Victorian HIV plan

2022–30

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Acknowledgement of Aboriginal Victorians

We recognise the diversity of Aboriginal people living throughout Victoria. In this strategy we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent living in Victoria.

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and the richness and depth of the world's oldest living culture and pays respect to Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Within Aboriginal Victorian communities, there is a rich landscape of cultural and spiritual diversity, with varied heritages and histories both pre- and post-invasion. We understand and acknowledge that people may have multiple and intersecting gender and sexuality identities including: young people, women, gay, bisexual and other men who have sex with men, trans and gender diverse people including Sistergirls and Brotherboys. We also acknowledge priority groups within the Aboriginal Victorian population who particularly experience poor sexual and reproductive health outcomes. We recognise that these groups have a right to enjoy and have control over their own sexual and reproductive behaviours in line with cultural values, kinship practices and individual ethics, and may need support to access culturally inclusive reproductive health services and programs.

Victorian Aboriginal communities continue to lead with strength and resilience in the face of ongoing transgenerational trauma, systemic racism and the impacts of colonisation, dispossession and removal of families and Country. Cultural and social determinants of health affect Aboriginal Victorians' experiences of wellbeing, blood-borne viruses (BBV), sexually transmissible infections (STI) and reproductive health choices. In this context, wellbeing is not a narrow experience of the physical body, it is a cultural, emotional and spiritual experience. This wellbeing includes the right to be free from diseases that may interfere with sexual life.

To achieve these freedoms, we have established a continued willingness to work in partnership to address BBV and STI and to promote reproductive health. This partnership, defined by the hallmarks of the community-controlled and -led response, is best practice and improves quality-of-life and health outcomes for individuals, families and communities.

The Victorian Government notes that, in partnership with the First Peoples' Assembly of Victoria, Victoria is currently establishing a framework to begin treaty negotiations with Traditional Owners and Aboriginal Victorians. Government will work to ensure relevant actions outlined in this strategy align with treaty negotiations and delivering future treaties in Victoria. This includes corresponding funding, implementation of actions and governance mechanisms. We are deeply committed to Aboriginal self-determination and to supporting Victoria's treaty process. We acknowledge that treaty will have wide-ranging impacts for the way we work with Traditional Owners and Aboriginal Victorians. We seek to create respectful and collaborative partnerships. We will develop policies and programs that respect Aboriginal self-determination and align with treaty aspirations.

We acknowledge that Victoria's treaty process will establish a framework for transferring decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal Victorians.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors and matriarchs that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.

> "Regional education programs about HIV and prevention, such as those delivered by Thorne Harbour Country, are key to ensuring an equitable response across the state. The continuity and development of new educational programs are crucial in supporting our affected communities as well as for prevention of new infections into the future."

Claudia Validum,
Program Manager 2019-22,
Thorne Harbour Country

Contents

About this plan

The *Victorian HIV plan 2022–30* is one of seven plans that form the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

It builds on the objectives, focus areas and outcomes in the *Victorian HIV strategy 2017–2020*. It outlines the priority actions implemented to date and includes new and refocused priority actions needed to meet our elimination agenda.

This plan aligns with the *Eighth national HIV strategy 2018–22*, which provides a framework for a high-quality and coordinated national response, and also the *Victorian public health and wellbeing plan 2019–2023*.

The HIV plan was developed in consultation with people living with human immunodeficiency virus (HIV), clinicians, advocates, peer leaders, researchers and the broader blood-borne virus (BBV) and sexually transmissible infections (STI) sector. This plan reflects the Victorian Government's commitment to working together to achieve our shared vision of virtual elimination of new HIV transmissions by 2025.

Figure 1 shows where this plan fits within the Victorian sexual and reproductive health and viral hepatitis strategy.

The HIV plan is supported by a strategy companion document made up of an overview (which frames our approach and details our guiding principles, priority populations and settings) and a system enabler plan.

The system enabler plan acknowledges the enablers that make a significant contribution to achieving outcomes across Victoria's sexual and reproductive health and viral hepatitis response, specifically:

- reducing stigma, racism and discrimination
- strengthening workforce capacity
- fostering partnerships and collaboration
- strengthening and supporting data and research.

This approach aims to strengthen shared priority actions across the sexual and reproductive health system to address common system challenges faced by Victorians in having their sexual and reproductive health and care needs understood and met.

This will involve establishing and deepening partnerships outside the HIV model of care, such as with organisations in the mental health, housing, alcohol and other drug, and refugee health sectors. These partnerships will help us develop pathways and programs tailored to our priority populations.

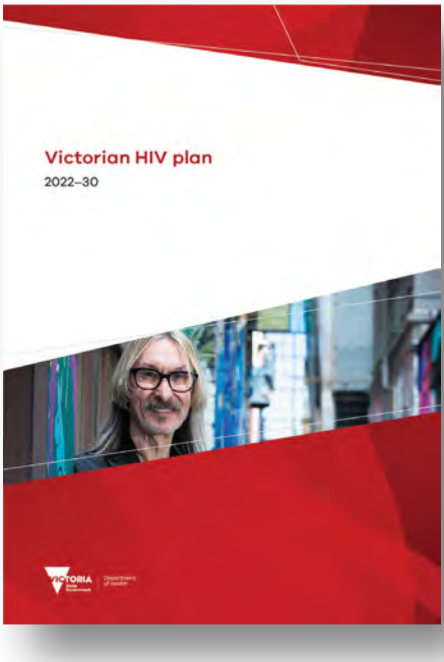
Our models of care must respond to intersectionality, diversity, increasing complexity, co-occurring needs and stigma, racism and discrimination as experienced by our priority populations.

Aboriginal Victorians are a priority population in the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*. Recognising the unique needs of Aboriginal Victorians, the *Victorian Aboriginal sexual and reproductive health plan 2022–30* outlines priority actions needed to improve Aboriginal Victorians' wellbeing through reducing the transmission and impact of BBV and STI and improving sexual and reproductive health outcomes.

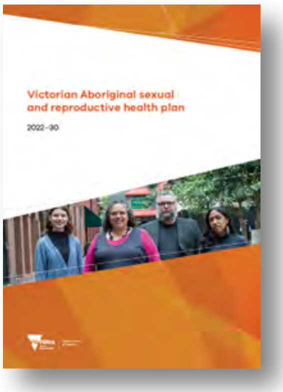
The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against achieving the 2025 and 2030 targets. The findings of the mid-cycle progress report will be used to refresh and refocus targets, priority actions and activities outlined in this plan and aligned plans under the Victorian sexual and reproductive health and viral hepatitis strategy 2022–30. Refreshed priority actions will focus on how we maintain virtual elimination of new transmissions and refine our efforts to ensure priority populations have equitable access to prevention, testing, treatment and care.

Figure 1: Components of the *Victorian sexual and reproductive health and viral hepatitis strategy*

Victorian sexual and reproductive health and viral hepatitis strategy 2022-30


Victorian HIV plan
2022–30


Victorian sexual and reproductive health and viral hepatitis strategy
Strategy overview and system enabler plan 2022–30


Victorian Aboriginal sexual and reproductive health plan
2022–30


Victorian sexually transmissible infections plan
2022–30


Victorian hepatitis B plan
2022–30


Victorian hepatitis C plan
2022–30


Victorian women's sexual and reproductive health plan
2022–30

The indicators and monitoring framework currently in development will form the basis of understanding the impact of the strategy and each plan.

Introduction

We are at a pivotal time in our response to HIV. The *Victorian HIV plan 2022–30* sets out the government's vision to achieve virtual elimination of new HIV transmissions in Victoria.

Forty years on from Australia's first case of HIV, Victoria's HIV notifications are at their lowest in 21 years. This is the direct result of:

- Victoria's world-leading HIV partnership model and response
- collective efforts to harness advances in prevention and treatment tools
- rapid developments in testing technologies.

We will continue to leverage current momentum to achieve our elimination agenda by 2025. This is through Victoria's successful HIV partnership, defined by the meaningful involvement of people living with HIV and the greater involvement of people living with HIV principles, working alongside affected communities and in collaboration with peer leaders, scientists, researchers, clinicians and policymakers. Importantly, these principles of inclusion ensure community-led, co-designed and co-produced approaches to the Victorian HIV response will continue to be a defining leadership feature of our model of care.

The *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* and this plan are informed by an intersectional approach based on the social and cultural determinants of health. They recognise that no single policy, department, organisation or program can effectively tackle or solve the inequity experienced by our priority populations. Embedding this approach in the design and implementation of policy ensures programs are supported to respond in an equitable way to diversity, complexity, stigma, racism and discrimination as experienced by our priority populations.

A wide range of social and cultural determinants can affect our health and wellbeing including socioeconomic status, education, housing, transportation, food security, psychological risk factors, the social environment, social support networks, community and civic engagement, social and civic trust and the physical environment, including the natural environment.

This plan provides the road map for leveraging momentum and building on our achievements to reach our vision of the virtual elimination of new transmissions by 2025.

We must continue to work in partnership to remove barriers across the legal, regulatory, policy and social domains to ensure equitable access to HIV prevention, testing, treatment and care.

Increased demand for social, health and community services in economic downturns, such as during the COVID-19 pandemic, can be driven by rising unemployment and increased financial insecurity. The impact of unemployment on health and wellbeing is well documented. Similarly, issues such as lateral violence within minority and intersectional communities experiencing stress from stigma, racism and discrimination or social exclusion also contributes to poorer health outcomes.

As identified through the Review of Victorian Sexual Health and Service Needs (Department of Health and Human Services 2019), if Victoria is to achieve targets for reducing rates of BBV and STI and address the disparities between population groups, then a system-strengthening approach is recommended.

The current state-funded sexual health service model is highly centralised and focuses on service delivery within specialist services including for routine care. While most Victorian HIV notifications (87 per cent) are residents of metropolitan Melbourne, outer suburban, rural and regional system capacity must be increased to ensure Victorians can access testing and treatment locally.

Local Public Health Units (LPHUs) provide the capacity for a stronger, more responsive public health system delivered in partnership with local communities and services. The local place-based role and function can support efforts to strengthen the Victorian sexual health service system. This will enable a more responsive and coherent public health system response to the priorities identified in this plan.

This coordinated and collaborative system response with linked strategies across sectors will enable people to access the care they need, when and where they need it.

Working in partnership with Primary Health Networks and affected communities, this approach aims to:

- build primary and community care capacity
- strengthen pathways to specialist services (when clinically required)
- focus on the person rather than the health condition.

Mobilising communities to reduce risk and act early will support behaviour change and reduce the stigma, racism and discrimination that can be a barrier to accessing services.

The overarching strategy aims to better target priority populations by improving use of data insights, emerging evidence and surveillance to guide more targeted approaches and improved uptake of clinical prevention (immunisation and pre- and post-exposure treatments) in populations at greater risk.

Supporting the workforce to deliver the best health outcomes is a priority of the strategy, along with promoting the uptake and scale of proven practice advances and technologies. This includes exploring multidisciplinary models of care, including nurse- and peer-led responses.

> " We appreciate the value placed on community-controlled responses. It allows us to provide culturally safe access to education and services for a range of communities living with and affected by HIV. We're able to reduce anxieties, improve health outcomes, provide ongoing support, and reduce experiences of stigma and discrimination. "

Marcus Smith, David Williams Fund,
Thorne Harbour Health

Increasing local, affordable access to prevention, testing, treatment and care, and improving online, digital and face-to-face service pathways, will ensure Victorians have access to effective, high-quality care at the right place at the right time.

We must continue to work in partnership to remove barriers across the legal, regulatory, policy and social domains for people at risk of or living with HIV to ensure equitable access to HIV prevention, testing, treatment and care.

While Victorians can be proud of our achievements, there is still much to do to ensure our efforts to eliminate new HIV transmissions by 2025 is equally achieved across all priority and sub-priority populations. This means understanding the cascade of care for each priority population and using this data to drive our policy and planning responses. This will be done in partnership with people living with or at risk of HIV, as we aim to leave no one behind in achieving our virtual elimination goal.

As we move into the next phase of our work, we must keep breaking down barriers to equal access to prevention, testing, treatment and care services for all Victorians. Most importantly, this includes developing a better understanding of what is needed to reduce stigma, racism and discrimination in key settings.

What does virtual elimination look like?

Our vision of virtual elimination[1] of new transmissions by 2025 is defined as:

- a 90 per cent reduction in preventable HIV diagnoses in Victoria (compared with a 2010 baseline)
- a reduction in preventable new HIV infections in gay and bisexual men to less than one per 1,000 gay and bisexual men per year.

Victoria will sustain the virtual elimination of HIV transmission in people who use drugs, among sex workers and from mother to child.

[1] AFAO 2021a

The virtual elimination of new HIV transmissions and achieving a sustained decline in new diagnoses across all priority populations will not be possible without greater understanding of priority populations currently not accessing Victoria's HIV behavioural prevention strategies, testing, treatment and care.

We must proactively work to understand and use this knowledge to address barriers to access, both in online and real-time environments, for our communities to build on the successes to date.

The HIV plan considers the social and cultural determinants of health in prioritising actions to support people living with or at greater risk of HIV. For newly diagnosed people with HIV, including those diagnosed late, this includes early access to face-to-face peer support and treatment initiation. For long-term survivors and those ageing with HIV, financial and social issues are key priorities, as is social connectedness. This requires a different model of care that also takes in mental health support and care. For those people with co-occurring needs such alcohol and other drug use, strengthened coordination across the HIV sector and other sectors is needed to ensure people access seamless care.

Over the past five years there has been a cultural shift both nationally and in Victoria brought about by such actions as:

- marriage equality
- the repeal of historical gay offences
- legislative reform in Victoria to remove discriminatory testing requirements
- listing of pre-exposure prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme (PBS)
- increased understanding of undetectable equals untransmittable (U=U)
- strengthened anti-vilification protections and gains in reducing inequalities experienced by trans and gender diverse communities.

Despite these successes, stigma, racism and discrimination remains a significant factor in people's experience of living with HIV, particularly in non-HIV specialist settings.

In 2020, 27 per cent of Victorians surveyed reported that they would behave negatively towards other people because of their HIV status. This includes 4 per cent who indicated that they would 'often' or 'always' do so (Broady et al. 2020a).

For men who have sex with men, 71 per cent of Victorians surveyed in 2020 reported having an experience of stigma or discrimination in relation to their sexual orientation over the preceding 12 months. This included 8 per cent who said this 'often' or 'always' occurred (Broady et al. 2020b).

Stigma has negative impacts on health and wellbeing outcomes for people living with HIV. These include decreased treatment and care, higher rates of depression and lower overall quality of life. This will require adaptive collaborations with community-based agencies, health services and the Victorian Government to address and challenge HIV stigma and discrimination across legislation, policy, service delivery and community settings.

> "For 40 years people living with HIV have fought against stigma. From the assumptions doctors may make about who is at risk, to the community attitudes we face after a positive diagnosis, stigma affects our mental wellbeing, health and quality of life. Let's end HIV-related stigma now!"

Heather Ellis, Communications and Engagement
Coordinator, Positive Women Victoria

Stigma, racism and discrimination can be a barrier to accessing HIV prevention, testing, treatment and care services. It affects health and wellbeing outcomes, including decreased treatment and care, higher depression and lower overall quality of life.

We have introduced a target of

75%

of people with HIV reporting good quality of life.

Included in this plan, and the system enabler plan, are activities that focus on addressing stigma, racism and discrimination, improving quality of life and reducing barriers to equal participation in services.

This plan now includes a more focused target to reduce the reported experiences of stigma, racism and discrimination for people living with or affected by HIV in health and social support settings to less than

10%

For people living with HIV, 27 per cent of Victorians surveyed experienced some discriminatory treatment form health professionals, although this was less prevalent than overall stigma in other settings (Broady & Centre for Social Research in Health 2018).

Primary care, community health and community-led health services all play a significant leadership role in preventing, testing for and treating HIV. More people are now diagnosed in these settings than in hospitals or specialist services. Critical to achieving the 2025 goals and targets will be:

- continuing to improve the capability and capacity of the primary care workforce
- working to build culturally inclusive care
- improving referral pathways to specialist support, where necessary.

Progress towards our targets

Melbourne signed up to become Australia's first Fast Track City in 2015, committing to fast-tracking and focusing the response to HIV and AIDS to attain the 90-90-90 targets by 2020.

Victoria's targets in the *Victorian HIV strategy 2017–2020* were 95-95-95 by 2030:

- 95 per cent of people living with HIV are diagnosed
- 95 per cent of people living with HIV who are diagnosed are accessing appropriate treatment
- 95 per cent of people accessing appropriate treatment have an undetectable viral load.

Our progress towards these targets, based on 2020 data, is that 90 per cent of people living with HIV are now diagnosed. Of these people, 92 per cent are on treatment and 96 per cent of those on treatment have an undetectable viral load.

To leverage momentum towards virtual elimination, we have now set the following ambitious targets for 2025:

95 per cent of people living with HIV are diagnosed

98 per cent of people living with HIV who are diagnosed are accessing appropriate treatment

98 per cent of people accessing appropriate treatment have an undetectable viral load

> "It's important to me that the Victorian HIV response continues to recognise that, despite the effectiveness of treatment, HIV positive people are still vulnerable to a range of social and medical barriers to maintaining quality of life. Victoria's HIV plan 2022-2030 addresses the need for ongoing resourcing and support for those most at risk."

Brenton Geyer, Senior
Communications Officer,
Living Positive Victoria

Coronavirus (COVID-19) recovery and care

HIV prevention, testing, treatment and care services were defined as essential services and therefore continued during the 2020–2021 Victorian COVID-19 pandemic lockdown restrictions. Commonwealth-funded telehealth services delivered through primary care assisted Victorians' access to health care during the pandemic.

The leadership, resilience and fortitude of the HIV sector and, more broadly, sexual health and viral hepatitis sectors, has ensured people at risk of or living with HIV were supported in accessing the care needed during this disruptive time.

While the extent to which COVID-19 restrictions affected access to HIV services is not yet fully understood, issues regarding interrupted usual care and how people engaged with health care during restrictions were observed.

Interruption and deferral of sexual health care has significant public health implications for individuals and communities. Encouraging people who have deferred or interrupted their sexual health care to re-engage with treatment and screening services is a priority in the HIV plan. We are considering this across all prevention, testing, treatment, care and support programs.

Behavioural data from the Gay Community Periodic Survey: Melbourne 2021 noted a reduction in the proportion of non–HIV positive men testing for HIV in the 12 months preceding the survey and a fall in the proportion of non–HIV positive men using PrEP daily, on-demand or periodically. There was also a 5.1 per cent decline in HIV treatment scripts dispensed in Victoria between 2019 and 2020 (WHO & Doherty Institute 2021).

Variations in sexual behaviours were also observed during pandemic restrictions, with decreases in sexual acts, number of partners, PrEP use and condom use reported (Combe et al. 2021; Hammoud et al. 2020; 2021).

Victorian agencies have also highlighted that the disengagement from care and hardship resulting from financial impacts caused by restrictions. These may have resulted in increases in a range of health and access issues for priority populations such as people living with HIV, sex workers, people who use drugs, culturally diverse communities, Aboriginal communities and LGBTIQ+ people.

The COVID-19 pandemic was also a catalyst for change. It accelerated the design and implementation of new and innovative models of service delivery and care. The rapid rollout of telehealth has improved access to HIV and sexual health services – for example, with specialist outpatient services and for people in rural and regional areas.

Many organisations supporting people with HIV adapted their services to an online environment to ensure people at risk of or living with HIV could continue to access treatment and care. However, telehealth or online support is not suitable for everyone. For people newly diagnosed with HIV, a face-to-face appointment with a peer worker or support organisation can be an important first step in linking to treatment and care.

In a sustained pandemic environment, organisations will need to continue to adapt program and service offerings to ensure people living with HIV are accessing the care they need.

In response to our learnings from COVID-19, we will:

- Re-engage people in testing, treatment and care
- Build on understanding prevention, risk recognition, risk reduction, testing and contact tracing
- Build on new and innovative models of care

HIV in Victoria

There are nearly 10,000 people living with HIV in Victoria.

HIV infects cells of the immune system, destroying or impairing their function. With the continued success of effective antiretroviral therapies to manage and suppress HIV, it is now considered a chronic manageable condition. Treatment as prevention reduces the viral load in people living with HIV to undetectable levels (U=U), eliminating the risk of transmitting the virus. People on effective therapies can now expect to live a comparable life span to people not living with HIV.

Between 2016 and 2019 the rate of HIV notifications reduced by 14 per cent and a further decline of 30 per cent was observed between 2019 and 2020. There were 140 cases of HIV reported in 2021, representing a rate of 2.3 cases per 100,000. This equates to a 26 per cent reduction on the rate of infection compared with 2020, the third lowest annual number and rate since HIV records began in 1983.[2]

Prevention strategies such as increasing access to PrEP and greater understanding of the benefits of undetectable viral load, increasing access to early treatment, support for adherence, community-led campaigns promoting varied prevention strategies, different testing models, continued investment and expansion of the Needle and Syringe Program and challenging stigma have all contributed to notification decreases.

More recently, we have seen changes in health-seeking behaviours associated with the COVID-19 pandemic, such as reduced and deferred testing and care. COVID-19, and the subsequent lockdowns in Victoria, also affected people's ability to socialise, travel and meet sexual partners (Chan et al. 2021).

In Victoria between 2016 and 2021, 90 per cent of HIV cases were in males and 10 per cent in females. Rates for transgender people remain stable.

In the Gay Community Periodic Survey: Melbourne 2021 the proportion of participants who identified as bisexual increased from 4.5 per cent in 2017 to 14.3 per cent in 2021 (Chan et al 2021).

Men who have sex with men, including gay and bisexual men, continue to be the population most affected by HIV. However, there has been a decrease from 74 per cent of total cases reporting male-to-male sex as the exposure to HIV in 2016 to 64 per cent in 2021.

For the same period, there has been an increase in male-to-male sex and injecting drug use as the risk factors for HIV, rising from 3 per cent in 2016 to 10 per cent in 2020 followed by a large reduction in 2021. Between 2016 and 2021, 22 per cent reported heterosexual contact as the exposure to HIV.

Victoria is home to one of the most culturally diverse societies in the world. This is reflected in the changing and diversifying HIV epidemic in Victoria. For the past six years, more than 40 per cent of new diagnoses of HIV have been among people born overseas. Of the cases born overseas, 57 per cent were from Asia.

While the HIV plan acknowledges the need for tailored approaches towards emerging priority populations, it also recognises the need to maintain activities focused on men who have sex with men, as the population most affected by HIV. With 62 per cent of cases aged between 20 and 39 years, tailored approaches to HIV testing, PrEP and treatment will continue to include campaigns aimed at younger gay and bisexual men.

HIV diagnoses among Aboriginal populations has remained stable over the past five years. However, the rate of HIV per 100,000 population in 2021 is 1.6 times higher among Aboriginal people than non-Aboriginal people.

Between 2016 and 2021, 43 per cent of cases were diagnosed at low–case load GP clinics and 33 per cent were diagnosed at a high–case load clinic.

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[2] The decline in disease notifications seen in 2020 and 2021 should be interpreted with caution. They are likely to under-represent true disease incidence. Disease reductions are likely to be strongly influenced by the ongoing COVID-19 pandemic, resulting in changes in sexual behaviours, health care access, health seeking and testing practices and interstate and international travel restrictions.

In 2021, there were

140

cases reported.

Between 2016-19 HIV notifications reduced by

14%

A further decline of

30%

was observed between 2019 and 2020.

Between 2016 and 2021,

90%

of cases were in males.

10%

of cases were in females.

Rates for transgender people remain stable.

More than

40%

of new diagnoses of HIV have been among people born overseas.

Of those born overseas,

57%

were from Asia.

43%

were diagnosed at low-caseload GP clinics.

33%

were diagnosed at high-caseload GP clinics.

In 2016,

74%

of cases reported male-to-male sex as the exposure to HIV.

In 2021,

64%

of cases reported male-to-male sex as the exposure to HIV.

Victorian HIV plan

Vision: Virtual elimination of new HIV transmissions by 2025.

Goals

Victorians are supported to reduce their risk of acquiring HIV.

Victorians with HIV know their status.

Victorians with HIV have access to best practice evidence-based treatment and care.

Stigma, racism and discrimination are not a barrier to HIV prevention, testing or treatment and care.

Targets for 2025

95%

The proportion of all people with HIV who are diagnosed.

98%

The proportion of all people living with HIV who are accessing appropriate treatment.

98%

The proportion of people living with HIV on treatment with an undetectable viral load.

75%

of people with HIV report good quality of life.

95%

of people at risk of HIV infection use one or more forms of effective HIV prevention.

Focus areas

- Increase prevention
- Increase testing
- Increase treatment and care
- System enablers
  - Reduce stigma, racism and discrimination
  - Strengthen workforce capacity
  - Foster partnerships and collaboration
  - Strengthen and support data and research

Priority populations

Priority populations are based on social and cultural determinants of health, behavioural risk factors, medical/biological factors or conditions, epidemiological burden of disease, health service access and geographical factors.

The specific priority populations for this plan are:

- people living with HIV
- gay, bisexual and other men who have sex with men
- Aboriginal people
- people who use drugs
- women
- gender diverse people
- culturally diverse and refugee communities
- people from, or people who travel to, high–HIV prevalence countries
- people in custodial settings
- sex workers
- people with a blood disorder
- young people
- heterosexual identifying men who intersect with a number of these priority populations.

People not eligible for Medicare may have increased risk for BBV, STI and reproductive health issues. They may be a part of one or more priority population groups.

Mid-point review

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against achieving the 2025 and 2030 targets. The findings of the mid-cycle progress report will be used to refresh and refocus targets, priority actions and activities outlined in this plan and aligned plans under the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

Targets for 2030

Reduce the reported experiences of stigma, racism and discrimination for people living with or affected by HIV in health and social support settings to less than

10%

Prevent

The increasing number of prevention-treatment strategies for HIV puts our vision of virtual elimination of new HIV transmissions in reach.

The lifetime cost of treatment and care for someone with HIV is approximately $1 million. Modelling shows investment in preventing HIV transmissions will save billions of healthcare dollars through averted infections (AFAO 2021b). Every dollar spent on needle and syringe programs saves the community $27 in healthcare costs (AFAO 2021b).

Building health literacy tailored to the cultural and social needs of different priority groups at risk of HIV is central to increasing people's knowledge of effective prevention strategies. The COVID-19 pandemic presents an opportunity to leverage increased community knowledge about how to prevent disease transmission. Peer-led, culturally safe programs have also shown that flexible and innovative models of care can increase understanding of transmission risk, access to testing and engagement in care.

The HIV plan supports the development of tailored community awareness and targeted prevention campaigns for priority populations.

Key elements of the HIV prevention response include condom use, PrEP, post-exposure prophylaxis (PEP), treatment as prevention (TasP), U=U and harm reduction such as access to sterile injecting equipment.

Behavioural data shows that most HIV-positive gay or bisexual men are on treatment and report an undetectable viral load. While the uptake of PrEP and U=U has been high by this population, other priority populations have not had equitable access to these prevention tools. This highlights the need for co-designed and tailored strategies for communities experiencing inequitable access to prevention and testing. Barriers to access are pronounced in populations with varying levels of health literacy, familiarity with the Victorian health system, and understanding and perception of risk practices.

U=U is a significant contributor to reducing onward transmission and combating HIV stigma. Thorne Harbour Health implemented the 'WHAT WORKS' campaign in the mainstream Victorian media, featuring a person living with HIV who maintains an undetectable viral load as a way of:

- challenging stigma
- normalising living with HIV
- building community health literacy about U=U.

The campaign is also available in Portuguese, Vietnamese, Tagalog and Chinese.

Awareness of PrEP and PEP has increased over time. Although PrEP use decreased in 2020, likely due to COVID-19, it is becoming the most commonly used HIV prevention strategy for gay and bisexual men.

Equitable access to and understanding of PrEP, U=U, condoms and needle and syringe programs are the contemporary prevention foundations for Victoria's effective HIV response.

For gay and bisexual men who completed the Gay Community Periodic Survey: Melbourne 2021, 69 per cent reported not using a condom during any anal sex with a casual partner. This is in the context of increasing use of biomedical HIV prevention methods such as PrEP, U=U and increasing STI testing rates (Chan et al. 2021). Regular STI testing requirements for people accessing PrEP provides an opportunity for sexual health prevention education, including the importance of condom use, to reduce the risk of acquiring other STI.

Given not all groups at risk of HIV can access federal government–subsidised PrEP as listed on the PBS, or clinical research trials, this structural inequity is producing increased risk of HIV transmission, particularly for people not eligible for Medicare.

Rates of new HIV diagnoses are not declining in women. Many women, and the health professionals they see, are often not aware they are at risk. Women currently have very low rates of PrEP use, and stigma can be a barrier to clinicians discussing PrEP with women. It is important to apply a gender lens to all aspects of the HIV response to ensure women's needs are considered and addressed.

Since PrEP became available on the PBS, the number of claims processed monthly for PrEP in Victoria has increased from 1,574 claims per month in April 2018 to 5,291 in December 2021.

A target of

95%

of people at risk of HIV infection using one or more forms of effective HIV prevention (for example, condoms, PrEP, U=U) has been introduced for this plan.

This is along with a range of activities to increase knowledge of HIV prevention and increase access to biomedical prevention for priority populations.

> "Peer education has been at the heart of HIV prevention and needs to continue to be upheld as a key pathway to share knowledge and strengthen a sense of community. Together we can open doors to the many resources available and break down the stigma associated with sexual health and HIV."

Jacinta Hennekam,
Peer Education and OutReach,
Thorne Harbour Health

Key achievements in prevention (2017–20)

Victoria became the first Australian jurisdiction to endorse U=U in December 2017. U=U has also been adopted as a biomedical prevention strategy by people living with HIV, and it is a significant contributor to reducing onward transmission and combating HIV stigma. This has led to increased community understanding of undetectable viral load as an effective HIV prevention strategy.

The PrEPMe clinic began operating out of The Alfred in June 2020. The clinic is nurse-led, with physician support. The free service includes consultations, pathology, hepatitis B and hepatitis A vaccinations, treatment for STI, education about HIV PrEP and PEP and advice on accessing low-cost PrEP through local pharmacies or online. PrEPMe is a unique HIV prevention service for overseas-born people not eligible for Medicare seeking PrEP.

The PrEPX study (2016–2018) enabled 4,258 at-risk Victorians to access PrEP and triple their sexual health testing. This was one of the most significant PrEP demonstration projects on the international research stage. It contributed evidence to have PrEP successfully listed on the PBS in April 2018. The PrEPX study was followed up with the XPlore cohort, which recruited 1,800 PrEPX participants to evaluate ongoing PrEP use, behaviour, STI, toxicity and HIV incidence. The XPlore study aims to follow people who enrolled in PrEPX for another five years.

Victorians are supported to reduce their risk of acquiring HIV

By 2030:

Victorians know what to do to prevent HIV and are supported to do so.

Victorians who experience greater inequity and who are at increased risk of HIV acquisition are the focus of renewed prevention efforts.

Health professionals have the knowledge and understanding to provide contemporary prevention advice.

There is an overall and ongoing reduction in new HIV notifications in Victoria.

Priority actions – prevention

Increase knowledge, health literacy and awareness of HIV prevention strategies with a focus on priority populations

- Develop and implement co-designed and targeted HIV prevention and education programs
- Develop and implement programs that address the needs of groups and communities experiencing inequality related to intersectionality
- Support peer-led community initiatives to recognise and respond to transmission risk
- Improve health and digital health literacy to navigate the Victorian health treatment and care system among priority populations
- Use digital platforms and tools to deliver targeted HIV prevention and education programs where appropriate
- Foster capacity building and collaborations in priority settings to support community engagement and mobilisation
- Build mainstream understanding of U=U and contemporary treatment as prevention science, particularly in health and key non-health sectors such as the education, justice, custodial and police systems
- Build on the system response to COVID-19 and undertake assertive community engagement to promote access for people at risk of HIV to contemporary prevention tools

Increase uptake of harm reduction tools for priority populations

- Promote increased access to and use of condoms and other barrier methods to decrease the risk of acquiring an STI
- Continue to improve and strengthen access to harm reduction programs in key settings and locations
- Support increased access to sterile injecting equipment and other harm reduction tools across Victoria

Increase access to biomedical prevention

- Develop targeted HIV biomedical prevention awareness and access programs that reflect changing epidemiology
- Explore options for improving access to HIV biomedical prevention for populations not eligible for Medicare
- Trial innovative biomedical prevention and treatment tools such as long-acting antiretrovirals
- Build the capability of the primary care and community health workforces to provide PrEP
- Broaden Victorian PrEP and PEP access points to include key community health and other health service settings
- Maintain and further develop peer education and peer-led outreach efforts for sex workers and ensure non-discriminatory access to prevention trials and tools

Test

Regular testing, early detection and rapid linkage to treatment are vital to decreasing HIV transmission in Victoria and achieving our elimination agenda.

HIV testing rates increased between 2016 and 2018, with a 23 per cent increase reported through the ACCESS clinical network. However, the impact of COVID-19 restrictions saw testing rates decrease, highlighting the need to re-engage people in testing. To meet our targets, we must create urgency around testing and ensure we tailor activities to increase testing that reaches the right people and communities.

HIV passive surveillance data shows that HIV notifications in low–case load general practices are increasing (Burnet Institute 2020). Community engagement and targeting testing to people at risk of HIV who were born overseas or who do not attend high–case load clinics could help reduce the number of people living with HIV who are unaware of their diagnosis.

Nurse- and peer-led approaches can increase testing by reaching and engaging with priority populations. Continued efforts to normalise HIV testing, treatment and care will also reduce HIV-related stigma and discrimination and improve people's confidence in accessing non-stigmatising, non-judgemental services. A greater understanding of high-risk groups currently not accessing services is needed to deliver tailored programs to priority populations.

The COVID-19 response provides opportunities to capitalise on increased testing habits including:

- rapid testing
- self-testing approaches
- digital testing programs
- e-pathology clinics
- peer-led approaches
- pop-up testing where priority populations are
- home testing.

Staying responsive to advances in testing technologies and increasing availability in point-of-care and self-testing products is necessary to support convenient and accessible testing, early diagnosis and links to service supports.

Gay and bisexual men reported an increase in home testing in the Gay Community Periodic Survey: Melbourne 2021. However, general practice remains the most common place for testing. As more people engage through primary care, community health and community-led health services, it is critical to support the workforce to provide inclusive, capable and competent services. The system enabler plan prioritises actions that ensure the Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice prevention, testing, treatment and care.

Assisting health professionals to identify people with increased risk of HIV and offering opportunistic testing when they present to health services is important to address diversifying disease epidemics and to support re-engagement in care. To continue to build on our successful Victorian HIV response we must collaborate across delivery systems, working in partnership with social support services to support coordinated testing and care for people with complex and co-occurring health needs.

It is important that there are strong links between comprehensive STI and HIV testing. Supporting health professionals to routinely offer testing and identify people with increased risk is important to address diversifying disease epidemics and re-engagement in care.

National and clinical guidelines recommend symptomatic testing for individuals and asymptomatic screening based on risk or request. This will continue to guide improved testing efforts.

The PRONTO! rapid testing service, developed in partnership with Thorne Harbour Health, was successfully evaluated by the Burnet Institute. As a result of the evaluation, the 2019–20 Victorian State Budget committed a further $2.8 million over four years for Thorne Harbour Health to continue operating the community-based rapid HIV point-of-care testing service. This will continue to provide access to testing services for at-risk communities. More than 18,000 rapid point-of-care tests have been performed, and the service has expanded to include screening for STI.

> " We live in exciting times where we have the scientific evidence and tools to end HIV transmission. The Victorian response is a multi-pronged approach that puts people in the centre. We must continue to do this, especially with the changing HIV epidemic where more attention must be given to overseas-born men who have sex with men. "

A/Prof. Dr Jason Ong - Head, HIV/STI Economics and Health Preference ResearchMelbourne Sexual Health Centre, Alfred Health

Pictured: A/Prof. Eric Chow - Head, Health Data Management and Biostatistics Unit Melbourne Sexual Health Centre, Alfred Health and A/Prof Jason Ong

Key achievements in testing (2017–20)

The Public Health and Wellbeing Amendment Bill 2019 amended the Public Health and Wellbeing Act 2008 to reduce barriers to HIV testing for Victorians. This expanded testing to peer-led models and increased the range of organisations that can test, including the PRONTO! rapid HIV testing service. Rapid HIV testing is provided free to all Victorians, while testing for STI is Medicare-rebated. Melbourne Sexual Health Centre also offer express testing and PrEP clinics for gay and bisexual men.

The Victorian Pride Centre opened in July 2021 and is the first of its kind in Australia. It celebrates Victoria's diverse LGBTIQ+ communities, honours their past, and supports LGBTIQ+ organisations and groups to continue working towards equality. A range of LGBTIQ+ focused organisations provide support services at the Pride Centre. These include Switchboard Victoria, and Thorne Harbour Health (formerly the Victorian AIDS Council), which aims to build a healthy future without HIV for LGBTIQ+ communities.

The Public Health and Wellbeing Amendment Bill was updated in 2021 to respond to a range of issues including clarifying examination and testing orders and removing residual stigmatising provisions relating to HIV and hepatitis C.

The Department of Health approved a new unit of competency in relation to testing for HIV and viral hepatitis in 2018. The unit aligns with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's national testing policies. It was designed to remove outdated requirements that act as a workforce barrier to scaling up HIV testing. They do this by revoking the previous notice and ensuring counselling for HIV testing is conducted in the same way as for other communicable diseases. This contributes to normalising and increasing testing for both health providers and individuals, normalising HIV testing and reducing stigma, racism and discrimination.

The Victorian HIV notification form (and others) has been amended to include trans and gender diverse people, ensuring our surveillance system is more inclusive.

Victorians with HIV know their status

By 2030:

Victorians with HIV know their serostatus, are diagnosed early and are supported to do so.

Victorians at risk of HIV infection understand the need for regular testing.

Regular HIV testing is normalised within priority populations and is available across diverse health settings.

Testing services meet the needs of priority populations.

Priority actions – testing

Increase access to HIV testing for priority populations

- Improve access to opportunistic testing in priority settings such as public hospitals and community health services
- Implement strategies to re-engage people in testing for those who have reduced/ deferred testing due to COVID-19
- Ensure comprehensive HIV and STI testing is conducted in accordance with national clinical testing guidelines
- Pilot innovative testing technologies such as self-testing kits, rapid point-of-care testing, vending machines, online testing and follow-up care coordination
- Advocate for Medicare Benefits Schedule reform to support nurse- and peer-led models of care and the use of innovative testing technologies
- Trial free and confidential opt-in reminders to promote regular testing for people at risk of HIV

Increase knowledge of the need to test, with a focus on priority populations

- Develop targeted approaches to increase testing in communities historically considered at low risk
- Increase health professionals' awareness of the need and frequency of regular screening of those at greater risk and those historically considered at low risk of HIV transmission
- Build health professionals' confidence in opportunistic screening in telehealth and face-to-face appointments

Increase early diagnosis through testing

- Identify and address geographic, economic and other structural and cultural barriers to testing to facilitate access and early diagnosis
- Explore opportunities to remove barriers to testing for young people and people not eligible for Medicare
- Deliver activities to increase health professionals' knowledge of PrEP, PEP and HIV risk, including the skills and confidence to deliver pre- and post-test counselling
- Promote and support peer-led, community-based innovative testing programs and approaches across regional and rural Victoria, targeting key settings, locations and populations

Treat and care

Increasing access and early links to effective and affordable treatment and care reduces the time to treatment for people newly diagnosed with HIV and can prevent onward transmission.

Newly acquired HIV infections have accounted for 26 per cent of total cases since 2016. It is vital to strengthen linked pathways to support people who are newly diagnosed to access treatment as soon as possible to achieve viral load suppression and promote long-term improved health outcomes. These pathways can connect people to peer-led, community-led and specialist support for ongoing engagement with treatment and care.

On World AIDS Day in 2020, the federal government announced that access to HIV treatment will be available for people who are not eligible for Medicare. Victoria is working with the Commonwealth and other state and territory governments to ensure access to antiretroviral medicine to every Victorian who needs it.

CD4 count data, a broad indicator of the time between becoming infected with HIV and diagnosis, indicates that people born overseas are diagnosed with HIV infection at a later stage than those born in Australia. Of these born overseas, 54 per cent were diagnosed within the first five years of arriving in Australia.

Behavioural data from the Gay Community Periodic Survey: Melbourne 2021 found that 96 per cent of HIV-positive men reported being on HIV treatment. Among the men on treatment, 98 per cent said they had an undetectable viral load (Chan et al. 2021).

The HIV plan considers those groups who are still not benefiting from the effects of advances in HIV treatment and prevention. This includes women, especially those born in high-prevalence countries, people with uncertain visa or immigration status, international students, and people who experience homelessness or housing insecurity.

As with HIV testing, we should leverage COVID-19 innovations in service delivery to increase treatment and effective care coordination between primary care and specialists including e-prescriptions, models of shared care, telehealth, virtual platforms and outreach. Both the HIV plan and the system enabler plan outline activities to strengthen partnerships and collaboration to meet the needs of people living with or at risk of HIV.

This will involve establishing partnerships outside of the HIV model of care such as with organisations in following sectors:

- mental health
- housing
- alcohol and other drugs
- refugee health.

These partnerships will help us develop pathways and programs tailored to our priority populations.

Positive Women Victoria is the only community-based organisation specifically funded to support women living with HIV in Australia. It was established by and for women living with HIV. Positive Women Victoria provide a comprehensive set of peer-led and centred services to support women living with HIV. Reflecting the diversifying nature of the HIV epidemic in Victoria, 75 per cent of members newly accessing services 2018–19 were overseas-born.

HIV and ageing

With antiretroviral therapy enabling people with HIV to live longer and healthier lives, we have seen a significant increase in older people living with HIV in Victoria. The number of people living with HIV over 55 years old is estimated to be 44 per cent (Woods et al. 2019). This is up from 19 per cent in 2010.

Older people living with HIV may also have high rates of comorbidities, including heart disease, hypertension, diabetes and depression.

We need flexible and multidisciplinary models of care for this population. We also need strategies that support social participation and build confidence in the aged care workforce to support the complex care requirements of older people living with HIV.

The **Well Beyond 50 website** provides people living with HIV resources on common health issues, meeting other people living with HIV and planning for the future.

> "As an older person of 60 years of age who has lived with HIV for 34 years, I am proud to be a part of Living Positive Victoria which has contributed in a meaningful way to not only Victoria's response to HIV in this strategy but ultimately to the overall health and wellbeing of Victorians with HIV."

Vic Perri, Health Promotion Officer, Living Positive Victoria

> " People living with HIV vary in their health and support needs. HIV support needs to be innovative, person centred and equitable. Community nursing provides a health response tailored to individual need and supports vulnerable people who need additional care and support to manage their HIV effectively and achieve the best possible quality of life. "

Mieken Grant, Team Coordinator
The HIV Program 2020-22,
Bolton Clarke

Key achievements in treatment and care (2017–20)

Living Living Positive Victoria established Victoria's first HIV peer navigator service for people newly diagnosed with HIV. An independent evaluation undertaken by the Australian Research Centre for Sex, Health and Society found the program improved clients' quality of life, resilience and treatment indicators. This led to more referrals to community and health services, and to reaching a diverse range of clients, reflecting the changing demographics of the HIV epidemic in Victoria.

The Victorian HIV and Hepatitis Integrated Training And Learning (VHHITAL) program provides enhanced, tailored training to primary health professionals to facilitate best practice advanced management of HIV in community settings. It does this through prescriber courses and case discussions targeting priority populations. Changes to the PBS were made on 1 April 2020 allowing authorised nurse practitioners to prescribe HIV treatments under the Highly Specialised Drugs (s100) Program. There are now 130 s100 authorised prescribers in Victoria.

Bolton Clarke (Royal District Nursing Service Ltd) has provided community-based nursing care to people living with HIV since 1985. Over the past 36 years Bolton Clarke's HIV team has continued to provide valuable care and support. The HIV Program is underpinned by the social model of health which understands that improvements in the health and wellbeing of people living with HIV are achieved by addressing the person's HIV status within the broader context of their social, environmental, economic, and cultural status. People referred to program include people experiencing homelessness, those who are socially marginalised or isolated, people with cognitive impairments or significant mental health concerns, people with substance use issues, people who have complex and challenging behaviours, people at risk of poor medication adherence, refugees and asylum seekers, pregnant women or those who simply need enhanced care following their HIV diagnosis.

Victorians with HIV have access to best practice evidence-based treatment and care

By 2030:

Victorians living with HIV are aware of the long-term consequences of untreated HIV infection and know how to access appropriate treatment and support.

All Victorians diagnosed with HIV are linked into rapid treatment initiation and are supported to stay on treatment.

People living with HIV receive the treatment, care and support they need, including monitoring, viral load testing and antiretroviral therapy.

People living with HIV can easily access affordable care and medications in local primary and community health settings.

Priority actions – treatment and care

Increase access to treatment, with a focus on priority populations

- Build awareness and referral pathways for HIV treatment and support options
- Develop innovative and flexible models of care that meet people at the point of care most suited to them
- Continue to strengthen links between testing, treatment and support to reduce the time between diagnosis and starting treatment
- Implement strategies for return to care for people with interrupted/deferred care due to COVID-19
- Develop primary care and community health workforce capacity to deliver and coordinate care and support
- Develop treatment links between primary care and specialist services for people who are newly diagnosed
- Explore pathways to support people who are not eligible to access testing, treatment and care through Medicare
- Identify and implement methods to enhance partner notification for HIV and increase the likelihood of early diagnosis and treatment of sexual contacts of people newly diagnosed
- Strengthen partnerships between HIV services and social support services such as those for alcohol and other drugs, mental health and housing to support people living with or at higher risk of HIV
- Work to remove legal and regulatory barriers to equality of care in the health sector for people living with or affected by HIV

Increase timely and appropriate treatment of HIV

- Strengthen and expand community-based peer support approaches from initial diagnosis through to adherence to treatment
- Promote awareness of the individual and community health benefits of an overall reduction in viral load, with an understanding that not all people can achieve undetectable levels of HIV
- Develop flexible and multidisciplinary models of care to support older people living with HIV
- Strengthen the integration of health care for women living with HIV, particularly in the areas of contraception, fertility, pregnancy care and child support

> "While Victoria has achieved high cascade targets for antiretroviral treatment, linkage to care and undetectable viral load, we must continue to focus on Quality of Life and holistic care for people living with HIV and on optimising HIV prevention for people with HIV acquisition risk. A focused approach using multidisciplinary support, care and advocacy will improve the health and wellbeing of people living with and at risk of HIV infection and help support them to fully thrive in their lives."

Professor Jenny Hoy, Director HIV Medicine,
Department of Infectious Diseases, The Alfred

Pictured: Alfred Hospital Victorian HIV Service: The back row: A/Prof. Edwina Wright, Dr Olga Vujovic, Sharon Danilovic, Cate Rowe, Dr David Griffin, Sandra Maswaure-Adjetey, Jude Armishaw, Alice Brown. Bottom row: Rose Knol, Fiona O'Keefe, Lou Christie, Prof. Jenny Hoy, Dr Rekha Pia Mangalore, Dr Jill Lau

References

Australian Federation of AIDS Organisations (AFAO) 2021a, *Agenda 2025 Ending HIV transmission in Australia: Technical paper on science, trends and targets*, AFAO, Surrey Hills.

Australian Federation of AIDS Organisations (AFAO) 2021b, *HIV in Australia 2021*, AFAO, Sydney.

Broady T, Brener L, Cama E, Treloar C, Centre for Social Research in Health 2020a, *Stigma indicators monitoring project, general public – Victoria*, UNSW Centre for Social Research in Health, Sydney.

Broady T, Brener L, Cama E, Treloar C, Centre for Social Research in Health 2020b, *Stigma indicators monitoring project, men who have sex with men – Victoria*, UNSW Centre for Social Research in Health, Sydney.

Broady T, Centre for Social Research in Health 2018, *Stigma indicators monitoring project, people living with HIV – Victoria*, UNSW Centre for Social Research in Health, Sydney.

Burnet Institute 2020, *The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of BBVs and STIs: 2014–2019 BBV and STI Sentinel Surveillance Report for Victoria*, Burnet Institute, Melbourne.

Chan C, Broady T, Bavinton B, Mao L, Hynes A, McKenzie T, et al. 2021, *Gay Community Periodic Survey: Melbourne 2021*, Centre for Social Research in Health, UNSW, Sydney.

Combe J, Kong F, Bittleston H, Williams H, Tomnay J, Hocking H, et al. 2021, 'Love during lockdown: findings from an online survey examining the impact of COVID-19 on the sexual health of people living in Australia', *Sexually Transmitted Infections*, 97(5): 357–362.

Department of Health and Human Services 2019, *Review of Victorian Sexual Health and Service Needs: final report*, State Government of Victoria, Melbourne.

Hammoud MA, Maher L, Holt M, Degenhardt L, Jin F, Prestage G, et al. 2020, 'Physical distancing due to COVID-19 disrupts sexual behaviours among gay and bisexual men in Australia: implications for trends in HIV and other sexually transmissible infections', *Journal of Acquired Immune Deficiency Syndromes*, 85(3): 309–315.

WHO Collaborating Centre for Viral Hepatitis, Doherty Institute for Infection and Immunity (WHO & Doherty Institute) 2021, *Impacts of COVID-19 on BBVSTI testing, care and treatment: Medicare data analysis Updated data to December 2020* (data extracted March 2021).

Woods R, Rule J, Roy, K, Cogle A 2019, *HIV and Ageing in Australia – The New Frontier*, National Association of People with HIV Australia, Newtown