For the most part Victorians have benefited from long-standing bipartisan support for effective action on HIV, and the shared understanding that key to an effective HIV response is government working in partnership with community-controlled health services.

Ahead of the upcoming Victorian election, in continuation of that proud history of constructive community consultation and collaboration with government, Thorne Harbour Health, Living Positive Victoria and Positive Women Victoria have produced this document to help guide the next Victorian Government's policy responses to HIV.

Today's situation would have been inconceivable in the early years of the epidemic: advances in treatment have made it possible to effectively suppress HIV replication and for people to live normal lifespans; a sustained undetectable viral load eliminates the risk of HIV transmission; and antiretroviral medications are being prescribed to HIV-negative people as a highly effective prevention measure. These advances mean ending new HIV transmissions is a real possibility, however, we must not forget the many people who will continue to live with HIV beyond an end to new transmissions.


If we are to end new HIV transmissions, and improve the lives of people living with HIV, it is not enough to focus on biomedical treatment and prevention; we must also work to end HIV-related stigma, discrimination and criminalisation, and improve the social determinants of health of people living with HIV. HIV may not be the threat it was in the 1980s and 1990s, but the need to support people living with HIV and prevent HIV transmission remains a high priority for all Victorians.



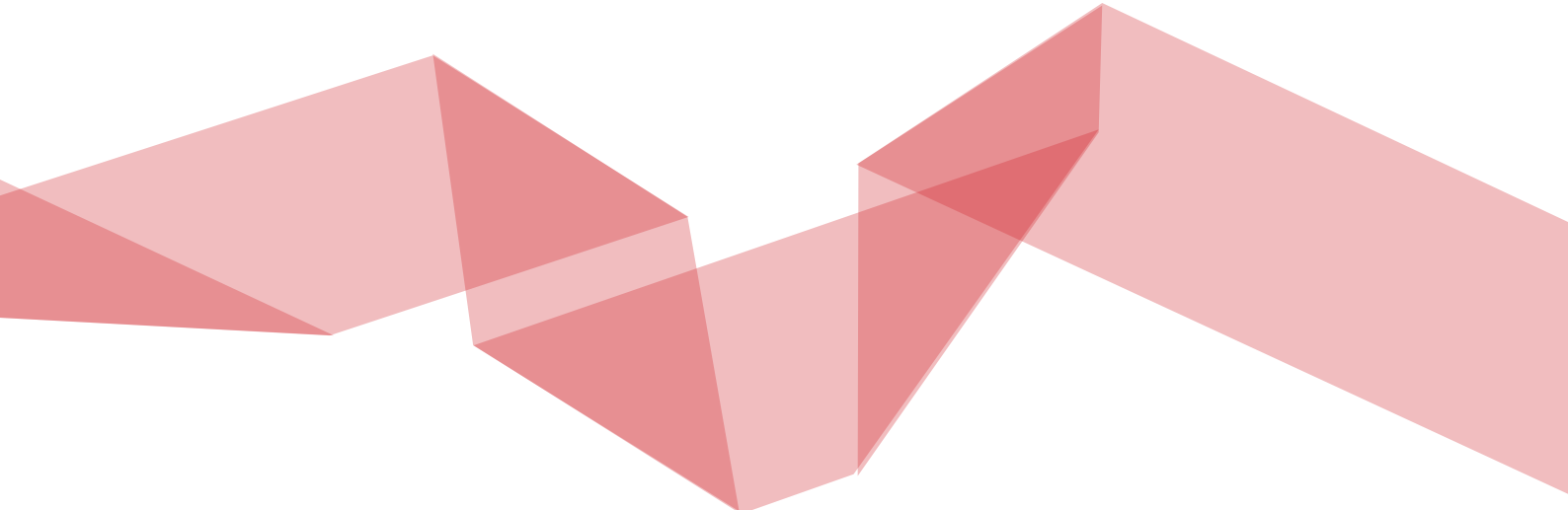
Chad Hughes  
President  
Thorne Harbour Health



Christabel Millar  
President  
Living Positive Victoria



Heather Ellis  
Chair  
Positive Women Victoria



## TARGETS

The Victorian and Commonwealth governments have signed up to goals related to HIV and AIDS that are consistent with those developed by the United Nations, specifically that by 2020:

- 90% of people living with HIV know their status;
- 90% of people who are diagnosed with HIV are on treatment; and
- 90% of people on HIV treatment have an undetectable viral load.

By 2030, the UNAIDS targets for each goal is 95%. Alongside Melbourne's inclusion in Fast Track Cities Initiatives is the goal of no new HIV

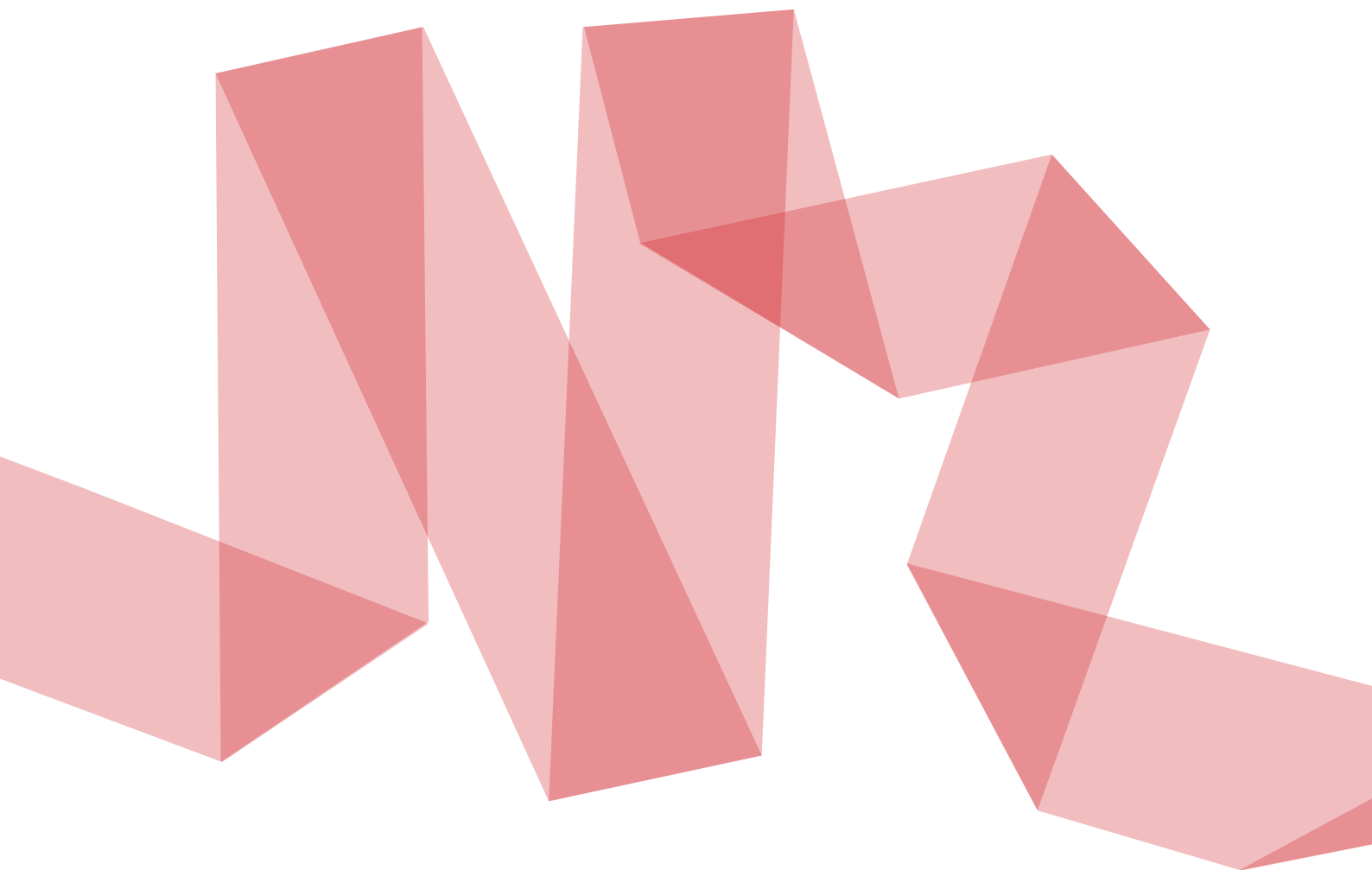
transmissions by 2020. The *Victorian HIV Strategy 2017-2020* also has a goal of eliminating stigma and discrimination against people living with HIV.

In December 2016, 88% of people in Victoria living with HIV knew their status; of these, 95% were on treatment; and of these 94% had an undetectable viral load.<sup>1</sup> These results indicate Victoria is well on track to achieve the 90 90 90 targets by 2020, and indeed may have achieved them already.

New South Wales has committed to increasing the proportion of people diagnosed with HIV receiving antiretroviral therapy to 95% by 2020. To build on our progress, Victoria should aim to reach all of the 95% targets by 2025 rather than 2030.

## ACTIONS

- Maintain the commitment to the UNAIDS 2020 goals, to no new HIV transmissions by 2020, to the elimination of stigma and discrimination against people with HIV, and to ongoing support for the community partnership model and resourced participation; and
- Commit to all the 95% goals by 2025 rather than 2030.



# HIV PREVENTION

HIV pre-exposure prophylaxis (PrEP) is the regular use of antiretroviral medications to reduce the risk of acquiring HIV. Since PrEP was listed on the Commonwealth Pharmaceutical Benefits Scheme (PBS) in April 2018, it has become more affordable and widely prescribed. However, people who do not have a Medicare card are unable to conveniently access PrEP at an accessible price. Many general practitioners are also unaware of PrEP and its benefits for people at high risk of acquiring HIV. It is important that PrEP is readily available for all Victorians who need it.

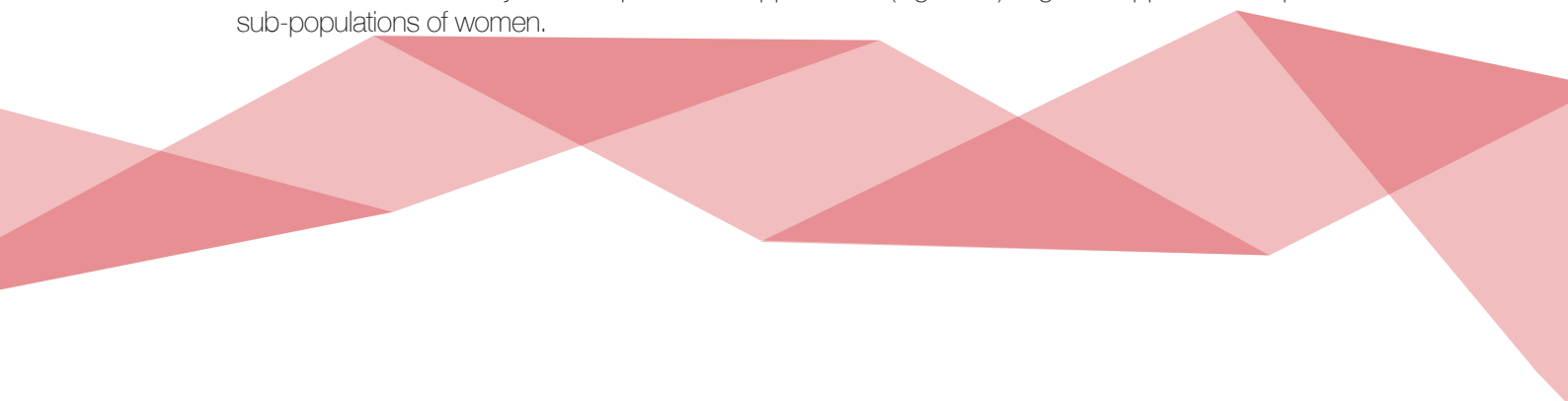
Post-exposure prophylaxis (PEP) is a month-long course of antiretroviral drugs that can prevent HIV acquisition if taken within 72 hours of contact with HIV. However, access to PEP is difficult due to geographically limited distribution sites. This problem could be solved by allowing the public to access PEP through the hospital system, as all hospitals already store PEP in case of occupational exposure to HIV. Victoria has a PEP phone line staffed 9am-5pm, Monday to Friday, alongside a website with advice and information about access locations. In line with other states, Victoria should operate the PEP phone line 24 hours a day, 7 days a week.

Victorians have long benefited from community needle and syringe programs (NSPs). However, people in prisons currently do not have access to clean injecting equipment. There is no evidence of needles being used as weapons in places NSPs have been implemented in prisons.<sup>2</sup> Prisons continue to be a source of new blood-borne virus transmissions due to the lack of condoms and clean injecting equipment.

Community-controlled health promotion campaigns have been the cornerstone of Victoria's response to HIV, promoting regular testing and prevention options, from condoms to biomedical initiatives. The community-based management of these campaigns ensures that they are cost-effective, capable of being rapidly developed, and able to successfully build awareness and engagement. Continuing these campaigns and expanding their reach is essential to maintaining hard-won gains.

Central to HIV prevention efforts in the past, and in the future are people living with HIV themselves. The critical role of people living with HIV needs to be acknowledged and supported in the future.

## ACTIONS

- Implement a PrEP access scheme for Medicare ineligible to ensure convenient access to PrEP;
  - Establish an initiative to improve prescribing and dispensing PrEP coverage across Victoria;
  - Direct all hospitals to make PEP available to members of the public upon suspected exposure to HIV, in accordance with the guidelines for PEP administration and expand the PEP phone line hours of operation to 24 hours a day, 7 days a week;
  - Ensure the availability of condoms and clean injecting equipment in Victoria's prisons;
  - Maintain existing HIV prevention and health promotion programs, and expand them to better target women, heterosexually identifying men, Aboriginal and Torres Strait Islanders, and people from the trans and gender diverse, and culturally and linguistically diverse communities;
  - Maintain funding for peer-led initiatives, peer navigation and support, workshops like Phoenix run by Living Positive Victoria, and capacity building for people living with HIV to become active peers in the community; and
  - Fund research to identify whether prevention approaches (e.g. PrEP) might be applicable to specific sub-populations of women.
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# TESTING

The longer someone has HIV and doesn't know it, the more likely they are to pass HIV on to others and the greater the impact on their health. Bringing down the time between HIV infection and diagnosis requires that HIV testing be free, frequent, and accessible.

Victorians should have accessible sexual health services, across metropolitan and regional areas, that remove financial and geographical access barriers to testing and treatment. A comprehensive sexual health sector requires a mixture of peer-led and mainstream services.

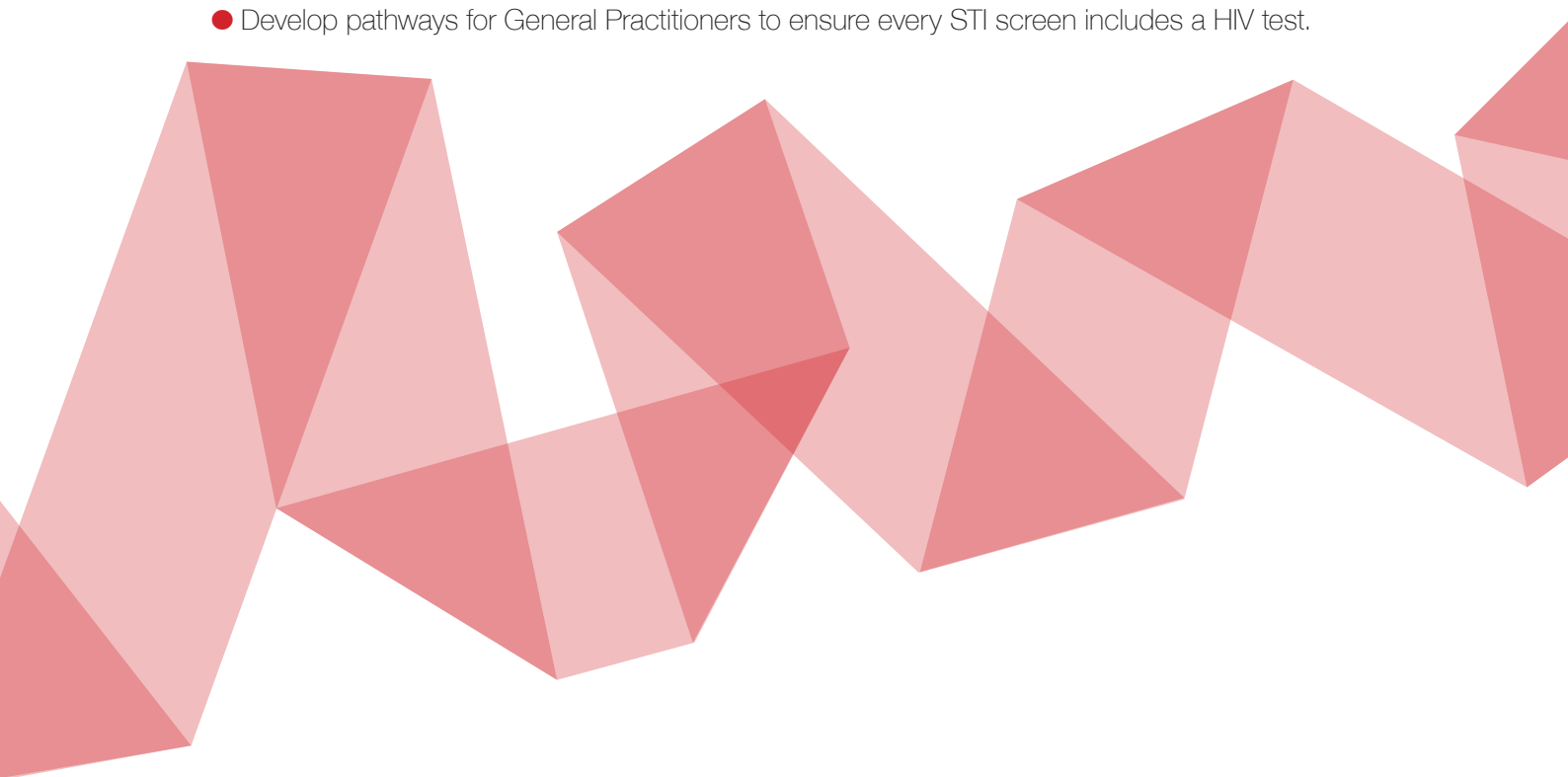
Due to access barriers and a failure to test when services are used, people who unknowingly have HIV and are deemed as being low risk go without HIV testing longer than they should. In particular, women, married men, and people from culturally and linguistically diverse communities are less likely to be tested for HIV.<sup>3</sup> Ultimately, this can lead to the tragic and avoidable first diagnosis of AIDS rather than HIV.

The Melbourne Sexual Health Centre (the Centre) is Victoria's only public sexual health centre. Capacity within the Centre has not kept up with rapidly increasing population and infection rates. Over the last decade, demand for its services has more than doubled, and rates of sexually transmitted infections like syphilis, chlamydia, and gonorrhoea have increased dramatically.<sup>4</sup> This service must be expanded to accommodate Victoria's growing population.

There is a need to: include HIV tests in every STI screen; expand community-controlled sexual health clinics; fund sexual health outreach services that encourage testing among women, Aboriginal and Torres Strait Islanders, and people from culturally and linguistically diverse communities; and continue funding health promotion campaigns that encourage frequent sexual health testing.

# ACTIONS

- Increase funding for community-controlled sexual health services such as Thorne Harbour Health's PRONTO! service, to establish permanent sexual health clinics, and to increase HIV rapid testing throughout Victoria using mobile facilities and/or out-posted services;
- Fund health promotion campaigns and sexual health outreach services to increase health testing among LGBTI+ people, women, heterosexually identifying men, Aboriginal and Torres Strait Islanders, and people from migrant and culturally and linguistically diverse communities;
- Significantly expand the existing Melbourne Sexual Health Centre site or establish an additional site for this service; and
- Develop pathways for General Practitioners to ensure every STI screen includes a HIV test.



# TREATMENT

Improvements in antiretroviral therapy have made HIV a chronic manageable condition that requires lifelong adherence to treatment. Antiretroviral therapy significantly increases health and wellbeing by lowering viral load to undetectable levels, which when sustained has the benefit of eliminating of the risk of HIV transmission. Widespread uptake and adherence to treatment is also an important public health measure. If all Victorians living with HIV are receiving treatment this will effectively reduce the risk of transmitting HIV to zero.

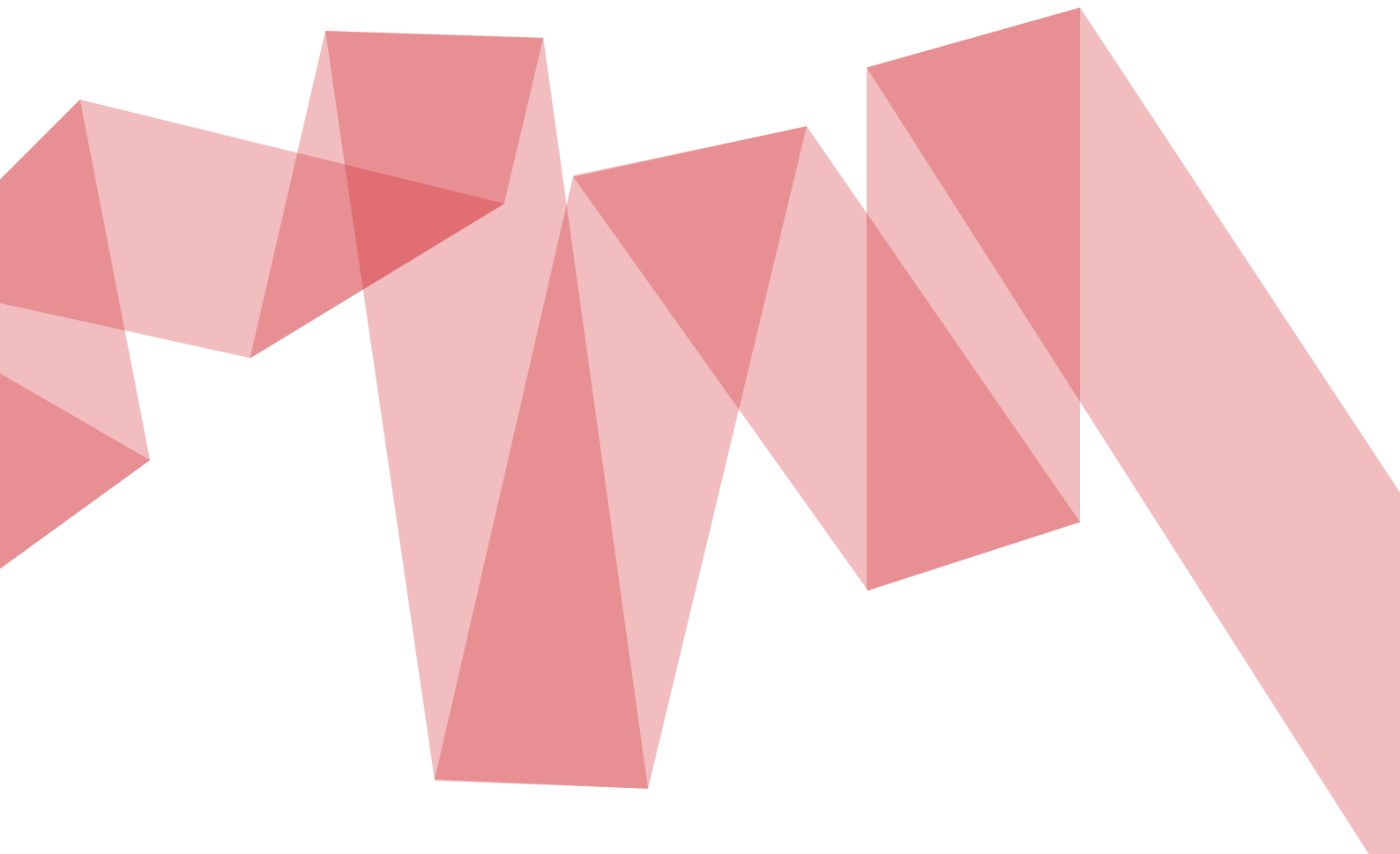
Financial barriers still prevent many Victorians' treatment uptake and adherence. Subsidised HIV medication can be accessed under the PBS, but consumers are still required to pay dispensing fees (or co-payments) when they collect their

medication from a pharmacy. There is an ageing population of people living with HIV, and many have multiple comorbidities requiring multiple medications. Combined out-of-pocket expenses can make treatments unaffordable for many.

In 2015, the New South Wales Government began subsidising co-payments for HIV treatments to help ease the financial burden for people with chronic conditions. This has assisted people living with HIV to access and adhere to treatment.

# ACTIONS

- Subsidise co-payments for HIV treatments to maximise treatment uptake and adherence;
- Investigate and remove barriers to care for people from culturally and linguistically diverse communities; and
- Provide ongoing investment for capacity building and partnership opportunities for peer navigation programs.



# STIGMA & DISCRIMINATION

HIV stigma negatively affects the health and wellbeing of people living with HIV. In Victoria, HIV tends to affect people who belong to already marginalised communities: men who have sex with men, trans and gender diverse people, injecting drug users and people from culturally and linguistically diverse communities. Women living with HIV and their families also experience stigma and discrimination, because some still misunderstand HIV as being something that only affects gay men.

Education initiatives are capable of solving the problem of stigma and discrimination. There is a need for community-controlled HIV anti-stigma campaigns that are population-wide, as well as targeted to women and people from culturally and linguistically diverse communities. At the family unit level, there is a need for family counselling, peer education and other support services that educate family members about what it means to be living with HIV today.

People living with HIV require ongoing care, treatment and support, yet stigma prevents people from

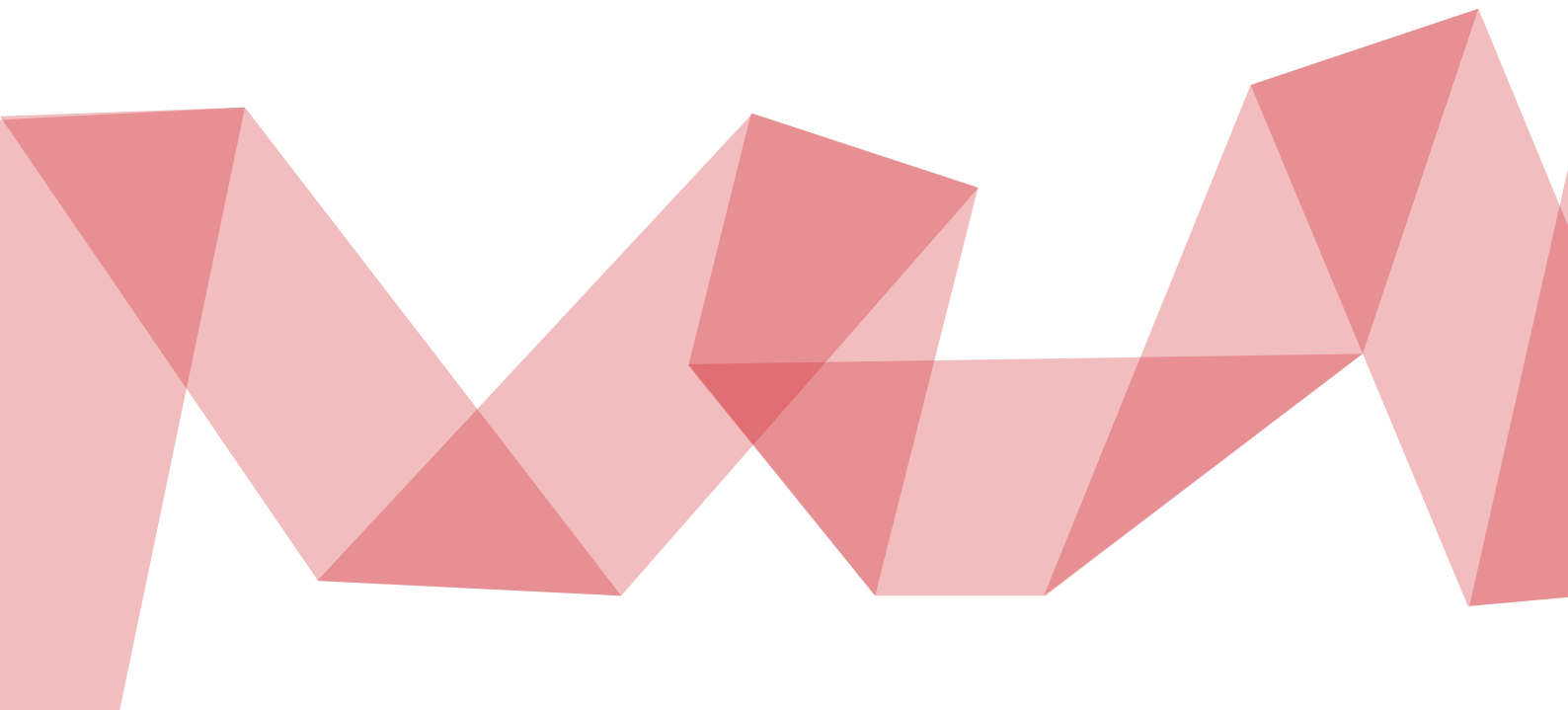
disclosing their status and obtaining the support and care that they need. Funding is needed for the continuation and expansion of peer-based programs that support and improve the resilience and health of people living with HIV.

Many employers and services unintentionally reinforce HIV stigma by asking employees and consumers to disclose their HIV status when it is not necessary to do so. There is no need to disclose one's HIV status to any organisation unless there is clearly demonstrated need under laws, policies and procedures. HIV disclosure guidelines for employers, services and government agencies should be developed to clarify when requesting HIV disclosure is appropriate.

The *Victorian HIV Strategy 2017-2020* commitment to end HIV-related stigma and discrimination is groundbreaking. The Victorian Government should seek a national commitment to ending HIV-related stigma and discrimination by raising the issue at the Council of Australian Governments (COAG).

## ACTIONS

- Fund community-controlled HIV anti-stigma campaigns to relevant populations based on the principles of the meaningful involvement of people living with and affected by HIV;
- Co-design and expand community-controlled family counselling, peer education programs, and other support services for families of people living with HIV to build stronger communication and relationships within these families;
- Fund the Positive Leadership Development Institute;
- Develop HIV disclosure guidelines for employers, service providers, and government agencies; and
- Commit to raising the impact of HIV-related stigma and discrimination at COAG.





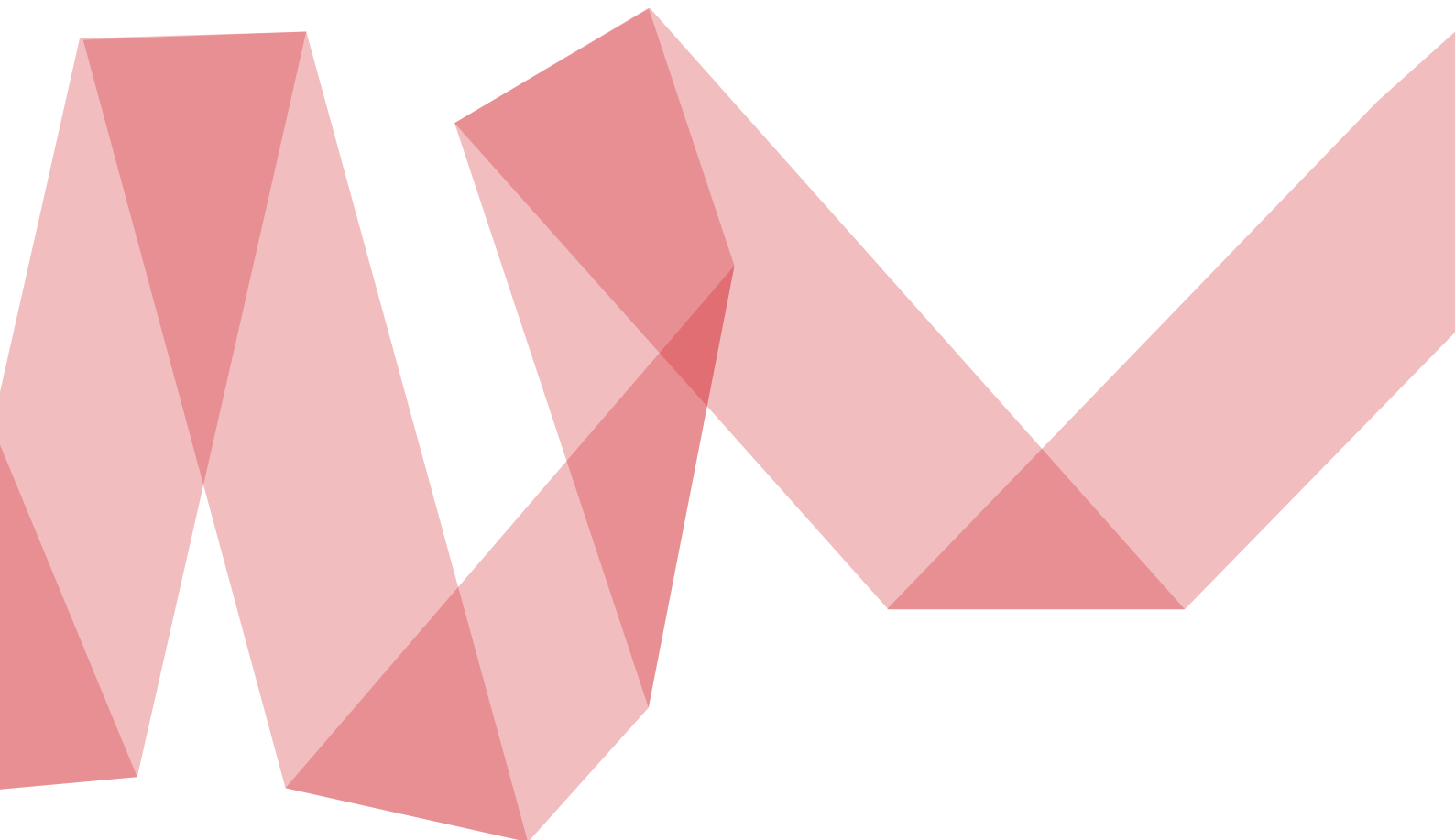
# TOBACCO CESSATION

Tobacco use among people living with HIV is double that of the general population.<sup>5</sup> People living with HIV who are on treatment and smoke are more likely to die from smoking related illnesses than from HIV related illnesses. Given this significantly higher rate of smoking, community-controlled health promotion campaigns for people living with HIV should be funded to continue and expand.

More research into the efficacy of smoking cessation programs for, as well as the changing rates of tobacco use among, people living with HIV is also needed.

## ACTIONS

- Fund community-controlled health promotion campaigns and resources that specifically target and cater to people living with HIV who use tobacco;
- Fund nicotine replacement therapy for people living with HIV; and
- Fund further research into tobacco use among, and smoking cessation programs for, people living with HIV.



# HIV LAW REFORM

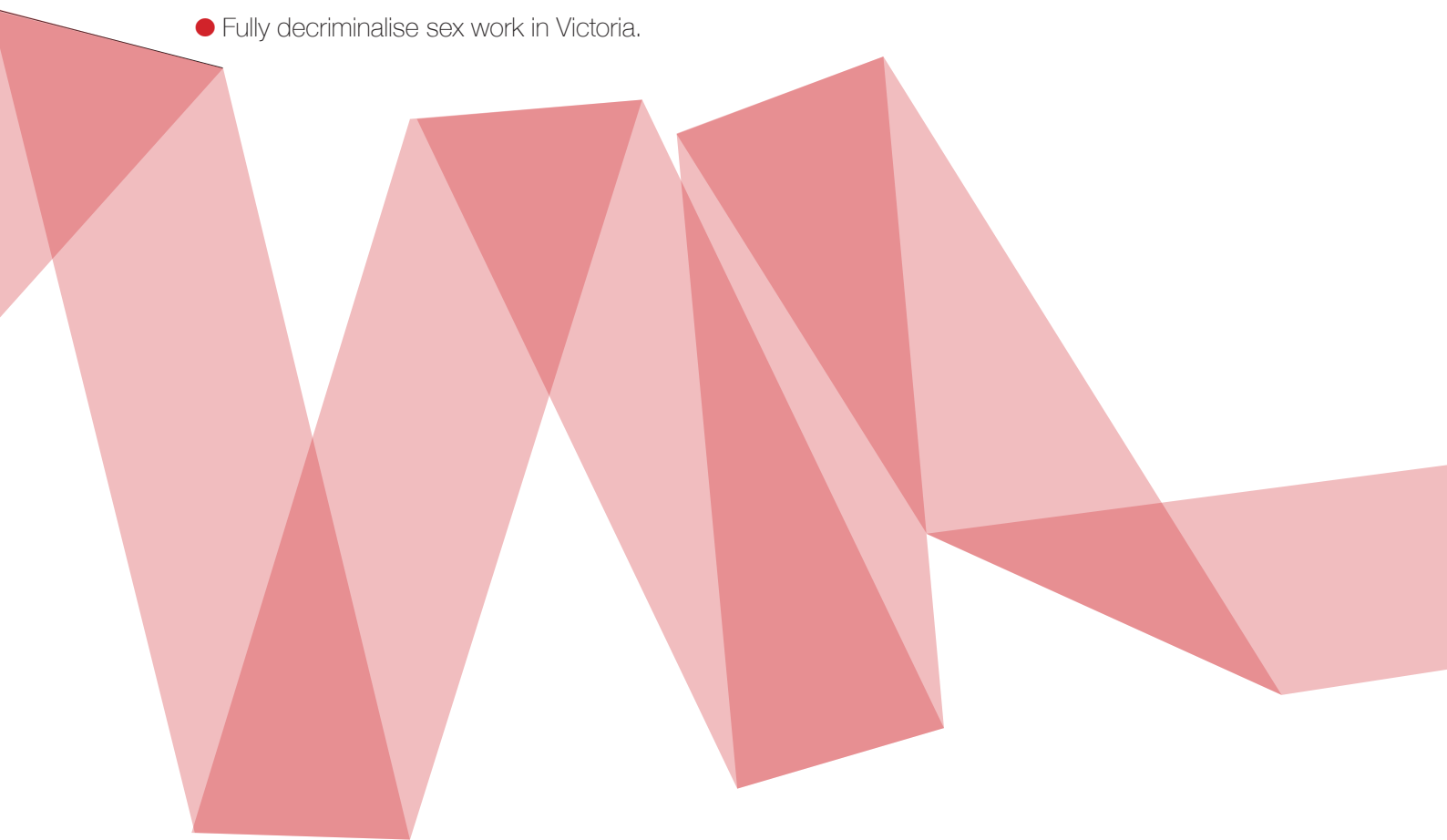
While significant progress has been made with the repeal of section 19A of the *Crimes Act 1958* (Vic), which imposed harsh penalties for HIV transmission, several issues remain around HIV and the law in Victoria.

People living with HIV can face criminal charges for reckless HIV transmission, as well as reckless endangerment in cases where no transmission occurs. These laws do not take into account recent biomedical advances in HIV prevention. HIV criminalisation cases should only be pursued where other options (such as public health case management) are inadequate or have failed, and no one should face prosecution who has taken precautions, in line with accepted community and medical standards, to reduce the risk of transmission. Criminal prosecutions, if they are used at all, should be reserved for those cases where transmission has occurred and there is evidence of intent.

The *Sex Work Act 1994* (Vic) effectively prohibits people living with HIV from working as sex workers.<sup>6</sup> This is a form of HIV discrimination that ignores the reality that sex workers have high rates of condom use, and that people with a sustained undetectable viral load cannot transmit HIV. Everyone, sex worker or not, should be subject to the same responsibility to prevent HIV. Our organisations support the full decriminalisation of sex work in Victoria.

## ACTIONS

- The Director of Public Prosecutions should establish guidelines that acknowledge the negative public health impacts of HIV criminalisation and make it clear that prosecutions will only be in the public interest where there was intentional transmission of HIV, or where management of the case through the public health system is inadequate or has failed;
- Repeal discriminatory provisions against people living with HIV within the *Sex Work Act 1994* (Vic); and
- Fully decriminalise sex work in Victoria.



# GLOSSARY

**AIDS** - Acquired Immune Deficiency Syndrome

**COAG** - Council of Australian Governments

**HIV** - Human Immunodeficiency Virus

**LGBTI+** - Lesbian, gay, bisexual, trans and gender diverse, intersex, and other sex, sexuality and gender diverse communities

**NSP** - Needle and syringe program

**PBS** - Pharmaceutical Benefits Scheme

**PEP** - Post-exposure prophylaxis

**PrEP** - Pre-exposure prophylaxis

**STI** - Sexually transmissible infections

**UVL** - Undetectable viral load - Current HIV viral load tests measure down to 20 copies per ml of blood. Any level lower than 20 copies is deemed to be undetectable.

# RESOURCES

**Thorne Harbour Health**

[thorneharbour.org](http://thorneharbour.org)

**Living Positive Victoria**

[livingpositivevictoria.org.au](http://livingpositivevictoria.org.au)

**Positive Women Victoria**

[positivewomen.org.au](http://positivewomen.org.au)

**PRONTO!**

[pronto.org.au](http://pronto.org.au)

# REFERENCES

1. Fast-track cities. Global web portal. Ending the AIDS epidemic by 2030. Melbourne, Victoria. <<http://www.fast-trackcities.org/cities/victoria>> (last accessed 10/09/18).
2. Stöver, H. and Nelles, J. (2003). Ten years of experience with needle and syringe exchange programmes in European Prisons. *International Journal of Drug Policy*, 14(5-6): 437-444.
3. McLean, S. and Savage, J. (2009). Existing services for people living with HIV in Australia: Background paper for models of access and clinical service delivery project. Australasian Society for HIV Medicine, Sydney, NSW. p.9 <<http://napwha.org.au/files/MACSD%20background%20paper%20-%20Services.pdf>> (last accessed 10/09/18).
4. Melbourne Sexual Health Centre (2017). Annual Report 2017. <<https://www.mshc.org.au/Portals/0/Documents/ClinicInfo/AnnualReport/AnnualReport2017.pdf>> (last accessed 10/09/18).
5. Mdodo, R., Frazier, E.L., Dube, S.R., et al. (2015). Cigarette smoking prevalence among adults with HIV compared with the general adult population in the United States: Cross-sectional surveys. *Annals of Internal Medicine*, 162(5): 335-44; Power, J., Thorpe, R., Brown, G., et al. (2016). HIV FUTURES 8: Health and Wellbeing of People Living with HIV. Melbourne, Australia. <[http://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0006/766896/HIV-Futures-8-Broadsheet-1-on-Health-and-wellbeing.pdf](http://www.latrobe.edu.au/__data/assets/pdf_file/0006/766896/HIV-Futures-8-Broadsheet-1-on-Health-and-wellbeing.pdf)> (last accessed 10/09/18).
6. Sex Work Act 1994 (Vic), ss 19-20.

