Victorian AIDS Council
Gay Men's Health Centre

including the Positive Living Centre

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AUSTRALIAN GOVERNMENT

DEPARTMENT OF HEALTH

Seventh National HIV Strategy: 2014 - 2017

Submission

2 May 2014

BACKGROUND

The Victorian AIDS Council/Gay Men's Health Centre ("VAC/GMHC") is the peak HIV/AIDS NGO in Victoria. The organisation's mission is to lead the fight against HIV/AIDS in Victorian by providing care and support for people living with HIV ("PLWHIV") health promotion, and advocacy. The organisation, with partner organisations, advocates to improve health outcomes for sexually and gender diverse communities.

VAC/GMHC is an affiliate of the Australian Federation of AIDS Organisations ("AFAO"). We endorse their submission, which has been informed through a consultation process with its members, including VAC/GMHC. VAC/GMHC supports a policy of regular HIV testing, early initiation of HIV treatment and public messages reinforcing condom use.

VAC/GMHC welcomes the opportunity to contribute to the draft Seventh National HIV Strategy ("the Strategy"). The national response to the HIV epidemic is at a critical juncture as the government seeks to incorporate new opportunities provided by advances in HIV treatment into policy. Across Australia there has been an increase in the rate of HIV diagnosis from approximately 4.8 per 100,000 in 2009 to 5.5 per 100,000 in 2012.[1] To respond to the challenges raised by the epidemic in Victoria we are confining our response to our area of expertise: gay men and men who have sex with men in Victoria.

POLITICAL CONTEXT

This is the first Strategy prepared after Australia became a signatory to the *United National Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate*

[1] D Wilson & M Middleton, National Blood-borne Virus and Sexually Transmissible Infections, Surveillance and Monitoring Report, The Kirby Institute 2013, p 34

HIV and AIDS (UNPD).[2] VAC/GMHC strongly supports the UNPD and recommends that the government utilise the National HIV Strategy as a means of expressing their commitment to fulfilling Australia's obligations under this international legal instrument.

VAC/GMHC is also a signatory party to the Melbourne Declaration.[3] The Melbourne Declaration called for Australia's HIV response to be revitalised to take full advantage of game-changing scientific advances in HIV prevention and treatment which for the first time enables us to envision an "AIDS free generation". The Melbourne Declaration recognises the UNPD. VAC/GMHC strongly recommends that the government consult the Melbourne Declaration as a tool to support its response to the epidemic in Australia.

HIV PREVENTION

In response to increases in HIV notifications[4], VAC/GMHC considers HIV prevention to be the bedrock of the national response to the epidemic.

Scientific advances in HIV treatment now mean that HIV medication has the dual benefit of:

- improving an individual's health and wellbeing ; and
- Reducing an individual's HIV viral load, potentially to undetectable levels. This reduces the risk of onward transmission.

TREATMENT AS PREVENTION

Under the rubric of "treatment as prevention", HIV medication, alongside developments in HIV testing, has provided the healthcare and HIV/AIDS sector with new opportunities to respond to HIV. These developments include:

- Rapid testing, in both clinical and community settings;
- Home based/self testing;

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[2] United Nation General Assembly (2011) *United National Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*

[3] http://www.melbournedeclaration.com/

[4] D Wilson & M Middleton, National Blood-borne Virus and Sexually Transmissible Infections, Surveillance and Monitoring Report, The Kirby Institute 2013, p 34. Across Australia there has been an increase in the rate of HIV diagnosis from approximately 4.8 per 100,000 in 2009 to 5.5 per 100,000 in 2012

- The use of HIV medication to reduce the risk of HIV transmissions;
- HIV pre exposure prophylaxis; and
- HIV post exposure prophylaxis.

Initiatives to raise the profile of these developments should recognise, promote and reinforce condom use as the first line defence against HIV transmission.

ACCESS TO TREATMENT

At its very core, VAC/GMHC believes that the Strategy should aggressively target barriers preventing access to treatment. VAC/GMHC asserts that the government has a moral imperative to fully fund HIV treatment because of the benefits treatment confers in reducing the community viral load of HIV, and the long term costs associated with HIV treatment's utility in reducing HIV notifications. To achieve this goal the following initiatives need to be implemented:

- Amending the Medicare eligibility criteria (which precludes non-residents);
- Lobbying state and territory governments to remove the co payments associated with dispensing treatment; and
- Amend policies that restrict the availability of treatment through community pharmacies.

HIV TESTING

VAC/GMHC believes that the Strategy should be vigilant in implementing initiatives and developments that will bring the time between HIV infection and diagnosis to zero. Such initiatives include:

- supporting community based testing facilities equally to the support given to clinical based testing facilities;
- amending TGA regulations to enable community based testers, who are appropriately trained and accredited, to conduct rapid HIV tests in community based settings outside of clinical trials and pilot studies;
- approving HIV rapid testing devices for use outside of clinical trials; and
- approving oral HIV testing devices and other testing devices that enable an individual to self test for HIV at their discretion.

Initiatives to increase testing, and improve HIV testing infrastructure and facilities, should be accompanied by funding to ensure there are requisite levels of care and

support available to people who test HIV positive, or who are at risk of becoming HIV positive.

Increasing testing also provides opportunities to address other risk factors associated with the health and wellbeing of gay men that, in turn, can compound HIV vulnerability. Improving HIV testing should recognise that the increasing prevalence of STIs is a co-factor in HIV transmission. Improvements to HIV testing should incorporate pathways linking individuals at risk of STIs, at the point of an HIV test, into health care services so an individual carrying an STI can be treated. Alcohol and other drug use, depression, intimate partner violence and other mental health issues should be recognised as increasing the risk of HIV acquisition. Referral systems connecting individuals who present with these risk factors, at the point of an HIV test, should be established.

HIV PRE EXPOSURE PROPHYLAXIS AND HIV POST EXPOSURE PROPHYLAXIS

The utility of HIV pre exposure prophylaxis ("PrEP") and post exposure prophylaxis ("PEP") should be seen as HIV prevention strategies that support marginalised individuals to avoid an HIV diagnosis. PrEP[5] and PEP[6] as HIV risk reduction strategies are highly effective at reducing the risk of acquiring HIV if the individual is adherent with the treatment guidelines[7].

These risk reduction strategies should be viewed as tools that empower the individual with the choice to reduce their risk of HIV acquisition in circumstances where they are exposed to HIV, and were unable to use condoms to manage the risk of acquiring HIV.

Further funding should be provided to expand the availability of PEP to high risk communities and individuals by making this service available in community and

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[5] Global iPrEx Study available at: http://www.iprexole.com/1pages/prep/prep-whatistheiprexstudy.php

[6] *Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV: National Guidelines*, Australasian Society of HIV Medicine, 2013, page 9.

regional health care settings. This should be accompanied by funding for health promotion to support campaigns that increase community awareness of PEP.

The Strategy should identify the effectiveness of PrEP in reducing HIV and support TGA approval of this new risk reduction strategy. There are concerns that an increasing proportion of men, in certain age categories, are reporting condom-less sex. As gay men and men who have sex with men (“MSM”) continue to use other non condom based strategies to reduce HIV risk, highly effective HIV risk reduction strategies – that do not involve condoms - will need to be considered and supported. In recognising PrEP as one of these prevention strategies funding should be provided to research bodies and institutes to support studies that inform our understanding about: which population groups are most suited to PrEP and how to ensure PrEP reaches those individuals who stand to benefit most from this prevention strategy.

The Strategy should provide scope for education and health promotion campaigns that incorporate the outcomes of these studies into campaigns that raise awareness in the community about PrEP. Health campaigns on PrEP should reinforce consistent condom as the first line defence against HIV transmission, but in a manner that does not stigmatise condom-less sex.

The Strategy should recognise that HIV prevention is optimised where HIV prevention strategies are targeted at communities at high risk of, and most affected by HIV. Targeting funding for HIV services and health promotion to affected communities has been the hallmark of Australia’s highly regarded response to HIV. The success of this approach needs to be recognised and retained, alongside acknowledging the need to support and reach highly marginalised populations where a resurgence in HIV is occurring.

In focussing on gay men and MSM as the primary population groups affected by HIV in Australia the Strategy should also recognise that the gay community is diverse. This diversity requires strategic and targeted responses to ensure resourcing reaches those individuals in the community who are at high risk of HIV.

Treatment as Prevention, and the facets that constitute this concept, is still a relatively new development in the HIV prevention landscape. The Strategy should monitor local and international research on treatment as prevention and be structured in a way that is flexible enough to incorporate advances in treatment as prevention, into policy.

PEOPLE LIVING WITH HIV

Prevention plays a critical role in empowering people living with HIV to manage their health and prevent onward transmission. Preventing HIV is a shared responsibility between HIV positive people, negative members of the community and those who are unsure of their status.

The strongest position a person can be in, is to know their HIV status. It is critical that regular HIV testing is made as easy and convenient as possible. By knowing one's HIV status the individual is able to implement risk reduction strategies that reduce likelihood of HIV transmission or acquisition.

The key areas for reform for people living with HIV include:

- Ongoing promotion of scientific advances in HIV treatment and prevention to ensure that people living with HIV can make informed decisions around treatment initiation in consultation with their physicians;
- Make HIV treatment more widely available. This includes making treatment available at community pharmacies;
- Recognise that treatment has the effect of preventing onward transmission. This involves lobbying state governments to remove co-payments associated with dispensing of treatment at pharmacies to ensure that people living with HIV have equal access to HIV treatment;
- Remove barriers that prevent people living with HIV who are not eligible; and
- Investigate and develop new strategies to redress late diagnosis among gay men and MSM among people from HIV prevalence countries.

CUSTODIAL SETTINGS

VAC/GMHC is very concerned at the lack of availability of sterile injecting equipment in Australian prisons. The absence of injecting infrastructure in custodial environments exacerbates increasing levels of HIV and Hepatitis C co-infection.

VAC/GMHC applauds Australia's successful community based needle and syringe program, and the return on investment realised by this program. VAC/GMHC calls for this Strategy to establish a framework for trialling a needle and syringe program in custodial settings in consultation with the state and territory governments. This would include:

- introduction of needle and syringe programs in custodial settings; and
- The contribution of funding to establish peer based education and drug user programs to address HIV prevention from the perspective of an injecting drug user within custodial settings.

ILLICIT DRUG USE AND GAY MEN AND MEN WHO HAVE SEX WITH MEN

VAC/GMHC is concerned at the correlation between some methamphetamine and other illicit drug using populations and HIV risk. Drugs like crystal meth and GHB can reduce an individual's inhibitions and create situations where people are less likely to employ HIV risk reduction strategies when engaging in sex. To ensure that VAC/GMHC can respond to changing patterns in drug use in the gay community and amongst MSM we call on the government to invest in research that allows for a needs analysis of drug use amongst gay men and MSM. This would include consideration of:

- detox and rehabilitation programs,
- counselling,
- peer education programs; and
- public campaigns targeting specific drug using populations.

Such funding should be executed in such a way that arms existing community organisations with the resources and skills to address factors that increase risk of HIV, amongst drug using communities, in a way that is organic and not driven by extrinsic influences.

REVIEW OF LAWS AND POLICIES THAT STIGMATISE PEOPLE LIVING WITH HIV

VAC/GMHC remains very concerned that Victoria is the only state in Australia that criminalises the transmission of HIV. This statutory provision is odds with Australia's obligations as a signatory of the UNPD. The Global Commission on HIV and the Law and UNAIDS assert that such laws are counterproductive to HIV prevention and policies to reduce HIV stigma. The laws as act as a disincentive to disclosing gay sexual activity which impacts upon efforts to increase testing and encourage PLWHIV from discussing their status and health with health professionals.

VAC/GMHC requests that the Strategy align criminal laws and law enforcement practices with the public health objectives of the Strategy. To support this recommendation, we request that the Strategy:

- Develop a framework to address human rights, discrimination and stigma affecting PLWHIV and among priority populations, which provides for staged consideration and implementation of the recommendations made by the Ministerial Advisory Committee Blood Borne Viruses and STIs Legal and Discrimination Working Group in the set of seven papers released in 2013;
- Identify and address policies and practices fuelling stigma experienced by PLWHIV and people among affected communities in community and health care settings;
- Support the development of programs to empower priority populations to increase individual and community resilience; and
- Remove institutional, regulatory and systemic barriers to equality of care for PLWHIV and among communities affected by HIV in the health sector.

EVALUATION

To ensure that the strategy has reachable targets, but is flexible enough to respond to scientific developments, VAC/GMHC suggest that the Strategy include a framework for periodic reviews and evaluation to take place throughout the duration of the Strategy. This will allow for the community to inform the government of scientific, medical and epidemiological developments in the epidemic, as well as providing the government with opportunities to track its efforts in responding to the Strategy.

The periodic reviews should be overseen by a body formed through a collaboration of experts in governments and community members representing affected individuals, communities and organisations.