Queensland HIV strategy
2013–2015

The Ministerial Advisory Committee (MAC) HIV/AIDS was established on 6 July 2012 to provide independent advice to the Minister for Health on evidence-based HIV prevention and awareness in Queensland, including the allocation of resources and funds.

The priority is to implement the major advances in HIV prevention and treatment in Queensland such as early treatment for individual and public health benefits, and to promote the expansion of test and treat programs. While everyone is potentially at risk of HIV infection, resources will be prioritised to target communities in Queensland who are at greater risk.

We all need to work together to end HIV in Queensland.

Dr Darren Russell
Chair MAC HIV/AIDS

The Queensland HIV treatment cascade (Figure 1) estimates that between 4262 and 4932 people are living with HIV in Queensland, but about 20 to 30 per cent do not know they have the virus. This figure illustrates that to reduce HIV transmission we need to reduce undiagnosed infections, provide access to treatment and care as well as support people to remain engaged with care and on treatment.

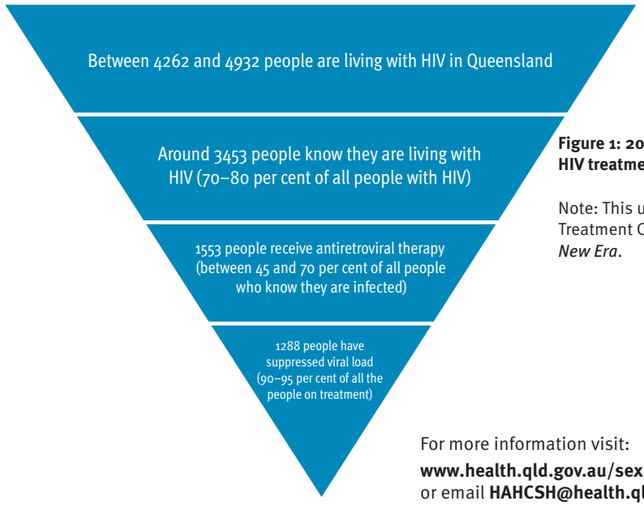

Figure 1: 2012 estimates for Queensland HIV treatment cascade

Note: This unpublished analysis is based on the HIV Treatment Cascade, *NSW HIV Strategy 2012–2015 A New Era*.

For more information visit:
www.health.qld.gov.au/sexhealth/hp/strategicdocs.asp
or email **HAHCSH@health.qld.gov.au**

In the past few years, there has been unprecedented progress in the prevention and treatment of HIV across the world. The Queensland Government is committed to reducing HIV transmission in Queensland by 50 per cent by the end of 2015.

This will be achieved through:

- transforming HIV prevention
- prioritising voluntary testing
- reforming treatment, care and support
- addressing stigma and discrimination.

This comprehensive approach to prevention and treatment, and free rapid HIV testing through sexual health clinics and community testing sites will be enhanced by a state wide E.N.D. H.I.V. campaign and supported by surveillance and research.

Lawrence Springborg
Minister for Health

Goal: Reduce transmission of HIV in Queensland by 50 per cent by the end of 2015

Outcome	Implement a comprehensive preventive approach to reduce HIV transmission	Increase voluntary testing for HIV	Increase treatment uptake by people with HIV to 90 per cent	Increase awareness of HIV transmission, stigma and discrimination
Target populations	**Primary:** Men who have sex with men (MSM). **Secondary:** Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, young people, people in custodial settings and people living with HIV.	**Primary:** Men who have sex with men. **Secondary:** Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, young people, people in custodial settings and whole-of-population.	**Primary:** All people living with HIV. **Secondary:** Medicare Locals, general practitioners (GPs) and authorised s100 prescribing GPs, Hospital and Health Services (HHSs).	**Primary:** Men who have sex with men, general practitioners and whole-of-population.
Priority actions	1. **Conduct an analysis of HIV prevention programs** and implement comprehensive programs for target populations. 2. **Increase access to and promote the use of preventive equipment,** such as condoms and sterile injecting equipment. 3. **Implement an E.N.D. H.I.V. campaign** for target populations and the wider community. 4. **Implement peer education projects and outreach strategies** to target populations rather than targeting MSM. 5. **Promote treatment as prevention** through education on HIV testing and treatment, including prevention benefits. 6. **Continue to provide timely access to HIV post-exposure prophylaxis (PEP).** 7. **Conduct a demonstration project for access to pre-exposure prophylaxis (PrEP).** 8. **Establish a sexually transmitted infections (STI) Professorial Chair position** to build on existing academic and clinical networks and facilitate the growth of research in Queensland.	1. **Promote and provide easier access to HIV and other STI testing at identified sites across the healthcare system and community-based sites,** including: • the implementation of free and flexible HIV rapid point of care testing (POCT) • increasing the range of health practitioners and peer educators able to carry out POCT • support and engage with Medicare Locals and general practitioners (GPs) to encourage HIV/STI testing where clinically indicated. 2. **Implement an enhanced service for the support of people newly diagnosed with HIV and their primary care providers** through: • information • clinical education • contact tracing • referral for HIV specialist assessment • case management/care coordination. 3. **Address barriers to testing through targeted marketing activities and clinical engagement,** including: • empowering individuals to test • reducing stigma • promotion of HIV testing to GPs with low HIV caseloads in areas of high HIV prevalence and to GPs with clients from populations at increased risk of HIV. 4. **Maintain the recommendation of HIV antenatal testing** for all pregnant women.	1. **Implement the following strategies to improve HIV treatment uptake and adherence:** • a targeted E.N.D. H.I.V. campaign for GPs and other clinicians • increase the number of authorised s100 prescribing GPs and expand s100 prescriber training • expand the specialist HIV mentoring capacity • review protocols to ensure people living with HIV are engaged with a primary care provider • a targeted program regarding the individual and preventive benefits of HIV treatment. 2. **Investigate and implement the removal of barriers to HIV treatment access,** including: • regulatory rules • treatment guidelines • costs • more flexible pharmacy dispensing arrangements. 3. **Examine and improve models of treatment and care to support the management of HIV in the community** by: • continuing existing specialist HIV capacity through sexual health and infectious disease clinics • reviewing case management and shared care arrangements between HIV specialists, GPs, nurse practitioners and pharmacists • promoting the use of the Medicare Benefits Schedule items for chronic disease management.	1. **Implement a targeted E.N.D. H.I.V. campaign** to address stigma and discrimination in the wider community (whole-of-population). 2. **Implement other programs** to increase awareness of HIV transmission, address stigma and discrimination and provide support for people living with HIV, including: • ongoing community engagement with Aboriginal and Torres Strait Islander communities.
Performance indicators	**MSM** • Decreased proportion of men who have engaged in any unprotected anal intercourse. • Increased proportion of MSM who report awareness and use of PEP. **People who inject drugs** • Increased amount of sterile injecting equipment distributed. • Decreased number of people sharing injecting equipment. • Increased HIV and testing knowledge among people who inject drugs. **Young people** • Increased proportion of young people reporting they practice safe sex. • Increased HIV and STI knowledge among young people. **Aboriginal and Torres Strait Islander people** • Increased proportion of young people giving correct answers to knowledge questions on blood borne viruses and STIs. • Increased proportion of young people reporting they have safe sex. **General** • PrEP demonstration project implemented. • Number of people accessing HIV PEP. • HIV prevention analysis final report completed. • Number and type of prevention activities implemented for target populations. • STI Professorial Chair position filled and activity plan developed.	**Late diagnosis of HIV** • Decreased number of people diagnosed with HIV at a late stage. **Testing** • Number of HIV tests conducted in Queensland. • Number of sites offering free HIV POCT. • Number of health practitioner groups offering HIV POCT. • Number of HIV POCT conducted. • Increased number of at risk populations who have tested for HIV and other STIs in the past 12 months or have ever had an HIV test. **Medicare Locals and Hospital and Health Services (HHSs)** • Number of Medicare Locals and HHSs where HIV testing is promoted. **General** • E.N.D. H.I.V. campaign evaluation to track changes in attitudes and behaviours.	• Increased proportion of people receiving HIV antiretroviral treatment to 90 per cent. • Increased proportion of GPs and HHSs providing access to HIV treatment and care. • Number of people living with HIV (PLHIV) engaged in care with a primary care provider. • Number of barriers to HIV treatment access investigated and actioned. • Increased number of authorised s100 prescribing GPs. • Increased proportion of people living with HIV who report their general health status and general wellbeing to be excellent or good.	• Increased proportion of people living with HIV who report their general health status and general wellbeing to be excellent or good. • Increased awareness of HIV tranmission in the wider community. • Number of PLHIV indicating they have experienced discrimination. • E.N.D. H.I.V. campaign evaluation to track changes in awareness of HIV transmission, attitudes and behaviours.