



WA HIV Strategy 2015–2018

In line with the [Seventh National HIV Strategy 2014–2017 \(external site\)](#), the goals of the WA HIV Strategy 2015–2018 are:

- to work towards achieving the virtual elimination of HIV transmission in Western Australia by 2020
- to reduce the morbidity and mortality caused by HIV
- to minimise the personal and social impact of HIV.

The *WA HIV Strategy 2015–2018* is based on a strong partnership approach and collective action between government, non-government, healthcare and research organisations.



**PREVENTION
& EDUCATION**



**TESTING &
DIAGNOSIS**



**DISEASE MANAGEMENT
& CLINICAL CARE**



**WORKFORCE
DEVELOPMENT**



**ENABLING
ENVIRONMENT**



**RESEARCH, EVALUATION
& SURVEILLANCE**

Background

The Human Immunodeficiency Virus (HIV) is a retrovirus transmitted via blood to blood contact, or bodily fluid to blood contact.

HIV infects cells within the immune system. Left untreated, HIV can progress into Acquired Immunodeficiency Syndrome (AIDS), a life-threatening condition where the body's immune system becomes severely compromised.

HIV is recognised as an infectious disease from a public health perspective. However, it is also regarded as a chronic condition which can be treated and managed.

In Australia, the HIV epidemic is generally concentrated among key populations, where transmission of the virus predominantly occurs through unprotected sexual contact, and to a lesser extent, through injecting drug use.

Nationally, the incidence and prevalence of HIV is higher in men compared to women. Around 70 per cent of new cases occur among men, particularly gay men and other men who have sex with men.

Until recently, the Australian HIV epidemic had been relatively stable. However, since 2011, the rate of new infections has been rising, signalling a resurgence of the epidemic. Similarly in WA, the annual number of new notifications has been rising. During 2014, there were 140 new HIV notifications, with 76 per cent being male notifications.

Strategic context

National

In 2014, the Australian Government's Department of Health released the *Seventh National HIV Strategy 2014–2017*.

This national strategy sets clear targets for a course of action to reduce the incidence of HIV. These targets are informed by the [2011 United Nations Political Declaration on HIV and AIDS \(external PDF 208KB\)](#).

The Seventh National HIV Strategy for 2014–2017 builds upon the successes which have been achieved since 2010, transforming the public health response to HIV.

Considerable milestones and achievements include:

- the recognition that antiretroviral therapy (ART) is a significant prevention approach, with potential to prevent onwards transmission of HIV
- earlier ART initiation, irrespective of the presence of symptomatic disease, which has health benefits for the patient, and public health benefits in terms of prevention
- the introduction of HIV rapid testing in community-based settings, which increases access to testing for priority populations
- maintenance of virtual elimination of HIV amongst sex workers, people who inject drugs, and mother-to-child transmission of HIV.

Western Australia

The *WA HIV Strategy 2015–2018* aligns with the national HIV strategy to address the needs of people living with, and affected by, HIV in WA.

The strategy also follows on from the previous [HIV Model of Care Implementation Plan 2010–2014 \(PDF 2.97MB\)](#), which aimed to direct the implementation of the key recommendations proposed in the [HIV Model of Care \(PDF 490KB\)](#). In line with previous plans, this strategy is based on a coordinated and collaborative approach with key partners.

Priority populations

Within the *WA HIV Strategy 2015–2018*, the priority populations include:

- people living with HIV
- gay men and other men who have sex with men
- mobile populations
- people from culturally and linguistically diverse backgrounds
- sex workers
- people who inject drugs
- people in custodial settings
- Aboriginal people.

However, the needs of other population groups, such as young people, should also be acknowledged.

Monitoring and evaluation

Progress made within the *WA HIV Strategy 2015–2018* will be assessed using the HIV Monitoring and Evaluation Framework, which will be updated periodically.

Other sources of HIV data include the:

- [statewide notifiable disease report for WA \(external site\)](#)
- [quarterly and annual sexually transmitted infections and blood-borne virus reports for WA](#)
- [National Notifiable Diseases Surveillance System \(external site\)](#).

[Back to beginning](#)



WA HIV Strategy – prevention and education

Increase knowledge and awareness of HIV

Increase knowledge of HIV and transmission risks among priority populations, and develop the skills and capacity of primary care providers and policy makers to establish innovative HIV risk-reduction programs and activities. This will be achieved by:

- identifying common goals and areas for collaboration across sectors, to ensure that both government and non-government organisations are working in a coordinated way to reduce HIV transmission
- providing the necessary health hardware to support essential HIV risk-reduction activities
- identifying and supporting the training and development needs of health professionals around HIV risk-reduction
- monitoring advances in biomedical, social, and behavioural prevention tools and developing related state-based policy as required.

Promote safer sex

Promote safer sex practices among priority populations, through the delivery of effective health promotion and prevention activities. Particular focus should be given to gay men and other men who have sex with men, and mobile populations. This will be achieved through:

- building the knowledge, skills and capacity of priority populations, primary care providers, and policy makers to establish innovative HIV risk-reduction programs and activities
- developing contemporary and relevant messages that address evolving perspectives on safer sex among priority populations
- working collaboratively with organisations that facilitate innovative peer-led approaches for priority populations
- capitalising on technological advances, such as social and mobile media, and employing these mediums to reach priority populations.

Improve access to safer injecting equipment

Ensure people who inject drugs, particularly among priority populations, are provided sterile injecting equipment and harm reduction education through:

- working in a coordinated way with organisations that provide targeted peer-led approaches for people who inject drugs
- identifying components of needle and syringe program (NSP) services which can be improved, or where different modes of delivery can be employed
- expanding NSP services to possible new sites in regional areas
- advocating for harm reduction programs to be adopted in priority settings, e.g. in correctional settings.

Improve uptake of antiretroviral treatment (ART)

Implement appropriate strategies which improve the knowledge and uptake of antiretroviral treatment (ART) as a prevention option. The feasibility, acceptability, and outcomes of this approach should be monitored and evaluated. Key focus areas include:

- continuing to promote and monitor the uptake of post-exposure prophylaxis (PEP)
- developing guidance for emerging treatment-as-prevention (TasP) technologies in line with national policy, including pre-exposure prophylaxis (PrEP)
- ensuring service delivery needs related to TasP options are addressed, so that barriers to treatment uptake are reduced at the health care level.

[Back to beginning](#)



WA HIV Strategy – testing and diagnosis

Increase uptake of appropriate HIV testing

Increase access to, and uptake of voluntary and appropriate HIV testing among people from priority populations, particularly for gay men and other men who have sex with men, and mobile populations through:

- working in partnership to coordinate innovative peer-led approaches to HIV testing
- investigating the viability of technological advances in testing that provide a potential cost benefit, for example home-based self-testing, and point-of-care community-based testing
- supporting new nationally approved testing technologies that aim to improve uptake, such as point-of-care testing
- utilising digital communications and social media strategies to promote testing uptake
- identifying and supporting training and development needs of healthcare providers, and other people working in the sector to improve testing among priority populations
- employing evidence-based culturally sensitive approaches that promote testing among people from high prevalence countries.

Improve knowledge about HIV testing and diagnosis

Knowledge on HIV testing and early diagnosis among priority populations needs to be improved. A specific emphasis should be given to the personal and public health benefits of early diagnosis through testing then commencing antiretroviral treatment (ART), as well as seeking support options (such as psychosocial support). Progress in the area should focus on:

- developing targeted messaging on the importance of testing to diagnose HIV early
- developing messages that normalise HIV as a chronic manageable disease that can be treated
- educating and supporting general practitioners (GPs), and other healthcare providers, to provide opportunistic testing for HIV, as part of a comprehensive screening of blood-borne viruses (BBVs) and sexually transmitted infections (STIs)
- working in partnership with organisations that provide services to support the mental and physical health of people living with HIV.

[Back to beginning](#)



WA HIV Strategy – disease management and clinical care

Improve awareness of the benefits of early treatment

Priority populations and healthcare providers should be made aware of the individual and public health benefits of commencing treatment earlier by:

- ensuring that counselling on the health benefits of early treatment initiation and ongoing adherence is a routine part of enrolment into HIV specialist care
- promoting the use of evidence-based clinical guidance in shared care models between GPs and HIV specialists.

Address barriers to treatment

Addressing barriers to commencing or continuing antiretroviral treatment (ART), will improve overall treatment effectiveness, and reduce onwards transmission of HIV. Important areas of work should include:

- advocating for equitable access to treatment for all people living with HIV
- addressing barriers faced by people living with HIV who are unable to access treatment through the Pharmaceutical Benefits Scheme
- supporting the roll out of ART dispensing via community pharmacies by ensuring that pharmacists are aware of the social and pharmacological issues related to HIV and ART
- promoting the availability of community dispensing to people living with HIV.

Identify and address gaps in HIV care

Gaps between primary healthcare at the GP level and tertiary care at the HIV and chronic disease specialist level need to be identified and addressed. This will happen by:

- ensuring GPs have appropriate support structures when required to give a positive HIV diagnosis to a patient
- continuing to provide guidance and support to GPs who manage the day-to-day health of people living with HIV
- investigating opportunities to increase the number of HIV s100 prescribers in WA
- developing and implementing approaches that prepare for an ageing cohort of people living with HIV.

[Back to beginning](#)



WA HIV Strategy – workforce development

Deliver training and support

Ensure that HIV testing and treatment providers have up-to-date training and support to deliver appropriate services, informed by best-practice clinical management. This will be achieved by:

- identifying opportunities for collaboration between relevant organisations, so that training and support to healthcare professionals can be delivered in a coordinated way
- developing targeted initiatives for new workforce entrants and health professionals in regional and remote areas
- supporting initiatives which allow for up-skilling of nurses
- developing, distributing, and promoting targeted resources on HIV issues for primary healthcare professionals
- identifying areas and regions, based on epidemiological data, where primary healthcare professionals may require enhanced support.

Improve collaboration

Collaboration between community organisations, and mental health, drug and alcohol, disability, clinical, and other services will be improved to address the care and support needs of all people living with HIV. This will be made possible by:

- supporting opportunities for organisations to engage in cross-organisational collaborations
- ensuring the integration of HIV/BBV/STI policies and initiatives in other health services and relevant organisations.

[Back to beginning](#)



WA HIV Strategy – enabling environment

Eliminate stigma and discrimination

Strategic action will be taken to eliminate stigma and discrimination within the community to improve outcomes for priority populations. Strategic approaches should include:

- supporting organisations that actively work to reduce stigma and discrimination towards HIV
- ensuring that HIV-focused health promotion initiatives and other related activities do not reinforce negative stereotypes about HIV.

Remove institutional, regulatory and systems barriers

Fostering an enabling environment for action on HIV requires the removal of institutional, regulatory, and systems barriers that impinge on the equity of care for people living with, and affected by, HIV. Action in this area should include:

- continuing to advocate at a national level, and across other sectors, for equitable access to care for people living with HIV
- implementing initiatives that ensure healthcare staff are aware of stigmatising and discriminatory actions, and do not stigmatise or discriminate against people living with HIV
- promoting best practice strategies in healthcare settings that normalise HIV as a chronic manageable condition.

Address legal barriers

Ongoing advocacy on legal issues that affect HIV must be sustained, and should strategically focus on the removal of legal barriers that prevent the implementation of evidence-based prevention strategies.

[Back to beginning](#)



WA HIV Strategy – research, evaluation and surveillance

Address critical information gaps

Information gaps for priority populations should be addressed and need to include incident measures and information on risk behaviours. This can be achieved by continuing to:

- ensure state epidemiological data is available
- use epidemiological data in service planning and implementation
- work with local and national research centres on targeted behavioural research
- work with local and national research centres on epidemiological research, including longitudinal studies.

Evaluate to inform policy and program development

Support should be provided for evidence-based policy and program development. This can be realised by:

- working collaboratively with organisations to develop skills in evaluation, so that internal programs can be continually monitored and improved using up-to-date evidence
- identifying opportunities for information and evidence-sharing across organisations, with the common goal of strengthening the HIV response.

Measure health outcomes

Use novel approaches to explore the measurement of testing rates among priority populations, antiretroviral treatment (ART) rates, and quality of life indicators among people living with HIV. This will be achieved through:

- continuing to investigate existing data collection mechanisms, and identifying possible areas for enhanced data acquisition
- involving, where possible, people living with HIV in the planning, researching, and analysis of information.

[Back to beginning](#)

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