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**RACP Submission - draft *Ninth National
HIV Strategy 2024-2030***

June 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,300 physicians and 9,700 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the draft *Ninth National HIV Strategy 2024-2030*.

The RACP is encouraged by Australia's progress against several targets within the *Eighth National HIV Strategy 2018–2022*. To build on these achievements, it is essential to reflect on the missed targets and re-evaluate efforts to address any structural, systemic, and financial barriers that may be hindering progress.

The RACP acknowledges the National Aboriginal Community Controlled Health Organisation (NACCHO) as the national leadership body for Aboriginal and Torres Strait Islander health and recognises that the development of health services for First Nations people must be culturally safe and First Nations led. The RACP is pleased to see plans to continue partnerships to implement a revised National HIV strategy with NACCHO, peak national bodies, people living with HIV and other organisations that have played a critical role in Australia's HIV response.

The RACP believes that the guiding principles and areas of action identified within the draft Strategy will likely help achieve the vision of an Australia where HIV transmission is virtually eliminated, all people living with HIV live well, free from stigma and discrimination, and that everyone has access to safe, affordable, and effective HIV prevention, testing, treatment and care.

From consultation with our expert members, the RACP now provides the following feedback on the draft Strategy, including suggested improvements to further strengthen the final document.

Priority populations and settings

People living with HIV

Our RACP members are pleased to see the inclusion of heterosexual men and women in the draft Strategy. While male-to-male sex continues to be the major HIV risk exposure in Australia, accounting for 57% of all HIV notifications, heterosexual sex was attributed to 30% of all HIV notifications that same year, with over half (59%) classified as late diagnosis.¹ This indicates that HIV prevention strategies must increase focus to encompass all population groups, including heterosexual men and women.

The impact of people living longer with HIV is a key consideration for health care delivery. The health care needs of people living with HIV with complex age-related co-morbidities and chronic conditions will intensify further the considerable strain on Australia's aged care and broader healthcare systems. Our RACP members suggest that specific action areas addressing education, training and workforce needs of aged care services be included in the draft Strategy. Our Sexual Health Medicine physicians and geriatricians are well placed to contribute here.

First Nations Australians

First Nations Australians are disproportionately affected by HIV infection due to various demographic and medico-social barriers that increase their risk of exposure. In 2022, the HIV

¹ King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. <https://doi.org/10.26190/f5ph-f972> [Annual-Surveillance-Report-2023_HIV.pdf \(unsw.edu.au\)](https://www.unsw.edu.au/annual-surveillance-report-2023-hiv)

notification rate for First Nations Australians was 3.2 per 100,000 compared to 2.2 per 100,000 among the non-Indigenous population.²

Structural and social determinants, such as late or non-diagnosis, less than optimal testing, lack of uptake of interventions such as Treatment as Prevention (TasP) and post-exposure prophylaxis (PEP), and both discrimination and stigma regarding HIV have been previously reported as barriers to HIV diagnosis for First Nations Australians.³

There is a growing body of evidence that indicates a strengths-based, human rights approach, focussing on resilience, First Nations culture and positive identity, rather than problems and deficits, will lead to measures being more effective according to First Nations priorities and definitions of success.⁴

Members of the RACP Aboriginal and Torres Strait Islander Health Committee have raised cultural safety concerns with the draft Strategy content referring to the intersection between First Nations Australians and other priority populations. An extract from Section 7.1.4 is provided below as an example:

Within this population, tailored, culturally inclusive and safe approaches, which are peer-led and community-led, are needed. This includes First Nations Australians who are GBMSM, from remote, regional, and urban areas, women, highly mobile, who inject drugs, have complex needs, and are in custodial settings.

While all priority population groups require tailored approaches to HIV care, in the absence of context and supporting data, the highlighted phrase may be perceived as suggesting a greater likelihood of First Nations Australians injecting drugs and/or in custodial settings compared to the general population.

It is essential that language used to describe First Nations Australians is respectful of cultural identity and limits the perpetuation of existing racial bias and discrimination. The RACP strongly suggests this content be amended to provide additional context in recognition of cultural safety and efforts to reduce HIV-related stigma experienced by priority populations. The RACP suggests content regarding all priority populations is reviewed from a cultural safety lens, particularly People who inject drugs (Section 7.1.6) and Trans and gender-diverse people (Section 7.1.7).

HIV strategy and policy that successfully decreases transmission among First Nations Australians will only be possible when policy makers acknowledge the role of colonialism in creating health disparities in HIV incidence, grant First Nations Australians self-determination over their health care and integrate cultural safety and humility throughout healthcare systems.⁵

The RACP acknowledges that action in relation to HIV in First Nations Australians will be more specifically addressed in the *Sixth National Aboriginal and Torres Strait Islander Bloodborne Viruses and Sexually Transmissible Infections Strategy 2023–2030*. The RACP would

² King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. <https://doi.org/10.26190/f5ph-f972> [Annual-Surveillance-Report-2023_HIV.pdf \(unsw.edu.au\)](https://www.kirbyinstitute.edu.au/publications/annual-surveillance-report-2023-hiv.pdf)

³ Ward JS, Hawke K, Guy RJ. Priorities for preventing a concentrated HIV epidemic among Aboriginal and Torres Strait Islander Australians. *Med J Aust* 2018; 209:56. <https://doi.org/10.5694/mja17.01071>

⁴ RACP Indigenous Strategic Framework 2018-2028. (2018). Available online: <https://www.racp.edu.au/about/board-and-governance/governance-documents/indigenous-strategic-framework-2018-2028>

⁵ Wieman, C., DeBeck, K., Adams, E. (2018). Widening the perspective on HIV among Indigenous Australians. *The Lancet HIV*. 5(9): e477-e478. DOI: [https://doi.org/10.1016/S2352-3018\(18\)30171-1](https://doi.org/10.1016/S2352-3018(18)30171-1)

welcome the opportunity to support engagement with the RACP Aboriginal and Torres Strait Islander Health Committee and the broader RACP membership to develop this important work.

People in custodial settings and immigration detention centres

Our RACP members recognise the unique health care needs of people in custodial setting and immigration detention centres, including the inequitable barriers to appropriate health care. While the subheading refers to immigration detention centres, our RACP members query why there is no specific exploration of issues for people in immigration detention centres, and suggest that this be addressed with the inclusion of risk factors that contribute to the increased risk of HIV for this priority population.

Additional comments regarding priority populations and settings

The World Health Organization highlights that infectious syphilis increases the risk of acquiring HIV infection by approximately two-fold.⁶ With reports indicating the number of syphilis cases have more than tripled over the last ten years,⁷ our RACP members have suggested that syphilis as a risk factor for HIV be included in the draft Strategy, particularly given that notification rates for syphilis and HIV were highest among GBMSM and First Nations Australians in 2022.^{8 9}

Priorities

Prevention

Our RACP members support efforts to address inequitable access to preventative HIV medication and are pleased to see a focus on this within the draft Strategy. A ten-year study into the impact of HIV Treatment as Prevention (TasP) reported that a 27% increase in people accessing effective HIV treatment saw HIV infections decrease by 66% between 2010 to 2019, in NSW and Victoria.¹⁰ Addressing barriers that impede access to evidence-based HIV preventative care is key to reducing HIV transmission.

HIV awareness and education, particularly in priority populations that do not perceive themselves at increased risk, requires ongoing commitment in Australia's HIV response. Our RACP members are pleased to see that a focus on behaviour change and environments that determine individual behaviour change in the draft Strategy, as this will inform preventative strategies tailored to the unique needs of priority populations.

Testing

Our RACP members support the draft Strategy's goal to increase HIV testing rates to identify and reduce rates of undiagnosed HIV. An estimated 2,020 (7%) of people living with HIV in Australia in 2022 were unaware of their HIV status.¹¹ It is understood that HIV testing remains

⁶ [Syphilis \(who.int\)](https://www.who.int)

⁷ King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. <https://doi.org/10.26190/f5ph-f972> [Annual-Surveillance-Report-2023_HIV.pdf \(unsw.edu.au\)](https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2023_HIV.pdf)

⁸ King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. <https://doi.org/10.26190/f5ph-f972> [Annual-Surveillance-Report-2023_HIV.pdf \(unsw.edu.au\)](https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2023_HIV.pdf)

⁹ King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. <https://doi.org/10.26190/f5ph-f972> [Annual-Surveillance-Report-2023_HIV.pdf \(unsw.edu.au\)](https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2023_HIV.pdf)

¹⁰ Callander, D. et al. (2023). HIV treatment-as-prevention and its effect on incidence of HIV among cisgender gay, bisexual, and other men who have sex with men in Australia: a 10-year longitudinal cohort study. *The Lancet HIV*. 10(6): e385-e393. [https://doi.org/10.1016/S2352-3018\(23\)00050-4](https://doi.org/10.1016/S2352-3018(23)00050-4)

¹¹ King, J., McManus, H., Kwon, A., Gray, R., & McGregor, S., 2023, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023, The Kirby Institute, UNSW Sydney, Sydney, Australia. https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2023_HIV.pdf

cost-effective even when the initial likelihood of a positive result is as minimal as 1 in 1,000 cases.¹²

In collaboration with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), the RACP Australasian Chapter of Sexual Health Medicine (AChSHM) has commenced an initiative to increase awareness of HIV clinical indicators for HIV testing.

HIV often manifests through subtle clinical cues that might go unnoticed without deliberate attention. These conditions are known as 'HIV clinical indicator conditions' and include the well-known 'AIDS defining illnesses', but also other clinical conditions often seen in primary and tertiary care. By proactively recognising these indicators and testing for HIV, any positive cases, previously undiagnosed, can receive prompt medical intervention to improve medical outcomes and impact HIV transmission, or HIV can be ruled out.

While educational resources such as the 'Could it be HIV?' toolkit¹³ and HIV portal¹⁴ developed by ASHM are publicly available, it is important that awareness and education of HIV clinical indicators is embedded in clinical practice. The initiative between the RACP, AChSHM and ASHM involves working with Medical Colleges and Medical Specialty Societies across Australia and Aotearoa New Zealand to raise awareness of HIV clinical indicators and support integration into available training, clinical guidelines and resources. This initiative aims to progress 'opportunistic testing' towards a system-based approach for ensuring HIV testing occurs every time it is clinically indicated. In-line with a systems-approach, opt-out HIV testing in emergency departments may provide an additional pathway to increase HIV testing.

Treatment and care

Our RACP members support action outlined in the draft Strategy to explore tailored wrap-around support for people diagnosed with HIV, particularly peer navigators to provide support to newly diagnosed people from a lived-experience perspective.

The RACP recognises the important role that primary health care providers play in the ongoing management and monitoring of people living with HIV. As experts on HIV and other sexually transmitted diseases, our Sexual Health Medicine physicians are well placed to support HIV education in primary care settings, and support shared care management models between primary care, specialists and allied health to provide high-quality care.

Stigma

The previously mentioned, our RACP members suggest a systems-approach to HIV testing would aid the normalisation of HIV testing and work to reduce associated stigma. As a peak body that provides medical education and training across a broad range of specialties, the RACP is committed to supporting medical specialists meet the high standards of professional practice and provide high-quality health care.

The RACP has developed a [Professional Practice Framework](#) which integrates medical expertise and professional skills, recognising that physicians will be experts in their field of practice and use a range of professional skills in order to work in partnership with patients, families, or carers. The Framework defines the ten domains of professional practice for all physicians, including cultural safety, and forms the basis of the new RACP curriculum model.

¹² Walensky RP, Weinstein MC, Kimmel AD, Seage III GR, Losina E, Sax PE, et al. Routine human immunodeficiency virus testing: an economic evaluation of current guidelines. *The American journal of Medicine* 2005;118(3):292-300 <https://doi.org.ezproxy.lib.uts.edu.au/10.1016/j.amjmed.2004.07.055>

¹³ ASHM. 'Could it be HIV?' Toolkit. Available online: https://ashm.org.au/wp-content/uploads/2022/04/ASHM_CouldItBeHIV_Tool.pdf.pdf

¹⁴ ASHM Educational resources. HIV Portal. Available online: <https://testingportal.ashm.org.au/national-hiv-testing-policy/>

ASHM have also developed a suite of educational resources¹⁵ to guide and support healthcare professionals to understand and address the impact of stigma and discrimination on patient care.

Enablers

Policy

A recent global study indicates that overseas-born individuals show a HIV prevalence ratio of 1.7 compared to locally born individuals, while refugees and undocumented migrants exhibit a ratio of 2.4.¹⁶ This highlights a critical need for targeted interventions and support within these communities. As a leader in the international response to HIV, Australia's efforts should extend beyond its borders, particularly to our near neighbours, countries that are sources of immigration and countries that our international development programs support. This international collaboration would be mutually beneficial in reducing HIV transmission both locally and internationally.

Workforce

A skilled, well-resourced, and sustainable sexual health workforce is foundational to the elimination of HIV. Our RACP members welcome the draft Strategy's focus on healthcare workforce training and education to deliver high-quality HIV prevention, treatment and care that is culturally appropriate and meets the needs of the individual. Well-designed, integrated shared care models that alleviates the burden on public sexual health services. Sexual health care must be easy to access, non-judgemental and available to all people regardless of age, ethnicity, culture, gender, sexuality and location.¹⁷

Closing remark

The RACP looks forward to the publication of the *Ninth National HIV Strategy 2024-2030* later this year.

Should you require further information on the content of this submission, or wish to engage with us for further discussion, please contact the RACP Policy and Advocacy Team via policy@racp.edu.au.

¹⁵ ASHM Educational resources. Stigma and discrimination, no place in healthcare. Available online: <https://ashm.org.au/about/news/stigma-and-discrimination-no-place-in-healthcare/>

¹⁶ Santoso et al. (2022). HIV prevalence ratio of international migrants compared to their native-born counterparts: A systematic review and meta-analysis. *eClinical Medicine*. 2022 Nov; 53: 101661 doi: [10.1016/j.eclinm.2022.101661](https://doi.org/10.1016/j.eclinm.2022.101661)

¹⁷ WHO. (2010). Developing sexual health programmes. Online: <https://www.who.int/publications/item/WHO-RHR-HRP-10.22>