Success factors
Achieving the United Nations 90-90-90 targets:
• 90 per cent of all people living with HIV (PLHIV) will know their HIV status
• 90 per cent of all people diagnosed with HIV will receive sustained antiretroviral therapy
• 90 per cent of all people receiving antiretroviral therapy will have durable viral suppression.
In the past few years, there has been unprecedented progress in the prevention and treatment of HIV across the world and the ability to end the world-wide epidemic is now a real possibility.

This action plan reflects the Queensland Government’s commitment to the new overarching goal, endorsed by the Australian Health Ministers’ in the 20th International AIDS Conference Legacy Statement, of working towards the virtual elimination of new HIV transmissions in Australia by 2020. To achieve this, the Queensland Government is committing to a comprehensive approach to prevention, testing and treatment focused on meeting the United Nations 90-90-90 targets that: 90% of people living with HIV know their status, 90% of people diagnosed with HIV are on treatment and 90% of people on treatment have a suppressed viral load so their immune system remains strong and minimises the risk of transmitting HIV.

As community ownership is essential for this fast-track approach to the 90-90-90 targets, the Queensland Government is committed to supporting strong relationships between partner agencies in order to achieve the goal of the virtual elimination of HIV transmission. Consultation with primary healthcare providers, community-based organisations, specialised sexual health and HIV services, and key stakeholder communities has identified the following priority actions:

- transforming HIV prevention by taking a combined approach of promoting safer HIV prevention practices, together with improving access to HIV medication as a preventive measure
- prioritising voluntary testing, including community based testing
- providing support for those newly diagnosed with HIV to engage in treatment and care
- promoting access to immediate treatment after an HIV diagnosis and support to adhere to treatment
- taking a zero approach to stigma and discrimination.

This action plan will be enhanced by statewide campaigns and supported by research and surveillance. It aligns with both the Queensland Sexual Health Strategy 2016–2021 and the Seventh National HIV Strategy 2014–2017 to improve health outcomes for all Queenslanders.

The Hon Cameron Dick MP
Minister for Health and
Minister for Ambulance Services

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# GOAL

Working with the community to minimise the personal and social impact of HIV and achieve the virtual elimination of new HIV transmissions in Queensland.

## Outcome

1. **Implement a comprehensive preventive approach**
2. **Increase voluntary testing for HIV**
3. **Increase treatment uptake by people with HIV**
4. **Increase awareness of HIV transmission and address stigma and discrimination**
5. **Improve surveillance, monitoring, research and evaluation**

## Target populations

**Gay men and men who have sex with men, including sexually adventurous men.**
**Other target populations: Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, young people, people ineligible for Medicare, people in custodial settings, travellers and mobile workers, and people living with HIV.**

**Gay men and men who have sex with men.**
**Other target populations: Women, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, young people, people in custodial settings, travellers and mobile workers, and people ineligible for Medicare.**

**All people living with HIV, including people ineligible for Medicare.**

**Gay men and men who have sex with men including sexually adventurous men.**
**Other target populations: GPs, whole-of-population, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, young people, people in custodial settings, travellers and mobile workers and people living with HIV.**

**Queensland HIV action plan stakeholders, HIV/STI workforce, national HIV/STI strategy stakeholders.**

## Key settings

**Community, healthcare and custodial settings**

**PHNs, general practitioners (GPs), authorised s100 prescribers, Hospital and Health Services (HHSs), pharmacies and community-based sites**

**Community and healthcare settings**

**PHNs, GPs, authorised s100 prescribers, HHSs, pharmacies and community-based sites**

**Community and healthcare settings**

**Community and healthcare settings**
Outcome 1. Implement a comprehensive preventive approach

1.1. Promote and encourage provision and uptake of HIV medication as a preventive measure for those at high risk of contracting HIV, through the provision of pre-exposure prophylaxis (PrEP).

1.2. Promote and improve timely access to HIV medication for those who may have been exposed to HIV through the provision of post-exposure prophylaxis (PEP).

1.3. Increase access to and promote and encourage other HIV preventive measures, including the use of condoms and water-based lubricants and sterile injecting equipment.

1.4. Implement evidence-based HIV and STI awareness campaigns.

1.5. Implement comprehensive evidence-based peer education and outreach HIV and STI risk-reduction programs, and activities for key populations.

1.6. Implement peer-based strategies to enable sexually adventurous men to maintain personal health and safety, including addressing the interaction between alcohol and other drug use and risky behaviours to support safer sexual decision making.

1.7. Promote the public and personal health benefits of HIV testing and early treatment as a prevention strategy.

Priority actions

2.1. Increase access to and uptake of voluntary HIV and other STI testing that facilitates early diagnosis, including conventional and point-of-care testing across the healthcare system and community-based sites to encourage regular testing for HIV and STIs as clinically indicated.

2.2. Increase the number of health practitioners and peer educators able to carry out HIV and STI testing.

2.3. Promote regular HIV testing of those at high risk of HIV to encourage early detection and address barriers, in line with the Australian Sexually Transmitted Infection and HIV Testing Guidelines 2014.

2.4. Implement routine HIV testing in targeted GP settings in areas of high prevalence.

2.5. Investigate access to testing models which address the wide diversity of cultural and sexual behavioural needs, including among Aboriginal and Torres Strait Islander people.

2.6. Promote personal and public health benefits of early diagnosis and the testing options available through targeted health promotion, marketing activities and clinical engagement.

2.7. Promote routine HIV testing for all pregnant women.

2.8. Investigate options to improve timely delivery of baseline HIV testing results to improve access to early treatment.

2.9. Improve uptake of HIV treatment by newly diagnosed PLHIV through targeted education campaigns that promote the individual health benefits and reduced risk of further transmission, promotion of training to become authorised 100 prescribers and associated training and mentoring programs, and implementation of PLHIV peer-based navigation models.

3.1. Investigate options to improve timely delivery of baseline HIV testing results to improve access to early treatment.

3.2. Improve uptake of HIV treatment by newly diagnosed PLHIV through targeted education campaigns that promote the individual health benefits and reduced risk of further transmission, promotion of training to become authorised 100 prescribers and associated training and mentoring programs, and implementation of PLHIV peer-based navigation models.

3.3. Support newly diagnosed PLHIV and their primary care providers through information, clinical education, contact tracing, referral for HIV specialist assessment, case management/care coordination and peer-based support.

3.4. Examine and advocate the removal of barriers to HIV treatment access.

3.5. 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 while reviewing case management and shared care arrangements between the treating clinician, GPs, other medical specialists, nurse practitioners, pharmacists and community-based organisations.

3.6. Implement strategies to improve the health and well-being of PLHIV to: increase the number of PLHIV who are under the care of a primary care health team, increase the number of PLHIV engaged in specialist HIV care, adhere to treatment and maintain an undetectable viral load, re-engage those PLHIV disengaged from HIV care, manage PLHIV who pose an HIV transmission risk to others and improve the health literacy of PLHIV through peer education and support.

3.7. Deliver training to HIV service providers to support culturally appropriate evidence-based clinical practice.

4.1. Address stigma and discrimination through implementing whole-of-population and targeted HIV awareness campaigns with a focus on:

- awareness of HIV transmission
- prevention and testing with high risk groups
- LGBTI communities
- Aboriginal and Torres Strait Islander related issues
- promotion of treatment with PLHIV and healthcare professionals.

4.2. Support implementation of resilience building programs for PLHIV.

4.3. Provide information and support for people who have experienced HIV-related stigma and discrimination.

4.4. Support improvement of the legal literacy of PLHIV.

4.5. Address barriers to evidence-based prevention, treatment and care strategies.

4.6. Support improved awareness of HIV and associated legal issues among PLHIV, healthcare providers, police, lawyers, HIV and legal support organisations and media.

5.1. Develop and implement a monitoring and surveillance plan aligned with the National HIV Strategy.

5.2. Develop and implement a coordinated Queensland HIV and STI research strategy across all relevant disciplines including social, behavioural, epidemiological and clinical disciplines.

5.3. Identify and improve data for key surveillance, monitoring, research and evaluation.
### Outcome

1. Implement a comprehensive preventive approach
2. Increase voluntary testing for HIV
3. Increase treatment uptake by people with HIV
4. Increase awareness of HIV transmission and address stigma and discrimination
5. Improve surveillance, monitoring, research and evaluation

### Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of men who have condomless anal intercourse with casual male partners in the previous six months</td>
<td>Source: Queensland Gay Community Periodic Survey, Centre for Social Research in Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Amount of sterile injecting equipment distributed</td>
<td>Source: Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Proportion of people who inject drugs reporting re-use of a needle previously used by someone else in the previous month</td>
<td>Source: Australian Needle and Syringe Program Survey, The Kirby Institute</td>
<td>Frequency: Annual</td>
<td></td>
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<tr>
<td>Number of occasions people access HIV PEP</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Number of people on PrEP</td>
<td>Source: Cairns and Hinterland Hospital and Health Service</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Proportion of people on PrEP undertaking three-monthly STI testing</td>
<td>Source: QPrEPd Annual Report, Cairns and Hinterland Hospital and Health Service and HIV/STI Professorial Chair, University of Queensland</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Type of HIV tests available and HIV test settings</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>CD4 count at HIV diagnosis</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
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<tr>
<td>Proportion of people who commence treatment within six weeks, three months and six months of HIV diagnosis</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Proportion of PLHIV who report adherence to treatment with suppressed viral load</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Proportion of gay men and MSM who have been tested for HIV in the previous 12 months</td>
<td>Source: Queensland Gay Community Periodic Survey, Centre for Social Research in Health</td>
<td>Frequency: Annual</td>
<td></td>
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<tr>
<td>Number of targeted campaigns to raise awareness of HIV in specific settings or among specific populations</td>
<td>Source: Funded service provider reports</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Number of health professionals authorised as HIV community-prescribers</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Annual</td>
<td></td>
</tr>
<tr>
<td>Weekly, year-to-date and annual reporting of HIV notifications</td>
<td>Source: Communicable Diseases Branch, Department of Health</td>
<td>Frequency: Weekly, annual</td>
<td></td>
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<td>Frequency: Annual</td>
<td></td>
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<tr>
<td>Proportion of PLHIV who report their general health status and wellbeing as excellent or good</td>
<td>Source: HIV Futures Study, La Trobe University</td>
<td>Frequency: Biennial</td>
<td></td>
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</tr>
<tr>
<td>Number and type of research activities undertaken as part of a coordinated HIV research strategy</td>
<td>Source: HIV/STI Professorial Chair, University of Queensland</td>
<td>Frequency: Annual</td>
<td></td>
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</tbody>
</table>

*Work is in progress by Communicable Diseases Branch, Department of Health to identify data sources for these indicators to enable standardised reporting.*

In monitoring the effectiveness of this action plan, priority will be given to those indicators required for reporting against the 90-90-90 targets.
HIV Action Plan 2016–2021

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