HIV in Australia: 2017

Key statistics

Following a rise in HIV in 2012, new HIV diagnoses have stabilised over the years 2012–2015.

- Of the estimated 25,313 HIV-positive people in Australia at the end of 2015, an estimated 2,619 (10%) were unaware of their status.

How HIV is transmitted in Australia

- 68% between men who have sex with men (MSM)
- 3% injecting drug use (IDU)
- 5% either MSM sex or IDU
- 20% heterosexual sex
- 4% other/undetermined

In 2015, 29% of new HIV diagnoses were diagnosed late, emphasising the ongoing importance of regular HIV testing.

HIV prevalence in key populations in Australia

- 7.2% Gay and bisexual men
- 1.7% People who inject drugs
- <0.1% Female sex workers
- 0.11% Aboriginal and Torres Strait Islander people
- <0.02% People travelling from high prevalence countries
- 0.14% All adults in Australia

Highly effective HIV treatment means that AIDS deaths and AIDS-related conditions in Australia are now rare among people on treatment.

HIV strategy

- Why is Australia’s response to HIV one of the best in the world?
  - Peer Education
    - Involving key populations in the response.
    - Community-led HIV prevention.
    - Peer-based rapid HIV testing.
  - Harm Reduction
    - National needle and syringe program
  - Prevention programs
    - Health promotion programs reinforcing condom use; encouraging widespread HIV testing; community-based rapid HIV testing; increasing awareness and access to PEP; implementation of PrEP demonstration projects.

Aboriginal and Torres Strait Islander people

Newly-diagnosed HIV is becoming higher among the Aboriginal and Torres Strait Islander people than non-Indigenous people (5.9 v 3.7 per 100,000).
Increasing condom use results in a reduction in HIV incidence. The net present value of NSPs, including productivity, is $5.85 billion.

Global target

UNAIDS has set a global target that by 2020: 90% of people living with HIV diagnosed, 90% of diagnosed people on treatment and 90% of people on treatment with suppressed viral load. This will help end AIDS by 2030. How is Australia tracking?

Measuring the impact of prevention

Without needle and syringe programs (NSPs) there would have been more than 32,000 new HIV infections and more than 199,000 new hepatitis C infections every year. Every $1 spent on NSPs saves the community $27 in healthcare costs.

What is needed

- Make Truvada as PrEP available on the PBS immediately, once recommended by PBAC.
- TGA approval for HIV self-testing.
- Fund a sustained response to HIV and STIs among Aboriginal and Torres Strait Islander communities.
- Fund the community-based, peer-led responses of AFAO and its national members.

Why AFAO and its members lead the HIV response

- Deep epidemiological understanding
- Health promotion expertise
- HIV policy expertise
- Extensive networks

What AFAO and its members bring to the response

- Initiated by the community
- Designed by the community
- Implemented by the community
- Responsive to the evolving needs of the community
- Often enacted through partnership with mainstream
- Dependent on community for authority

AFAO and its members

The Australian Federation of AIDS Organisations is the national federation for the HIV community response. AFAO provides leadership, coordination and support to Australia’s policy and advocacy response to HIV. Internationally, we contribute to the development of effective policy and program responses to HIV/AIDS at the global level, particularly in the Asia-Pacific region. AFAO’s members are: Australia’s State/Territory AIDS Councils; the National Association of People With HIV Australia (NAPWHA); Anwernekenhe National HIV Alliance (ANA); the Australian Injecting & Illicit Drug Users League (AIVL); and Scarlet Alliance, Australian Sex Workers Association.

For data citations and further information, please contact AFAO: Ph (02) 9557 9399 Email inquiries@afao.org.au Website afao.org.au