

NSW HIV STRATEGY 2016-2020



Health





FOREWORD

Three years ago, I launched the *NSW HIV Strategy 2012-2015: A New Era* which outlined an ambitious goal of virtually eliminating HIV transmission by 2020. It marked a new approach to Ending HIV in NSW, and I am proud that, working with clinicians and the community, much has been achieved, including:

- Very high levels of HIV testing, particularly among gay and homosexually active men.
- Newly diagnosed HIV infection rates have stabilised with signs of a downward trend emerging.
- Reduction of undiagnosed infections.
- The virtual elimination of HIV transmission between mother and child, among people who inject drugs and within the sex industry has been sustained.

We have achieved this by:

- Significantly expanding options for HIV testing by making HIV and STI testing more accessible, faster and convenient, including rapid HIV testing.
- Having the CD4 cell count restriction removed on prescribing antiretroviral treatment through the Pharmaceutical Benefits Scheme.
- Waiving the co-payment charge for HIV treatment and enabling community pharmacies to dispense HIV treatments.
- Strengthening data collection and surveillance systems to monitor progress in achieving the Strategy's actions and targets.
- Lifting the proportion of people with HIV on ART in NSW to over 90%, from over 7,800 in 2013 to over 9,100 in June 2015.
- Establishing a demonstration project of pre-exposure prophylaxis (PrEP) among 300 HIV negative people at high risk of becoming HIV infected.
- Increasing the distribution of injecting equipment through the NSW Needle and Syringe Program (NSP).

The bold targets outlined in the 2012-2015 Strategy relied upon early testing and treatment as prevention.

This remains the cornerstone of the NSW HIV response.

The *NSW HIV Strategy 2016-2020* keeps many aspects of the earlier strategy including the importance of condom use, testing and treatment as prevention. Over the coming years we will scale up the availability of pre-exposure prophylaxis (PrEP) to people at high risk of HIV infection. We will also increase support for low HIV caseload general practitioners, and we will continue evaluation of our HIV programs, including through the NHMRC partnership grant led by the Kirby Institute.

I am proud the *NSW HIV Strategy 2016-2020* provides a strong, contemporary framework to achieve our goal of ending HIV. We will stay true to the principles that have underpinned the HIV response in NSW.

I thank all who have worked so hard to implement the measures outlined in the earlier strategy and invite you again to consider what part you can play in our NSW HIV Strategy, so we may virtually end transmission of HIV by 2020.

Hon Jillian Skinner MP
Minister for Health

STRATEGY AT A GLANCE

OUR GOALS

**To virtually eliminate
HIV transmission in
NSW by 2020**

and to

**Sustain the virtual
elimination of HIV
transmission in people
who inject drugs, sex
workers and from
mother-to-child**

HOW WE WILL SUCCEED



Sustain the central role of condoms in preventing the transmission of HIV

Reduce sharing of injecting equipment among people who inject drugs by 25%

Assess all people attending public sexual health services and high caseload general practices for PrEP eligibility

Facilitate testing of all recent sexual and injecting partners of people newly diagnosed with HIV

Increase the frequency of HIV testing in priority populations in accordance with risk

Strengthen service integration and models of care to deliver HIV testing in our priority settings

Strengthen systems and service integration for HIV prevention, diagnosis and management for Aboriginal people at risk

Increase the proportion of people with diagnosed HIV on ART to 95%

Ensure 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis in 2016 and to further reduce this timeframe over the life of the Strategy

Further strengthen systems for timely collection and reporting of data to monitor progress, report outcomes and determine additional focus

OUR PRIORITY POPULATIONS



People with HIV



Gay and homosexually active men



Aboriginal people



Sex workers



People who inject drugs



People from culturally and linguistically diverse backgrounds

OUR PRIORITY SETTINGS



Publically funded HIV and sexual health services



Community



General practice and primary health care



Aboriginal Community Controlled Health Services



NSW Needle and syringe program outlets



Antenatal care



Drug and alcohol services



Mental health services



Emergency departments

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1. HIV IN NSW

NSW has an enviable track record in responding to HIV. Since the launch of the *NSW HIV Strategy 2012-2015: A New Era*, NSW has successfully enhanced and reprioritised efforts to maintain preventive behaviours and increase testing uptake and treatment coverage under a *Prevent, Test, Treat* framework. During this time, there have also been significant advances in the science of HIV treatment and prevention, and our knowledge of the care pathway, including that:

- Immediate initiation of HIV treatment is clinically superior to deferred treatment among people with HIV infection, regardless of CD4 count or stage of disease.
- HIV treatment is highly effective in the prevention of the sexual transmission of HIV.
- Contemporary models of care are needed to ensure rapid linkage to care for those newly diagnosed, rapid initiation of HIV treatment and retention in care.
- Pre-exposure prophylaxis (PrEP) is a highly effective tool for preventing HIV infection in high risk HIV negative individuals.
- General practice and primary care have a pivotal role in the diagnosis of HIV and on-going care for people with HIV.

The number of new HIV diagnoses has stabilised in NSW and there are signs of a downward trend emerging. Between January and September 2015, 247 people in NSW were newly diagnosed with HIV, this is 20% fewer people overall and 18% fewer people among gay and homosexually active men, as compared with the same period in 2012¹. Testing rates have continued to increase overall in NSW and among our priority populations². More than 90% of people diagnosed with HIV are now on treatment and treatment is being initiated sooner after diagnosis than ever before³.

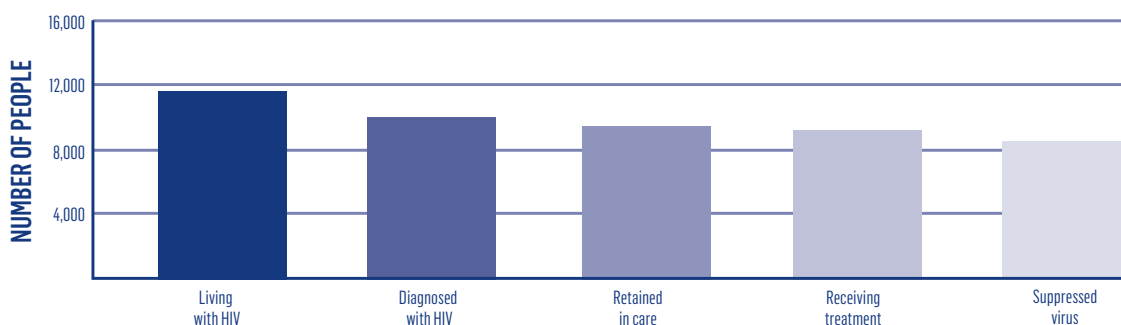
HIV continues to be most commonly diagnosed among gay and homosexually active men, accounting for around 80% of new diagnoses each year. Around 15% of new diagnoses are associated with heterosexual contact⁴, with this population continuing to be diagnosed later in infection. Over the last seven years, slightly over 2% of diagnoses were in Aboriginal people. During this time, 10% of Aboriginal people newly diagnosed with HIV were reported to inject drugs, compared with 2% of non-Aboriginal people newly diagnosed with HIV. To overcome these key challenges, NSW will further strengthen our achievements in HIV prevention, testing and treatment while being mindful of:

- The challenges of timely diagnoses in heterosexual populations, people who inject drugs, people from culturally and linguistically diverse (CALD) backgrounds, and Aboriginal people.
- The need for a responsive NSW Needle and Syringe Program (NSP) to achieve a reduction in receptive syringe sharing.
- The need to continue to innovate in HIV testing to ensure uptake and frequency of testing in our priority populations.

The NSW Diagnosis and Care Cascade (Figure 1) is a useful tool which provides the best estimates of the current status of HIV in NSW. These estimates are based on empirical and modelled inputs which will change as new data becomes available. In NSW, it is estimated that approximately 11,500 people are now living with HIV⁵. Of these, 86% have been diagnosed, 92% of people diagnosed with HIV are on treatment and 92% of people on treatment have a suppressed viral load⁶. The cascade for NSW will be revised periodically as part of the monitoring and evaluation of this Strategy.

Figure 1: The NSW HIV Diagnosis and Care Cascade

Unpublished analyses using data to June 2015 by the Kirby Institute, UNSW Australia*



*The number of people diagnosed with HIV was calculated using the methodology reported in the Annual Surveillance Report 2015, and includes diagnoses in both gay and homosexually active men, and heterosexuals. The number of people on HIV treatment was calculated from ART dispensing data extracted from the NSW Health iPharmacy database.

2.1 PREVENT

What does the evidence tell us?

- A combination of risk reduction strategies, including biomedical prevention, condoms and access to sterile injecting equipment, is essential for successful HIV prevention.
- There is now strong evidence to support the use of antiretroviral medications for the pre-exposure prophylaxis (PrEP) of HIV infection^{7,8,9,10,11} with up to 99% protection from HIV for gay and homosexually active men and 94% for women, if taken as directed¹².
- PrEP does not protect against other sexually transmissible infections (STIs), meaning that behavioural prevention, testing and treatment strategies are still required.
- Australian research has found that PrEP and treatment as prevention are acceptable strategies to men at a high risk of HIV^{13,14,15}.
- In NSW, the proportion of gay men with casual sexual partners who report consistently using condoms or who avoid anal sex has declined slightly since 2009 from 67% to 64%¹⁶. Inversely, condomless anal intercourse has been increasing gradually over time¹⁷.
- Given that most men engaging in condomless anal intercourse use another form of risk reduction to minimise their risk of HIV infection¹⁸ and in light of the efficacy of PrEP and treatment as prevention in reducing the sexual transmission of HIV, HIV risk behaviour can no longer be measured by a single indicator such as 'condomless sex'.
- Relatively few HIV infections occur in established, ongoing and regular relationships, while the majority occur during casual sex and short-term, casual partnerships¹⁹.
- Receptive sharing of injecting equipment among people who inject drugs has remained stable at 16%²⁰.



Prevention tools like the provision of sterile injecting equipment, condoms and post-exposure prophylaxis (PEP) have helped to avert a generalised epidemic in NSW and reduced HIV risk at a population level. Over the past five years, scientific advances have delivered a range of additional prevention options, such as treatment as prevention and pre-exposure prophylaxis (PrEP). To meet the needs of our priority populations and build on our achievements in HIV prevention to date, a full range of appropriately targeted prevention and risk reduction options must be available in NSW.

Pre-exposure prophylaxis (PrEP)

PrEP is the next critical addition to HIV prevention in NSW. PrEP is antiretroviral medications taken by people without HIV before they are exposed to HIV to reduce their risk of acquiring HIV. PrEP is an effective and empowering prevention choice for people at times when they are engaging in sexual and other practices that put them at a high risk of acquiring HIV and passing HIV on to their partners.

Expanding PrEP access to people at a high risk for HIV infection, in the context of existing HIV prevention strategies and continuing high levels of HIV and STI testing and treatment, will allow NSW to harness the public health benefits of PrEP and prevent a significant number of new HIV infections in NSW. The *PrEP of HIV with Antiretroviral Medications NSW Guidelines* will provide guidance for the rollout of PrEP as it becomes available in Australia to ensure equity in PrEP provision according to risk, and that people taking PrEP receive clinical care and support, including regular testing for HIV and other STIs.

During the course of this Strategy, new antiretroviral medications for PrEP, as well as evidence for new dosing and delivery mechanisms, such as intermittent use of PrEP, may become available. These advances will expand the opportunities for the strategic use of PrEP in HIV prevention.

Combination prevention and Harm Reduction

Condoms will continue to have a central role in preventing the sexual transmission of HIV and other STIs, even in the context of PrEP, as will the practice of evidence based risk reduction strategies. The increased range of prevention strategies available in NSW requires us to adjust our surveillance systems to better measure risk reduction and ensure that our activities, programs and services are well targeted and effective.

The NSP has proven to be highly effective in preventing the transmission of HIV and other blood borne infections associated with injecting drug use. The rate of HIV in people who inject drugs in Australia is one of the lowest in the world²¹. Efforts to reduce receptive sharing of injecting equipment, particularly among Aboriginal people who inject drugs, must continue to be a priority for NSW.

Social marketing, education and behavioural interventions have been important in increasing awareness and uptake of HIV prevention by priority populations. These efforts will continue under this Strategy, so that people know all their options for HIV prevention.

Maintaining a supportive enabling environment will continue to be key to the success of HIV prevention in NSW. Supportive laws and regulations have an important role in contributing to an environment that supports safe practices, protects people against discrimination and supports public health.

What we will do	Lead	Partners
Develop robust and sustainable systems to support the expansion of access to PrEP to all people who are at a high risk of HIV infection in line with current evidence and the <i>PrEP of HIV with Antiretroviral Medications NSW Guidelines</i> .	NSW Ministry for Health	ACON, Positive Life NSW, the Kirby Institute, ASHM and Local Health Districts
Implement integrated models of care, including clinical and community support, so that people are supported in making choices about PrEP and those taking PrEP remain engaged in care, adherent and HIV-negative.	Local Health Districts and ACON	NSW Ministry of Health, Positive Life NSW, ASHM, NSW STIPU and Multicultural HIV and Hepatitis Service
Ensure systems support concurrent STI and HIV testing, and the diagnosis, management and treatment of STIs for people taking PrEP.	Local Health Districts	NSW Ministry of Health and ASHM
Work with s100 prescribers and other health care providers across NSW to offer and provide PrEP and PEP in line with the current evidence and the <i>PrEP of HIV with Antiretroviral Medications NSW Guidelines</i> , and promote the individual and prevention benefits of HIV treatment.	ASHM and NSW STIPU	NSW Ministry of Health, ACON, Positive Life NSW, Local Health Districts and AH&MRC
Deliver targeted and innovative education, community mobilisation and behavioural prevention interventions, including peer support programs for priority populations, to encourage and support the uptake of condoms, PEP, PrEP and other prevention and risk reduction strategies.	ACON, Positive Life NSW, NSW STIPU, Sex Workers Outreach Project (SWOP) and AH&MRC	Local Health Districts, Aboriginal Community Controlled Health Services, NUAA and Multicultural HIV and Hepatitis Service
Implement innovative strategies to reduce sharing of injecting equipment among people who inject drugs, focusing on hard to reach groups.	NUAA and Local Health Districts	AH&MRC and Aboriginal Community Controlled Health Services
Aboriginal health and HIV and related programs workforces to provide HIV prevention options, including NSPs, and deliver health promotion activities for Aboriginal people.	AH&MRC and Local Health Districts	Aboriginal Community Controlled Health Services and NUAA
Maintain peer education and outreach efforts for sex workers and support access to non-discriminatory testing and sexual health services.	SWOP	Local Health Districts and Multicultural HIV and Hepatitis Service

2.2 TEST

What does the evidence tell us?

- In 2014, it was estimated that 11% of gay and homosexually active men living with HIV in NSW are undiagnosed. Nearly half of these men are likely to have been tested for HIV in the previous 6 months, highlighting the importance of increased testing frequency²².
- The proportion of undiagnosed infection in the heterosexual population in NSW is likely to be higher than in gay and homosexually active men, although the actual number of heterosexual people living with HIV is smaller^{23,24}.
- Close to half of all new HIV diagnoses each year are made in general practice, highlighting the need for strategies to increase the offer and uptake of HIV testing in this setting²⁵.
- Contemporary strategies including rapid HIV testing, express testing services and SMS re-testing recall reminders, increase testing frequency among gay and homosexually active men^{26,27}.
- Community-based testing sites reach a higher proportion of gay and homosexually active men who have never been tested for HIV before, compared with traditional services²⁸.
- HIV self-testing has been shown to be an effective strategy to increase the frequency of testing among gay and homosexually active men in comparable settings internationally. For the greatest public health impact, self-testing should be targeted towards high-risk gay and homosexually active men who have never tested and it should supplement rather than replace clinic-based testing^{29,30}.
- In the United Kingdom, self-sampling dried blood spot kits that can be ordered online have been shown to support the uptake of HIV testing in previously untested individuals and as an effective means for engaging a higher proportion of priority populations from regional settings compared with traditional services³¹.
- Enhanced notification and testing of recent sexual and injecting partners of those newly diagnosed with HIV has been shown to be a relatively efficient strategy for identifying new HIV infections³².



HIV testing continues to increase in NSW overall and among high risk populations. The proportion of gay and homosexually active men reporting an HIV test in the previous 12 months is at the highest level on record. HIV testing in public HIV and sexual health clinics remains high and well-targeted. However, further efforts are required to increase testing frequency in high risk populations to support diagnoses close to seroconversion and reduce late diagnoses of HIV infection.

HIV testing frequency in priority populations

The focus on ensuring a mix of HIV testing options in NSW public HIV and sexual health services will continue under this Strategy. There is a need to continue to innovate and tailor our testing strategies to ensure we meet the needs of our priority populations, to support the uptake of testing and to make it easier to test more frequently. For example, dried blood spot (DBS) self-sampling aims to reach high-risk populations who test for HIV infrequently, supporting autonomy and providing people with added confidentiality, privacy and convenience. Home-based self-testing for HIV is another option to support gay and homosexually active men, in particular men who are not engaging in routine testing, to test more frequently. A demonstration trial of home-based self-testing is being conducted by the Kirby Institute.

Equally as important as the delivery of accessible and convenient testing services is tailored communication and marketing initiatives to mobilise our priority populations to test more frequently. Informed by the best available evidence, community mobilisation efforts will continue under this Strategy, with a focus on personal barriers to testing for our priority populations.

With the increased testing frequency in our priority populations, it is anticipated that the positive yield for HIV diagnoses in public sexual health clinics will decrease over time. This is an important indicator and should not deter services from continuing to increase testing frequency in priority populations in accordance with current guidelines.

General practice plays a critical role in testing for and diagnosing HIV in NSW. In NSW, around half of all new diagnoses of HIV each year are made by general practitioners (GPs), a high proportion of whom have no prior experience in diagnosing HIV. Tailored strategies to offer and deliver HIV testing as part of routine care in general practice and primary care, including Aboriginal Community

Controlled Health Services, must continue. This will be critical to support timely diagnoses among high risk populations and to reduce late diagnoses among populations such as heterosexuals, people from CALD backgrounds, and homosexually active men aged 50 years and over. Relationships between Local Health Districts and general practice and primary care, including Aboriginal Community Controlled Health Services, need to be further expanded and strengthened to ensure that these efforts are sustained.

Service integration and strengthened models of care

A late HIV diagnosis increases the risk of morbidity and mortality, and can contribute to ongoing HIV transmission before the individual is aware of their HIV status. A mix of strategies is required to reduce late diagnosis among heterosexual populations, people from CALD backgrounds, and homosexually active men aged 50 years and over.

Strengthening service integration and models of care to deliver HIV testing in our priority settings will provide an opportunity for diagnosis among people who may not otherwise be diagnosed until they develop symptoms of advanced HIV infection. The provision of HIV testing should occur for those with risk factors for HIV or certain clinical conditions, such as undiagnosed intestinal symptoms or anal pathology, as well as where a STI or hepatitis diagnosis has been made (particularly gonorrhoea and syphilis), to help reduce late HIV presentations³³. Models of care should integrate HIV and STI testing where possible. Local testing policies and guidelines to support best clinical practice are required, with a focus on our priority settings.

While the virtual elimination of mother-child HIV transmission in NSW has been sustained, vigilance is required to support high coverage of HIV testing in pregnant women in NSW.

Sexual and injecting partners of people newly diagnosed with HIV

Testing of recent sexual and injecting partners of people newly diagnosed with HIV is a key public health strategy for interrupting the transmission of HIV and ensuring people at highest risk of HIV infection have access to testing. During the life of this Strategy, NSW Health will strengthen partner notification practice and support for HIV and other STIs.

What we will do	Lead	Partners
Continue to increase HIV testing frequency in priority populations in accordance with their risk by providing a mix of testing options and introducing new testing technologies where appropriate, including a continued focus on point of care testing (PoCT) for HIV in community settings and the introduction of a dried blood spot (DBS) self-sampling pilot program.	Local Health Districts	NSW Ministry of Health, ACON, RACGP, general practice and Primary Health Networks, AH&MRC, Aboriginal Community Controlled Health Services, the Kirby Institute, and Multicultural HIV and Hepatitis Service.
Work with the Commonwealth Government to remove barriers to accessing self-testing devices for HIV and to ensure strategies are in place to support appropriate education and linkage to care for users of the devices.	NSW Ministry of Health	ACON and the Kirby Institute.
Deliver contemporary HIV and STI education and communication initiatives to support concurrent testing for HIV and other STIs as part of routine care in general practice.	NSW Ministry of Health and Local Health Districts	NSW STIPU, ASHM, AH&MRC, RACGP and general practice and Primary Health Networks
Deliver targeted community mobilisation and communications to increase testing frequency in high risk priority populations.	Local Health Districts, ACON, RACGP and ASHM	NSW Ministry of Health, general practice and Primary Health Networks, AH&MRC, and Multicultural HIV and Hepatitis Service
Strengthen efforts to notify and support sexual and injecting partners of people newly diagnosed with HIV to have an HIV test, including establishing enhanced services to support partner notification.	NSW Ministry of Health	NSW Sexual Health Infolink (SHIL), Local Health Districts, Positive Life NSW, ASHM, RACGP, general practice and Primary Health Networks, AH&MRC, Aboriginal Community Controlled Health Services, and Multicultural HIV and Hepatitis Service
Strengthen local policies and guidelines to support concurrent HIV and STI testing in our priority settings in accordance with NSW Health HIV testing frequency tool.	Local Health Districts and Aboriginal Community Controlled Health Services	NSW STIPU, ASHM, AH&MRC, RACGP and general practice and Primary Health Networks.
Ensure high coverage of HIV testing at the first presentation for antenatal care for all pregnant women in accordance with the National Clinical Practice Guidelines- Antenatal Care ³⁴ .	NSW STIPU and Health Protection NSW	Local Health Districts and ASHM, general practice and primary care, NSW Ministry of Health and Multicultural HIV and Hepatitis Service

What does the evidence tell us?

- There are definitive, substantial clinical benefits for immediate HIV treatment initiation for people with HIV, regardless of CD4 count^{35,36}.
- A demonstration project found that it is possible and acceptable to initiate HIV treatment on or about the day of diagnosis and before routine baseline tests are available³⁷.
- Surveillance systems are vital tools to support linkage to care for people with diagnosed HIV³⁸, highlighting the importance of a tailored and systematic approach to identifying and linking people with care in NSW, and ensuring people are not lost to follow up.
- Psychosocial factors, rather than medical factors, are more commonly associated with non-adherence to HIV treatment and can be a significant barrier to retention in care for some people with HIV³⁹.

With the START study providing definitive evidence for the benefits of early initiation of HIV treatments, there is now a priority to translate these findings into clinical practice. It is crucial that continuing efforts are made to support the rapid initiation of HIV treatment among people newly diagnosed with HIV and increase the proportion of all people with diagnosed HIV in NSW and on treatment to 95%.

Community and clinician mobilisation initiatives have been key to educating and supporting affected communities and changing clinical practice regarding HIV treatment initiation and coverage in NSW. These efforts will continue during this Strategy as we strengthen models of care that support rapid prescribing and access to HIV treatments for people with HIV.

Rapid treatment initiation

Rapid uptake of HIV treatment among people diagnosed with HIV will be a focus of this Strategy. Renewed efforts are needed to ensure models of care enable people newly diagnosed with HIV to be linked to care and initiate HIV treatment within 6 weeks of diagnosis. During the life of this Strategy, NSW Health will look for opportunities to gradually reduce this timeframe through activities such as streamlined referral of people newly diagnosed with HIV to specialist services and improvements in laboratory turnaround times for HIV resistance typing.

It is important that people suspected to have or diagnosed with primary HIV infection, including people with symptoms of seroconversion illness, are rapidly assessed and offered HIV treatment, as this may enhance the likelihood of immunological recovery and be important to future HIV remission interventions⁴⁰. Rapid initiation of HIV treatment is also important to reduce the risk of onward HIV transmission at a time of high viral load⁴¹. However, not all patients may be able to commence treatment before concurrent medical conditions or psychosocial issues are effectively managed.

Engaging and retaining people in care

Linking and retaining people with HIV in care is critical for achieving the goals of this Strategy. The NSW HIV Support Program (HSP) was established to provide expert advice to clinicians who have limited experience in HIV at the critical time when a new diagnosis of HIV is being made. The HSP ensures people newly diagnosed with HIV have access to *5 Key Support Services* (5KSS):

1. Effective clinical management, including access to treatment
2. Psychosocial support
3. Counselling about prevention of transmission of HIV to others, including the role of treatment in reducing the risk of transmission
4. Support to ensure that all at risk contacts are identified and tested for HIV
5. Linkage to relevant specialist, community and peer support services

While the 5KSS should be offered to every person diagnosed with HIV infection in NSW at the time of their diagnosis to facilitate early linkage to care, improved retention in care and maximise the individual and public health benefits from early treatment initiation and adherence, they also have relevance across the continuum of care. Further training and capacity building of the HIV workforce, including general practitioners, is needed to ensure that the 5KSS are incorporated into everyday clinical practice. Other practical measures may be required by individual specialist services and clinicians to support linkage and retention in care such as automatic recall systems, systems that identify loss to care, and follow-up where issues present.

Efforts by the NSW partnership during the life of the *NSW HIV Strategy 2012-2015* and cooperation between the Commonwealth Government and jurisdictions have resulted in significant policy changes to reduce barriers to accessing HIV treatment. ART for HIV treatment can now be prescribed to all people with HIV regardless of their CD4 count and HIV treatments are dispensed by community pharmacies. The NSW Government has taken significant steps to remove cost barriers to HIV treatment in NSW through the removal of the co-payment for HIV treatments. However the costs of HIV treatment can be significant for the small number of people with HIV who are ineligible for Pharmaceutical Benefits Scheme subsidised treatment. Local Health Districts and other clinical services need to continue to utilise the options to overcome these cost barriers.

Role of general practitioners

Recent advances in HIV treatment mean that, in general, the clinical management of people with HIV has become less complex. HIV infection is only one aspect of the health care needs of people living with HIV, particularly with increasing age. In this changed environment, general practitioners have an increasing and critical role in delivering integrated care throughout the life of people with HIV.

Specialist HIV and sexual health services will continue to provide assessment and support for people newly diagnosed with HIV, and provide expert advice and management where there are complex clinical issues.

Shared care arrangements will enable general practitioners to provide overall health care services for people with HIV and reserve the limited HIV specialist services for provision of expert advice required by general practitioners and other non-HIV specialist service providers. Refocusing efforts to establish shared care relationships between general practitioners and specialist HIV services is a key focus of this Strategy.

ENDING HIV

TREAT TO MAKE

HIV

UNDETECTABLE

Advances in treatment can dramatically reduce HIV transmission risk.

[TEST MORE] + [TREAT EARLY] + [STAY SAFE] = [END HIV]

HEALTH.NSW.GOV.AU

TO FIND YOUR NEAREST CLINIC: 1800 451 624 www.health.nsw.gov.au



ENDING HIV

D R O P

YOUR

LOAD

Improve health, reduce transmission. Make your viral load undetectable.

[TEST MORE] + [TREAT EARLY] + [STAY SAFE] = [END HIV]

HEALTH.NSW.GOV.AU

TO FIND YOUR NEAREST CLINIC: 1800 451 624 www.health.nsw.gov.au



What we will do	Lead	Partners
Consolidate and further strengthen the HIV Support Program (HSP), particularly with regard to improving systems for linkage to and retention in care, psychosocial support, partner notification and rapid initiation of treatment.	Health Protection NSW and Local Health Districts	HIV Reference Laboratories, Positive Life NSW, Pozhet, ACON, ASHM, NSW STIPU, Adahps (AIDS Dementia and HIV Psychiatry Team), Bobby Goldsmith Foundation (BGF), and Multicultural HIV and Hepatitis Service (MHAHS).
Strengthen models of care, including models that deliver access to psychosocial support, and build the capacity of the HIV workforce to support rapid treatment initiation, treatment adherence and retention in care over the long term for all people with HIV.	Local Health Districts	HIV Reference Laboratories, ASHM, NSW STIPU, Positive Life, ACON, Pozhet, Social Workers in HIV (SWHIV), Adahps (AIDS Dementia and HIV Psychiatry Team), Sydney and South Eastern Sydney Community HIV Teams, Bobby Goldsmith Foundation (BGF), and MHAHS.
Establish shared care arrangements between general practitioner and specialist HIV clinical services, including providing resources and training, to appropriately support the wide range of health needs for people with HIV in the community setting.	Local Health Districts	ASHM, general practice and primary care, STIPU, ACON, general practice and primary care, and Positive Life NSW.
Deliver community mobilisation and health promotion activities that support self-efficacy and autonomy in HIV treatment and management for people with HIV, whilst promoting the benefits of rapid treatment initiation, adherence and retention to care.	Positive Life NSW and ACON	NSW Ministry of Health, Local Health Districts, general practice and primary care, and Multicultural HIV and Hepatitis Service.

3. IMPLEMENTING THIS STRATEGY

Enablers

The implementation enablers that will support our efforts to achieve elimination of HIV transmission by 2020 include:

- Using **data** to drive performance by NSW Health and our partners, to set priorities, to support implementation of this Strategy and evaluate our progress.
- Continuing the effective **partnership** between the NSW Government, clinicians, researchers, people with HIV and affected communities that underpins the NSW HIV response and drives implementation of this Strategy through the NSW HIV Strategy Implementation Committee.
- Working with the Commonwealth Government and other jurisdictions to facilitate access to advances in HIV prevention, testing and treatment to support **common goals** in the NSW and Australian HIV responses.
- Displaying **innovation and adaptability** to ensure the NSW response to HIV remains contemporary and effective.
- Maintaining an **enabling environment** to reduce stigma and discrimination, and inform legislation, policy and practice.
- Ensuring HIV-related services have an **equity** focus and work to meet the needs of priority populations.
- Providing **capacity building** opportunities for the NSW Health workforce and our community partners to develop and enhance the skills required to support achievement of the targets of the NSW HIV Strategy.
- Creating and using **research** evidence to help prioritise our efforts, and improve and evaluate our response, including through the NHMRC Partnership Project: the HIV Prevention Revolution and the Blood Borne Virus Research, Intervention and Strategic Evaluation (BRISE) program.
- **Coordinating** the implementation of this Strategy with other relevant NSW Health Strategies and Frameworks policies including *NSW Sexually Transmissible Infections Strategy 2016-2020*, *NSW Hepatitis C Strategy 2014-2020*, *NSW Hepatitis B Strategy 2014-2020*, *NSW Aboriginal Blood-Borne Virus and Sexually Transmissible Infections Framework 2016-2020*, *NSW Aboriginal Health Plan 2013-2023* and *NSW Sexual Health Promotion Framework*, to strengthen the NSW response.

Governance

The NSW HIV Strategy Implementation Committee will oversee and drive implementation of this Strategy and monitor performance against the Strategy targets. The Implementation Committee includes Local Health District Chief Executives, senior clinicians from HIV specialist and general practice settings and senior community and public sector leaders that have the ability to influence practice on the ground.

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

Data to drive performance and monitor outcomes

A monitoring and evaluation framework for HIV has been established to monitor progress and determine areas for additional focus in the four key areas of new HIV diagnoses, prevention, testing and treatment with a focus on high risk populations. The *NSW HIV Strategy Data Report* is the primary mechanism for reporting progress outcomes against this Strategy's targets. 'Real time' data collection and quarterly reporting have been highly effective in stimulating discussion within the HIV sector regarding innovative strategies and new service models, improving health service quality, clinical safety, and performance. Disseminating robust data among key stakeholders supports a policy development and implementation process that is transparent, participative and responsive to emerging trends.

The HIV surveillance system has been enhanced to provide information on key indicators such as care outcomes, uptake of treatment and viral load of people newly diagnosed with HIV in NSW at six months post diagnosis. HIV surveillance will be further enhanced to meet critical information needs and to help optimise the state's performance in relation to key indicators of the HIV diagnosis and care cascade.

The NSW Ministry of Health has invested in NHMRC partnership grant, *The HIV Prevention Revolution*, led jointly by NSW Health and by the Kirby Institute in partnership with key sector partners, to evaluate the NSW HIV Strategy outcomes. In addition, the Ministry has funded the Blood Borne Virus Research, Intervention and Strategic Evaluation (BRISE) program to produce policy relevant research and strategic

advice to strengthen our response to HIV prevention, testing and treatment in NSW.

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

What we will do	Lead	Partners
Maintain a high quality HIV surveillance system in NSW.	Health Protection NSW	NSW Ministry of Health, Local Health Districts, the Kirby Institute and the Centre for Social Research in Health
Continue to refine the evaluation framework for this Strategy with input from stakeholders to ensure that performance indicators are contemporary.	Ministry of Health	Health Protection NSW, Local Health Districts, ACON, Positive Life NSW, the Kirby Institute and the Centre for Social Research in Health
Produce the <i>NSW HIV Strategy Data Quarterly and Annual Reports</i> to report on progress against the targets and goals of the Strategy for the NSW HIV Strategy Implementation Committee and other response partners.	NSW Ministry of Health	Health Protection NSW, Local Health Districts, ACON, Positive Life NSW, the Kirby Institute and the Centre for Social Research in Health
Invest in HIV research, including the <i>NHMRC Partnership Project: the HIV Prevention Revolution and the Blood Borne Virus Research, Intervention and Strategic Evaluation (BRISE)</i> , to provide evidence to monitor and improve the NSW HIV Response.	NSW Ministry of Health	Health Protection NSW, Local Health Districts, the Kirby Institute and the Centre for Social Research in Health
Ensure all implementation partners have a role in governance of the NSW HIV Strategy through participation on and provision of expert advice to committees such as the NSW HIV Strategy Implementation Committee.	NSW Ministry of Health	Health Protection NSW, Local Health Districts, ACON, Positive Life NSW, ASHM, the Kirby Institute NUAA, SWOP, RACGP and AH&MRC
Strengthen the capacity of the HIV workforce to participate in evaluations of programs and services and to use the outcomes to improve program and service design and delivery.	Local Health Districts, ASHM and RACGP	NSW Ministry of Health, Health Protection NSW, AH&MRC, the Kirby Institute and the Centre for Social Research in Health

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