

NSW Health

# NSW HIV Strategy

2026-2030

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# Acknowledgement of Country

The NSW Ministry of Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this Strategy, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.



This artwork, titled Shared Journeys, was created by Charmaine Mumbulla. It features weaving lines of land and waterways found on Country throughout NSW. Together they symbolise connection and togetherness on a shared journey towards sexual health.

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HIV Strategy 2026-2030

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# Minister's foreword



For more than four decades, New South Wales has led Australia and the world in responding to HIV. Our success has been built on strong partnerships between government, people living with HIV, clinicians, researchers, community organisations and affected communities.

Together we have achieved extraordinary progress, including significant reductions in new HIV notifications, world-class treatment outcomes and a public health response grounded in dignity, equity and respect.

Despite this progress, our work is not complete. HIV continues to affect people and communities in different ways across the state. Many communities continue to experience barriers that can limit access to prevention, testing and treatment. These inequities require a renewed and more inclusive approach.

The NSW HIV Strategy 2026–2030 provides that direction. It builds on our strong foundation while setting a clear path towards the virtual elimination of HIV transmission.

This Strategy recognises that effective prevention and care must be grounded in equity, cultural safety and person-centred approaches. It reinforces the importance of supporting communities with accurate information, evidence-based prevention tools and accessible services.

Early diagnosis and rapid initiation of treatment remain central to our efforts. When people receive timely care, they can achieve and maintain an undetectable viral load, which protects their long-term health and prevents onward transmission. Ensuring that everyone in NSW has equitable access to testing and treatment will be a major focus over the next five years.

We will also strengthen action to address HIV-related stigma and discrimination. Stigma continues to discourage people from seeking testing, engaging in care or feeling safe in healthcare settings. It undermines trust and contributes to poorer health outcomes. Reducing stigma is essential to our success and requires coordinated action across health, community and social sectors.

Importantly, this Strategy highlights the need to broaden our partnerships. To reach all communities affected by HIV, we must work more closely with organisations and leaders that support populations not always engaged in previous HIV responses.

I thank all the individuals and organisations whose insights, advocacy and lived experience shaped this Strategy. Your contributions ensure that NSW continues to lead with integrity, innovation and compassion.

Together, we can end HIV transmission in NSW and ensure that every person has the opportunity to live a healthy, supported and stigma-free life.

A handwritten signature in blue ink that reads "Ryan Park". The signature is fluid and cursive, with the first name "Ryan" and the last name "Park" clearly distinguishable.

**The Hon. Ryan Park MP**  
**Minister for Health, Minister for Regional Health, and**  
**Minister for the Illawarra and the South Coast**

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# Acronyms and abbreviations

|                    |                                                                         |
|--------------------|-------------------------------------------------------------------------|
| <b>ACCHO</b>       | Aboriginal Community Controlled Health Organisation                     |
| <b>ACON</b>        | Formerly the AIDS Council of NSW                                        |
| <b>ACRRM</b>       | Australian College of Rural and Remote Medicine                         |
| <b>Adahps</b>      | Formerly the AIDS Dementia and HIV Psychiatry Service                   |
| <b>AH&amp;MRC</b>  | Aboriginal Health and Medical Research Council                          |
| <b>AIDS</b>        | Acquired immunodeficiency syndrome                                      |
| <b>AOD</b>         | Alcohol and other drugs                                                 |
| <b>ASHM</b>        | Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine |
| <b>BBV</b>         | Blood-borne virus                                                       |
| <b>BGF</b>         | Bobby Goldsmith Foundation                                              |
| <b>CSRH</b>        | Centre for Social Research in Health                                    |
| <b>GBMSM</b>       | Gay, bisexual and other men who have sex with men                       |
| <b>GP</b>          | General practitioner                                                    |
| <b>HALC</b>        | HIV/AIDS Legal Centre                                                   |
| <b>HIV</b>         | Human immunodeficiency virus                                            |
| <b>LGBTQ+</b>      | Lesbian, gay, bisexual, transgender and queer                           |
| <b>LHD</b>         | Local Health District                                                   |
| <b>MHAHS</b>       | Multicultural HIV and Hepatitis Service                                 |
| <b>NSP</b>         | Needle and syringe program                                              |
| <b>NUAA</b>        | Formerly the NSW Users and AIDS Association                             |
| <b>OSHC</b>        | Overseas student health cover                                           |
| <b>PALM scheme</b> | Pacific Australia Labour Mobility scheme                                |
| <b>PEP</b>         | Post-exposure prophylaxis                                               |
| <b>PFSHC</b>       | Publicly funded sexual health clinic                                    |
| <b>PHN</b>         | Primary Health Network                                                  |
| <b>PLHIV</b>       | People living with HIV                                                  |
| <b>PrEP</b>        | Pre-exposure prophylaxis                                                |
| <b>RACGP</b>       | Royal Australian College of General Practitioners                       |
| <b>SDPR</b>        | Single Digital Patient Record                                           |
| <b>SHIL</b>        | NSW Sexual Health Infolink                                              |
| <b>STI</b>         | Sexually transmissible infection                                        |
| <b>STIPU</b>       | NSW STI Programs Unit                                                   |
| <b>SWOP NSW</b>    | Sex Workers Outreach Project NSW                                        |
| <b>s100 GP</b>     | GP accredited to prescribe HIV medications                              |
| <b>TasP</b>        | Treatment as prevention                                                 |
| <b>U=U</b>         | Undetectable = Untransmittable                                          |
| <b>UVL</b>         | Undetectable viral load                                                 |

# Strategy at a glance

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Aim</b>                                                                                                                                                                                                                                                                                                                                                           | The virtual elimination of HIV transmission in NSW for all.                                                                                                                                                                                                            | <b>Vision</b>                                                                                                                                                                                                                                                               | A NSW where HIV transmission is virtually eliminated. Everyone is free from the risk of acquiring HIV. Everyone can access HIV prevention, testing, treatment and care, and can do this without fear of stigma or discrimination. Treatment begins early to improve health, stop viral progression and prevent onward transmission. |  |
| <b>Headline target</b>                                                                                                                                                                                                                                                                                                                                               | 90% reduction in the rate of preventable HIV diagnoses in NSW.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |  |
| <b>1. Prevent</b>                                                                                                                                                                                                                                                                                                                                                    | <b>2. Test</b>                                                                                                                                                                                                                                                         | <b>3. Treat</b>                                                                                                                                                                                                                                                             | <b>4. Stigma and Discrimination</b>                                                                                                                                                                                                                                                                                                 |  |
| <b>Goal</b><br>Prevent HIV transmission by promoting safe behaviours and expanding access to condoms, PrEP, PEP and sterile injecting equipment.                                                                                                                                                                                                                     | <b>Goal</b><br>Normalise HIV testing for people at risk and improve access to testing.                                                                                                                                                                                 | <b>Goal</b><br>Start and maintain treatment soon after diagnosis to maximise individual health outcomes and prevent onward transmission.                                                                                                                                    | <b>Goal</b><br>Reduce stigma and discrimination as a barrier to prevention, testing and treatment.                                                                                                                                                                                                                                  |  |
| <b>Targets</b> <ul style="list-style-type: none"><li>95% of men who have sex with male casual partners report using at least one form of HIV prevention.</li><li>95% of HIV-negative men who have condomless sex with male casual partners take PrEP.</li><li>Less than 15% of people who inject drugs report receptive syringe sharing in the past month.</li></ul> | <b>Targets</b> <ul style="list-style-type: none"><li>98% of people living with HIV in NSW have been diagnosed.</li><li>95% of HIV negative men who have condomless sex with casual male partners report having at least two HIV tests in the last 12 months.</li></ul> | <b>Targets</b> <ul style="list-style-type: none"><li>98% of all people diagnosed with HIV are on treatment.</li><li>98% of people on treatment have an undetectable viral load.</li><li>95% of people newly diagnosed with HIV initiate treatment within 4 weeks.</li></ul> | <b>Targets</b> <ul style="list-style-type: none"><li>95% of people at risk of or living with HIV report never/rarely experiencing stigma in healthcare.</li><li>95% of health workers report never/rarely treating people at risk of or living with HIV negatively.</li></ul>                                                       |  |
| <b>Focus areas</b> <ul style="list-style-type: none"><li>1.1 Innovative prevention models</li><li>1.2 PrEP awareness and uptake</li><li>1.3 Combination prevention</li><li>1.4 Harm reduction and injecting drug use</li></ul>                                                                                                                                       | <b>Focus areas</b> <ul style="list-style-type: none"><li>2.1 Innovative testing models</li><li>2.2 Linkage to testing</li><li>2.3 Indicator condition-based testing</li></ul>                                                                                          | <b>Focus areas</b> <ul style="list-style-type: none"><li>3.1 Linkage to care</li><li>3.2 Models of care</li><li>3.3 Retention in care</li><li>3.4 Reducing morbidity</li></ul>                                                                                              | <b>Focus areas</b> <ul style="list-style-type: none"><li>4.1 Healthcare worker training</li><li>4.2 Structural stigma</li><li>4.3 Community awareness</li><li>4.4 Internalised stigma and resilience</li></ul>                                                                                                                      |  |
| <b>5. Cross Pillar Focus Areas</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |  |
| <ul style="list-style-type: none"><li>5.1 Peer support</li><li>5.2 Research, monitoring and surveillance</li><li>5.3 Aboriginal health services</li><li>5.4 General practice and primary care</li><li>5.5 Information and referral</li></ul>                                                                                                                         |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |  |

# Strategic alignment



## Future Health: Strategic Framework 2022-2032

The initiatives in the NSW Health Future Health: Strategic Framework – Guiding the Next Decade of Care in NSW 2022–2032 aim to ensure:

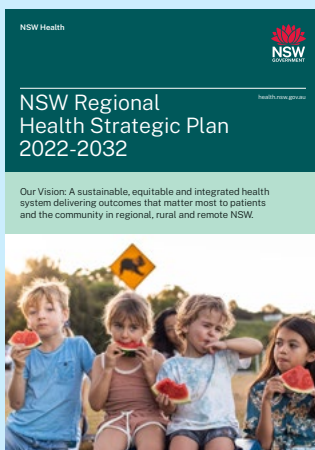
- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery
- The health system is managed sustainably.



## NSW Aboriginal Health Plan 2024-2034

The purpose of the NSW Aboriginal Health Plan 2024–2034 is to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care.



## NSW Regional Health Plan 2022 – 2032

The NSW Regional Health Strategic Plan is a roadmap for the future provision of health services that understands, and celebrates, the diverse and unique nature of regional communities. The Regional Health Strategic Plan identifies six strategic priorities to:

- Strengthen the regional workforce
- Enable better access to safe, high quality and timely health services
- Keep people healthy and well through prevention and education
- Keep communities informed, building engagement, seeking feedback
- Expand integration of primary, community and hospital care
- Harness and evaluate innovation to support a sustainable health system.

# HIV in NSW

Recent data demonstrate that HIV diagnoses in NSW have stabilised following sustained declines. In 2024, NSW recorded 235 new HIV diagnoses, consistent with the 231 diagnoses reported in 2023.<sup>1</sup>

These numbers represent an approximately 20% reduction compared with the pre-pandemic baseline period of 2017–2019 but also reflect a partial rebound after decreases were observed during 2020–2022 due to COVID-19-related disruptions.<sup>1</sup>

Importantly, the trend of reduced HIV transmission is concentrated predominantly in urban areas such as inner Sydney, where strong prevention efforts have targeted gay, bisexual and other men who have sex with men (GBMSM). However, in regional, rural and outer suburban areas (such as Greater Western Sydney), as well as among overseas-born GBMSM, new diagnoses have remained stable or increased slightly in recent years, reflecting known inequities.<sup>1</sup>

Overseas-born GBMSM continue to account for a substantial proportion of new HIV diagnoses in NSW. In 2024, 58% of diagnoses among GBMSM were overseas-born.<sup>1</sup> Overseas-born GBMSM remain less likely to access testing, pre-exposure prophylaxis (PrEP) and timely treatment due to a range of social, cultural and structural factors. These include limited awareness of HIV prevention, stigma, concerns about visa status or healthcare costs and barriers to navigating the health system.<sup>2</sup>



NSW's achievements in addressing HIV have been driven by a comprehensive package of biomedical, behavioural, and structural interventions.



More than 99% of those diagnosed are on treatment. These outcomes improve individual health and prevent onward transmission.

NSW's achievements in addressing HIV have been driven by a comprehensive package of biomedical, behavioural and structural interventions. Among these, PrEP remains central. Since its introduction on the Pharmaceutical Benefits Scheme (PBS) in 2018, PrEP uptake has increased substantially.<sup>3</sup> By 2025, an estimated 82% of GBMSM with casual male partners reported using at least one effective HIV prevention method, including PrEP, consistent condom use or maintaining viral suppression when living with HIV.<sup>4</sup> However, PrEP uptake is lower among those born overseas or living outside inner Sydney, highlighting structural barriers such as cost, healthcare access and provider knowledge.<sup>5</sup>

HIV diagnoses in NSW occur across a range of clinical settings. In 2024, 32% of diagnoses were made by non-s100 general practitioners (GPs), 27% in publicly funded sexual health clinics (PFSHCs), 27% in hospitals and 3% by s100 GPs.<sup>1</sup> Overseas-born people are more likely to be diagnosed in PFSHCs, while Australian-born people are more likely to be diagnosed by a GP.<sup>1</sup>

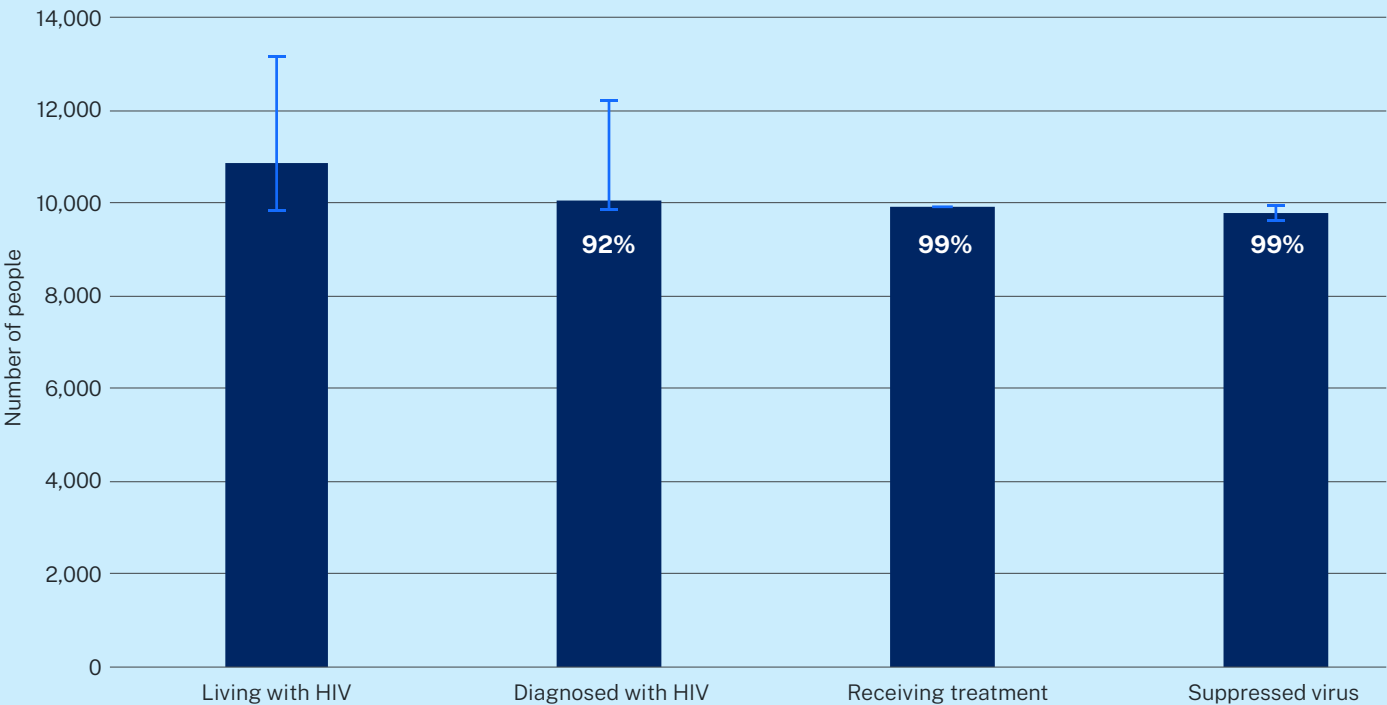
Alongside the essential role of sexual health clinicians, general practice remains central to early HIV diagnosis. As a first point of contact for many people, GPs are well placed to integrate HIV prevention and testing, recognise indicator conditions, and provide timely linkage to treatment and ongoing care. Supporting GPs to confidently deliver culturally safe, high-quality HIV testing and prevention as part of primary care will be a key focus of the Strategy. An increasing proportion of diagnoses are also occurring in hospital settings, highlighting their importance in reaching people who may not be engaged in sexual health services or primary care and the need to continue to strengthen HIV testing in hospitals where clinically indicated.



NSW has maintained low HIV prevalence among sex workers and people who inject drugs, reflecting the success of harm reduction initiatives, condom access, peer-led outreach and culturally safe models. New HIV diagnoses among those reporting heterosexual exposure has remained stable and accounted for 25% of new diagnoses in 2024.<sup>1</sup> This is in contrast with declines in HIV diagnoses achieved among GBMSM. Ensuring low HIV prevalence among heterosexual women and men, sex workers and people who inject drugs will continue to be essential as we move towards virtual elimination in NSW.

NSW maintains strong performance in early diagnosis and prompt treatment initiation. The proportion of people diagnosed with HIV in the early stage of infection has increased steadily, accompanied by rapid linkage to treatment. By 2023, it was estimated that over 92% of people living with HIV in NSW were aware of their status, and among those diagnosed, more than 99% were on treatment and virally suppressed.<sup>1</sup> These viral suppression rates not only improve individual health outcomes and quality of life but also prevent onward transmission.

Figure 1: NSW HIV Care Cascade (2023)



Source: Kirby Institute, UNSW Sydney

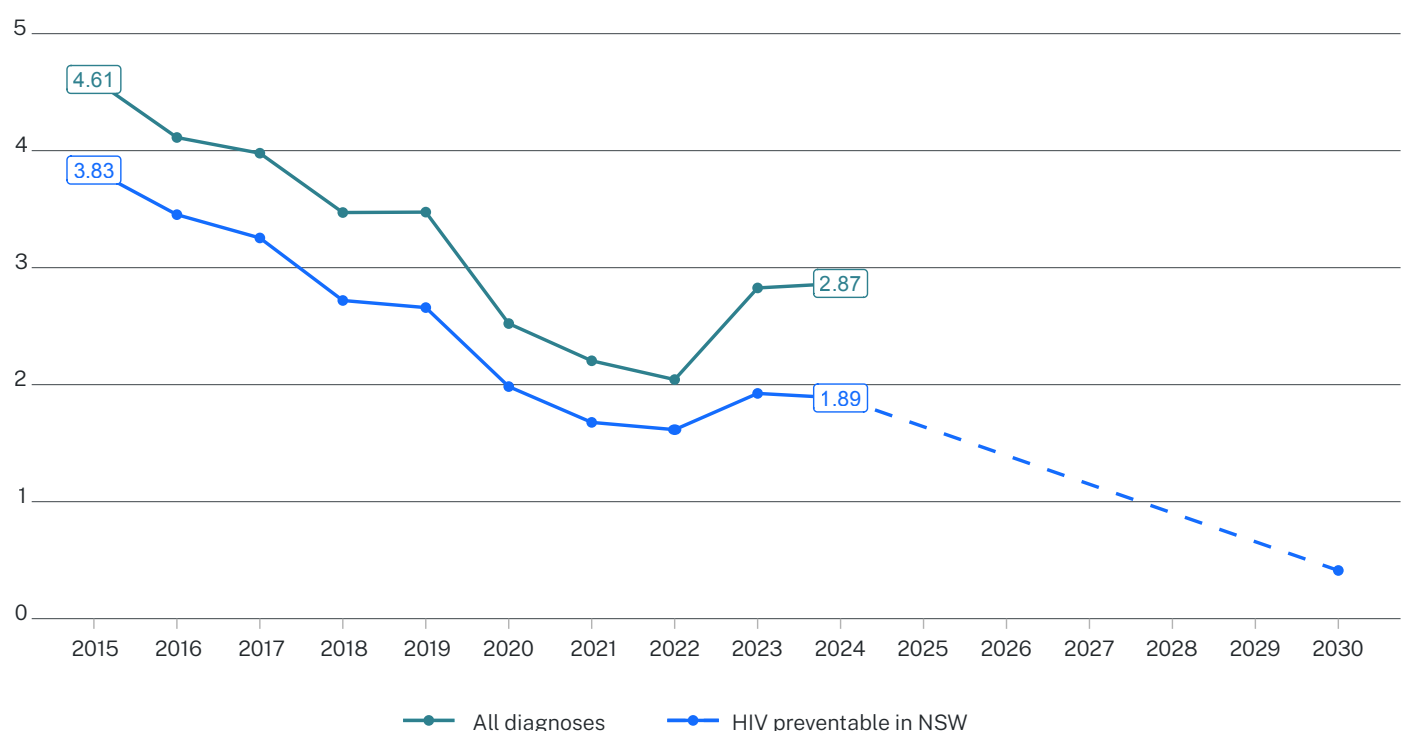
# Progress towards the virtual elimination of HIV transmission

The Strategy's overarching aim is the virtual elimination of HIV transmission in NSW for all, with a headline target of 90% reduction in the rate of preventable HIV transmission in NSW.

In NSW, a preventable HIV diagnosis refers to HIV acquired in circumstances where an intervention outlined in this Strategy, such as PrEP, condom use, treatment as prevention (TasP) or sterile injecting equipment, could reasonably have prevented transmission. It represents a missed opportunity in education, outreach or service delivery where, in the absence of barriers, HIV transmission would not have occurred.

While the virtual elimination of HIV transmission in NSW aims to prevent HIV cases that are avoidable, it is equally crucial to maintain focus on those born overseas and newly arrived in NSW with undiagnosed HIV. Ensuring rapid linkage to care for these people is essential to enable timely treatment, improve health outcomes and reduce the risk of onward HIV transmission.

**Figure 2 : HIV diagnosis rate per 100,000 people**



Source: Notifiable Conditions Information Management System (NCIMS), Health Protection NSW, extracted 09/12/2025

# Working in partnership

NSW's response to HIV has long been grounded in strong partnerships between people living with or affected by HIV, government, local health districts (LHDs), community organisations, clinicians (including GPs and nurses) and researchers.

The Strategy recognises the ongoing contributions, decision-making and collaboration of the HIV partnership. Their continued engagement and expertise is essential to driving innovation, shaping policy and maintaining NSW's leadership in HIV prevention and care.

This partnership will be critical in achieving the Strategy's goals, ensuring that initiatives are evidence-based and responsive to community needs. Community-led organisations provide invaluable insights, advocacy and support, helping to deepen understanding of the complexities and barriers faced by priority populations and shape effective prevention, testing, treatment and stigma-reduction initiatives.

People living with HIV and affected communities (including sex workers, GBMSM and people who inject drugs) have been, and continue to be, the driving force behind NSW's HIV response. Their leadership, rooted in decades of advocacy, activism, peer mobilisation and lived experience, has shaped the policies, services and community-led models of care that define NSW's approach today. The Strategy acknowledges that these communities are not simply beneficiaries of the work, but essential partners in co-designing, implementing and evaluating initiatives. Their insights, expertise and ongoing involvement remain fundamental to achieving the Strategy's goals and ensuring that HIV efforts remain grounded in dignity, equity and community leadership.

NSW clinicians and healthcare workers also play a central role in the delivery of high-quality HIV prevention, testing and treatment. Clinicians across primary care and general practice, sexual health services, hospitals, Justice Health and Forensic Mental Health Network (Justice Health NSW) and specialist HIV services provide timely diagnosis, treatment and ongoing support to people living with HIV. Beyond direct care, the clinical workforce also contributes to education, training and service innovation, helping to maintain NSW's position at the forefront of the HIV response.

Research underpins the state's HIV response by informing policy, program design and clinical practice. Collaboration between researchers, community organisations, health services and government ensures that research findings translate into practical strategies that improve outcomes for people living with or affected by HIV.

The Strategy also recognises the importance of strengthening partnerships with Aboriginal-led organisations and services. This includes supporting co-design of programs, ensuring Aboriginal representation in governance structures and embedding principles of Indigenous Data Sovereignty across monitoring, research and evaluation activities where possible. These commitments will ensure that Aboriginal communities have genuine influence over decision-making and over how data is collected, interpreted and used. By centring Aboriginal self-determination, the Strategy strengthens trust, accountability and the cultural integrity of HIV responses for Aboriginal people and communities.



People living with HIV and affected communities continue to drive NSW's HIV response, ensuring programs are co-designed, stigma-free and grounded in dignity and equity.

We also acknowledge that achieving the goals of the Strategy will also require building new partnerships with groups that represent priority populations historically underrepresented in the HIV response, including Aboriginal communities, culturally and linguistically diverse populations, migrant populations and heterosexual women and men at risk. Strengthening engagement with these groups will involve creating space for new voices and supporting diverse organisations to play a more active role in shaping, implementing and delivering HIV-related programs.

# Embedding equity

Equity is central to achieving the goals of the NSW HIV Strategy.

While significant progress has been made in reducing HIV transmission and improving health outcomes, these gains have not been shared equally across all communities in NSW. Addressing the uneven distribution of prevention, testing, treatment and support services is essential to ensuring that every person in NSW can benefit from the progress we have made.

In the context of HIV, inequities shape who acquires HIV, who is diagnosed late, who can access prevention, who starts and stays on treatment and who experiences stigma and discrimination. Some groups continue to carry a disproportionate burden of new diagnoses. For other populations, current epidemiology may not indicate increased risk, yet inclusive, culturally safe and responsive service design remains essential to ensure equitable access to prevention, testing and care. Persistent gaps in access to information, health care and social supports risk entrenching preventable diagnoses and poorer outcomes among some groups, while others thrive.

## Geographic disparities

Geographic inequity continues to shape HIV outcomes in NSW.<sup>5</sup> While the majority of HIV services and community infrastructure are concentrated in inner Sydney, people living in outer suburban, rural, regional and remote areas, including Greater Western Sydney, have fewer opportunities to access HIV prevention, testing and treatment services.<sup>6,7</sup>

Residents of these areas may face longer travel times to PFSHCs or needle and syringe program services (NSPs), limited anonymity in smaller communities and fewer culturally appropriate or LGBTQ+ friendly services. Stigma and discrimination concerns can also discourage engagement with sexual health services for these communities.<sup>7</sup>

Improving equity means strengthening local access and tailoring delivery models to local contexts. This includes expanding outreach and mobile testing, supporting stigma-free NSP options in all forms, supporting regional GPs and nurses to provide HIV care and enhancing telehealth models that maintain privacy and continuity of care.

Greater collaboration between LHDs and community organisations will be critical to addressing geographic disparities and ensuring that every person in NSW can access the same standard of HIV care and prevention regardless of where they live.



People living outside inner Sydney often face long travel times, limited anonymity, and fewer services. Stigma and discrimination can further discourage engagement.

HIV notifications in NSW remain highest in central Sydney, particularly within the Sydney Local Government Area (LGA), which continues to represent the largest concentration of people living with HIV.<sup>8</sup> However, the notification rate in this area has halved over the past decade, reflecting the impact of sustained prevention, testing and treatment efforts. Similar reductions have been observed across other inner city LGAs, highlighting the success of targeted responses in inner Sydney.<sup>8</sup> In contrast, some areas of Greater Western Sydney and regional and rural areas have seen little change in HIV notification rates, underscoring the need for greater attention in these locations.<sup>8</sup>

## Newly arrived migrants and temporary visa holders

Overseas-born people represent almost two-thirds of new HIV diagnoses in NSW, predominantly among people born in Asia and the Pacific.<sup>1</sup> Among people born overseas, length of residence in Australia affects sexual behaviour, healthcare access and use of HIV prevention (including PrEP, condoms, treatment as prevention and sterile injecting equipment).<sup>9,10</sup> Reducing the time between arrival in Australia and first HIV test is vital to ensure that newly arrived migrants are connected to sexual health care.

People living in NSW on temporary visas, such as Pacific Australia Labour Mobility (PALM) scheme workers and international students, face unique challenges that heighten vulnerability and limit access to health services.<sup>11,12,13</sup> Many temporary visa holders are ineligible for Medicare and have fears around visa implications, stigma and cost, which may deter engagement.<sup>14</sup>

Newly arrived migrants in Australia report less access to and use of HIV testing and effective prevention methods.<sup>2,15</sup> Known barriers include lower knowledge about HIV; not knowing they are eligible for PrEP; cultural and religious factors; difficulty navigating the health system; the perception that HIV is not a public health concern in Australia; language barriers; lower incomes; and health care cost.<sup>11,16,17</sup>

For PALM scheme workers, extended periods of separation from families, limited health literacy and constrained access to culturally appropriate sexual health information can increase vulnerability.<sup>12,13</sup> International students may experience similar barriers, with lack of knowledge, stigma, cost concerns and competing priorities contributing to barriers to testing and care.<sup>18</sup>

During the life of the Strategy, we will strengthen collaboration across government (including with the Commonwealth) and with community and research partners to improve access to HIV prevention, testing and treatment for newly arrived migrants and temporary visa holders. Key actions will include expanding culturally and linguistically appropriate health promotion and establishing mechanisms to support low or no-cost HIV care for people without Medicare. NSW will also continue to partner with the Commonwealth across intersecting areas of state and federal policy to improve opportunities for HIV testing and care for newly arrived migrants and temporary visa holders.



Overseas-born people now represent almost two thirds of new HIV diagnoses. Reducing the time between arrival and first HIV test is critical to get people linked to sexual health care as early as possible.

Prevention responses must be tailored and cannot simply replicate inner city models. Efforts will be tailored to respond to the social determinants of health that influence access, with culturally responsive, community-led and place-based models that promote awareness, inclusion and equitable access to HIV care.



## Late diagnoses

Late diagnosis of HIV remains a significant equity issue, as it reflects missed opportunities for prevention and testing. In NSW, a disproportionate number of late diagnoses occur among overseas-born people, heterosexual people, people living outside of inner Sydney and other groups less likely to perceive themselves as at-risk or to be offered testing.<sup>1</sup>

To reduce late diagnoses, testing must be made routine, easy and accessible across a broader range of settings. Outreach efforts must reach populations not traditionally engaged in HIV services.

This Strategy focuses on achieving earlier diagnosis by strengthening clinician education and workforce development, promoting HIV testing as a routine part of health care, and embedding HIV screening within community and primary care settings, informed by ongoing consultation with affected communities.

Meaningful engagement with people living with HIV and community-led insights from those with lived experience will also be essential to understanding late diagnoses and to design approaches that address barriers to testing.

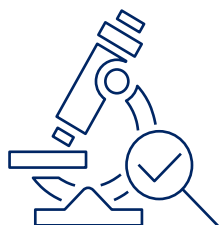
## Aboriginal people

Aboriginal people are a priority population due to inequitable access to prevention, testing and treatment. Inequities are shaped by the social determinants of health including access to education, employment, housing, income and culturally appropriate services.<sup>19,20,21</sup> Other challenges include experiences of stigma and shame associated with sexual health, sexually transmissible infections (STI), injecting drug use and blood-borne viruses (BBV); overrepresentation in custodial settings; limited availability of Aboriginal sexual health clinicians at Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services, GPs and PFSHCs; limited access to and choice of culturally safe services; concerns about privacy and confidentiality when accessing care; and limited access to services and workforce in regional and rural communities.<sup>20,22,23,24</sup>

Despite these challenges, Aboriginal people demonstrate strength, resilience and leadership. Critical to achieving health equity is sustained, Aboriginal-led action across the HIV response. Action must centre Aboriginal ways of knowing, being and doing and elevate the protective role of culture, community, self-determination and co-design to improve health outcomes.

The Strategy recognises the vital leadership role of Aboriginal communities and ACCHOs in reducing stigma, strengthening workforce capacity and embedding culturally safe models of care, while also ensuring that mainstream settings such as general practice, pharmacies and telehealth services offer culturally competent and welcoming environments for Aboriginal people who prefer these options.

## Embracing new technologies



Innovation continues to transform the HIV response, creating new ways to expand access, improve convenience and empower people to manage their sexual health. Technologies and advancements such as self-testing, long-acting PrEP and HIV treatment, telehealth and other service delivery models show enormous promise. The Strategy will ensure NSW is ready to support equitable access to these new modalities and technologies by embedding them into routine care where possible.

Through collaboration across the health and community sectors, workforce development and supportive policy settings, NSW will integrate innovation into practice to ensure that technological advances translate into real-world impact. By embracing new technologies and models, the Strategy will strengthen prevention, normalise testing and ensure that these benefits are shared equitably across all communities in NSW.

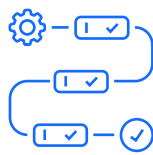
# What we will do

The Strategy builds upon NSW's strong foundation with a clear vision: to end new HIV transmissions, improve health outcomes for people living with HIV and address social and structural determinants shaping the epidemic. Equity underpins every aspect of the Strategy. During the life of the Strategy, we will prioritise:

**Continued scale-up and increased equity in access to PrEP**



**Promotion of combination prevention, including condoms, supporting a choice of options to meet diverse needs and preferences for all priority populations**



**Improving harm reduction services for people who inject drugs and people in custodial settings**



**Strengthening early diagnosis, linkage to care and rapid treatment initiation to achieve viral suppression and promote holistic wellbeing**



**Optimising services (including primary care) to respond to the increasing burden of chronic diseases and an ageing population, while maintaining focus on the most vulnerable populations**



**Addressing stigma, discrimination and social determinants of health that limit access and engagement with health care**



**Leveraging real-time, detailed surveillance data to monitor trends and guide targeted interventions**



**Supporting research and evaluation to adapt and innovate responses to emerging challenges, new technologies and interventions**



Together, these approaches align with NSW's commitment to a future free of HIV transmission, where everyone has equitable access to the knowledge, prevention tools and care they need to live healthy, empowered lives.

# Priority populations

## Aboriginal people



## Gay, bisexual and other men who have sex with men



## People living with HIV



## People who are or who have recently been in custodial settings



## People who inject drugs or whose use of drugs impacts their sexual health



## People who travel to or from countries with high HIV prevalence and engage in risk behaviours



## Sex workers and their clients



## Sexual partners of priority populations



## Trans and gender diverse people



Additional focus will be given to people from priority populations who also have the following intersectional characteristics or circumstance:



**Culturally and linguistically diverse people**



**People who are Medicare ineligible**



**People who experience social or economic disadvantage**



**People who live in outer suburban, regional or rural NSW**

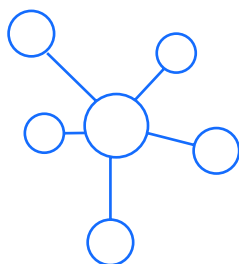


**Temporary visa holders and recently arrived migrants (4 years or less)**



**Young people (aged under 25 years)**

## Intersectionality



HIV does not affect all people equally. Outcomes are shaped by overlapping social, cultural, economic and structural factors. An intersectional approach recognises that health is influenced by the combined impact of characteristics such as culture, sexuality, gender, migration status, socioeconomic position and geographic location.

Intersectionality helps explain why some groups face greater barriers to prevention, testing and treatment, and reinforces the need for flexible, person-centred and equitable responses.

The Strategy applies a two-step approach to identify populations most affected by HIV in NSW: first, by identifying priority populations with higher risk or poorer outcomes, and second, by recognising that many individuals also hold additional characteristics that compound inequities or create further barriers to care.

# Priority settings

Priority settings are specific environments where additional focus and enhanced effort will be directed over the life of the Strategy. While many settings remain important to the overall HIV response, these priority settings offer the greatest opportunity to strengthen prevention, testing, and care. They also include environments where we can better reach people who have been less effectively engaged in the past, supporting a more equitable HIV response across NSW.

|                                                                                                                                               |                                                                                                                                         |                                                                                                                   |                                                                                                                                                      |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Aboriginal Community Controlled Health Organisations</b>  | <b>Community-based organisations</b>                   | <b>Custodial settings</b>        | <b>Drug and alcohol services</b>                                  | <b>Emergency departments</b>               |
| <b>General practice and other primary care services</b>      | <b>Publicly funded sexual health and HIV services</b>  | <b>Mental health services</b>    | <b>Multicultural and migrant organisations</b>                    | <b>Needle and syringe program outlets</b>  |
| <b>Online and telehealth services</b>                      | <b>Pharmacies</b>                                    | <b>Sex on premises venues</b>  | <b>Tertiary education and vocational training institutions</b>  |                                                                                                                               |

# Our guiding principles

|                                                                                     |                                                                                     |                                                                                     |                                                                                       |                                                                                       |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Anti-racism</b>                                                                  | <b>Collaboration and partnership</b>                                                | <b>Cultural safety</b>                                                              | <b>Equity</b>                                                                         | <b>Efficiency, sustainability and value for money</b>                                 |
|  |  |  |  |  |
| <b>Harm reduction</b>                                                               | <b>Innovation</b>                                                                   | <b>Person-centred care</b>                                                          | <b>Respect</b>                                                                        | <b>Trauma-informed care</b>                                                           |

# Prevent

Prevent HIV transmission by promoting safe behaviours and expanding access to condoms, PrEP, PEP and sterile injecting equipment.



# 1



**The combination of highly effective prevention tools now makes the virtual elimination of HIV transmission in NSW an achievable goal. This Strategy will strengthen and extend prevention across all priority populations, with a focus on ensuring equitable access and reducing barriers. This includes supporting people to choose and use the prevention methods that best suit their needs and circumstances.**

## 1.1. Innovative prevention models

It is important to optimise access to PrEP within our current healthcare system. Supporting healthcare workers (e.g. registered nurses and peers) to work at their full potential and scope of practice will increase the reach, capacity and cost-effectiveness of PrEP services.<sup>25,26</sup> Throughout the implementation of the Strategy, we will support the piloting and scale-up of innovative PrEP delivery approaches, including nurse-led and peer-led models, that offer trusted, culturally safe and community-based pathways to care.

Expanding access to prevention options requires flexible models of care that meet people where they are.<sup>27,28</sup> Diagnostic technologies, including telehealth, HIV point-of-care tests and HIV self-tests, can streamline routine PrEP consultations.<sup>29</sup> New PrEP options, such as long-acting forms, also have the potential to further transform HIV prevention.<sup>28</sup> Throughout the life of the Strategy, we will support the scale up of online and telehealth platforms to make PrEP consultations, initiation and monitoring more convenient and accessible, particularly for people in regional and remote areas.

NSW will also promote and provide PrEP for people who are Medicare-ineligible, ensuring that all people at risk of HIV can benefit from PrEP, regardless of their visa status.

## 1.2. PrEP awareness and uptake

Community and peers play a vital role in increasing PrEP awareness and uptake.<sup>30</sup> However, PrEP awareness and uptake among GBMSM continues to be lower for recently arrived migrants, younger and older GBMSM, those living in outer suburban or regional areas, GBMSM not connected to LGBTQ+ communities and non-gay identifying men who have sex with men.<sup>2,4,31</sup> Much less is known about awareness of PrEP among other priority populations, however it is assumed to be even lower.



**Expanding access to prevention options requires flexible models of care that meet people where they are.**

Studies have identified interventions that navigated newly arrived migrants to sexual health services as a facilitator of PrEP use.<sup>11,32,33</sup> During the life of the Strategy, we will expand community-led peer navigation programs that provide culturally safe, multilingual, person-centred support and education for people starting or continuing PrEP, with a particular focus on engaging culturally diverse and migrant communities who may experience additional barriers to access. Alongside this, we will support targeted PrEP initiatives to build awareness, improve access and strengthen uptake among priority populations who have been less effectively reached in PrEP promotion.



### 1.3. Combination prevention

Combination prevention refers to the use of multiple, evidence-based strategies such as PrEP, condoms, post-exposure prophylaxis (PEP), TasP and harm reduction strategies to reduce HIV transmission at the individual and population level. A comprehensive approach to HIV prevention combines multiple strategies that empower people to choose the methods that best suit their lives and circumstances.<sup>34</sup>

Although condom use has decreased since PrEP rollout among GBMSM reporting casual sex, condom initiatives need to continue to be supported as many priority populations still rely on them for HIV prevention.<sup>4,35</sup> Peer-based organisations and LHDs, supported by the Ministry of Health, will deliver tailored messaging promoting condom use among priority populations, including sex workers, young people, at-risk heterosexual women and men, and GBMSM, reinforcing condoms as a simple and effective tool for preventing both HIV and STIs.

While undetectable = untransmittable (U=U) and TasP awareness is increasing, knowledge and trust remain unevenly distributed, with the greatest understanding among Australian-born people living with HIV.<sup>36,37</sup> A 2024 report identifies several critical areas requiring attention, including the need for targeted messaging to reach diverse populations and the importance of using unambiguous 'zero risk' language.<sup>37</sup> Over the life of the Strategy, we will promote the individual health benefits of early treatment and awareness of TasP and U=U to increase understanding that people living with HIV who maintain an undetectable viral load (UVL) cannot sexually transmit the virus, helping to reduce stigma.

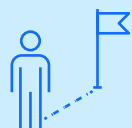
In addition, we will continue to support awareness raising and use of PEP and ensure timely and equitable access through primary and urgent care, sexual health services and emergency departments.

For people in custodial settings, HIV transmission risks arise from practices such as sharing of injecting and tattooing equipment and condomless sex. Evidence indicates that up to 55% of people in Australian prisons have a history of injecting drug use and as many as two-thirds of people who inject drugs report injecting while incarcerated.<sup>38</sup> During the life of the Strategy, we will enhance the availability and range of harm reduction initiatives in custodial environments while supporting the evaluation of additional prevention strategies.

### 1.4. Harm reduction and injecting drug use

Preventing HIV transmission among people who inject drugs remains a core component of NSW's harm reduction approach. NSW will invest in comprehensive evidence-based harm reduction initiatives, including NSPs, opioid treatment programs and innovative peer-led harm reduction initiatives to reduce the risk of HIV and other BBVs.

In addition, we will expand access to sterile injecting equipment through novel and flexible distribution models (including in regional and rural areas). We will also ensure supportive laws and regulations are in place to enable safe injecting practices, protect people who inject drugs from stigma and discrimination and reinforce public health approaches that prioritise safety and dignity.



#### Targets

- 95% of men who have sex with male casual partners report using at least one form of HIV prevention.
- 95% of HIV-negative men who have condomless sex with male casual partners take PrEP.
- Less than 15% of people who inject drugs report receptive syringe sharing in the past month.

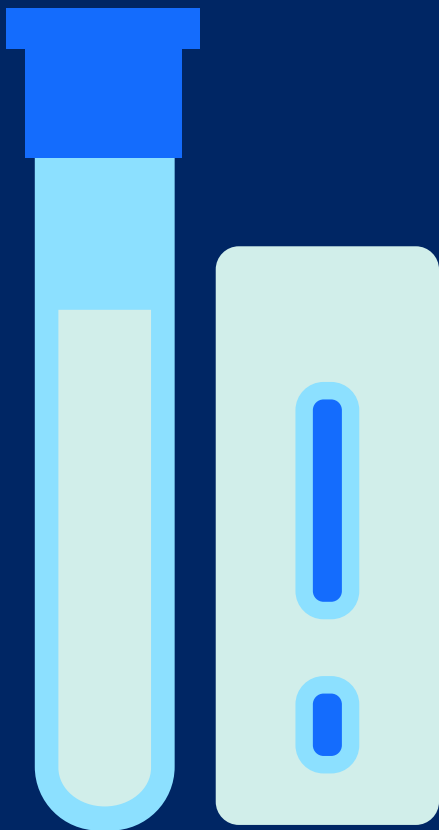
# Prevent initiatives

| Focus Area                           | Initiative                                                                                                                                                                                                                                | Lead/s                                                        | Partner/s                                                                                          |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 1.1.<br>Innovative prevention models | 1.1.1. Pilot and scale up innovative models to increase PrEP access, including nurse-led and peer-led models.                                                                                                                             | Ministry of Health                                            | LHDs, STIPU, ASHM, ACON, RACGP, Justice Health NSW, PHNs, CSRH, Kirby Institute                    |
|                                      | 1.1.2. Support the scale up of online and telehealth platforms for PrEP consultation, initiation and monitoring.                                                                                                                          | STIPU                                                         | LHDs, ASHM, PHNs, Ministry of Health, Justice Health NSW, RACGP, ACRRM, SHIL, telehealth providers |
|                                      | 1.1.3. Promote and provide PrEP for people who are Medicare ineligible, including international students, PALM Scheme workers and other temporary visa holders.                                                                           | Ministry of Health, LHDs                                      | ACON, MHAHS, STIPU                                                                                 |
| 1.2.<br>PrEP awareness and uptake    | 1.2.1. Deliver community education campaigns promoting different options to take PrEP (daily, on-demand, periodic) and different access sites for PrEP (e.g. GPs, telehealth).                                                            | ACON                                                          | Ministry of Health, MHAHS, STIPU, LHDs                                                             |
|                                      | 1.2.2. Implement targeted, population-specific PrEP initiatives and campaigns to increase awareness, access and uptake, particularly among priority populations less effectively reached by existing prevention efforts.                  | ACON, MHAHS, SWOP NSW, STIPU, NUAA                            | Ministry of Health, Pozhet, Positive Life NSW, ACCHOs, LHDs, RACGP, ACRRM                          |
| 1.3.<br>Combination prevention       | 1.3.1. Deliver community education campaigns and peer-led initiatives promoting a range of prevention options, including condoms, PrEP and UVL. Promote these messages among different priority populations and across priority settings. | Ministry of Health, ACON, SWOP NSW, NUAA, MHAHS, STIPU, LHDs  | Positive Life NSW, Justice Health NSW, Pozhet                                                      |
|                                      | 1.3.2. Deliver tailored messaging promoting condom use among priority populations, including sex workers, young people, at-risk heterosexual women and men, and GBMSM.                                                                    | ACON, SWOP NSW, MHAHS, STIPU, LHDs, Family Planning Australia | Ministry of Health, Pozhet, Positive Life NSW                                                      |
|                                      | 1.3.3. Support the continued provision and visible promotion of condoms and lubricant to reinforce condoms as an acceptable and accessible HIV prevention option.                                                                         | ACON, SWOP NSW, STIPU                                         | Ministry of Health, Family Planning Australia, LHDs, ACCHOs                                        |
|                                      | 1.3.4. Promote awareness of treatment as prevention to increase understanding, reduce stigma and encourage adherence.                                                                                                                     | ACON, Positive Life NSW, BGF, Pozhet, STIPU                   | Ministry of Health, ASHM, LHDs, ACCHOs, Justice Health NSW                                         |

| Focus Area                                           | Initiative                                                                                                                                                                                                                                                   | Lead/s             | Partner/s                                                                                                  |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------|
| <b>1.3.</b><br>Combination prevention                | <b>1.3.5.</b> Deliver campaigns to raise awareness of PEP and ensure timely access through primary and urgent care, sexual health services, emergency departments and other settings. Support individuals using PEP to transition to PrEP where appropriate. | ACON, STIPU, LHDs  | Ministry of Health                                                                                         |
|                                                      | <b>1.3.6.</b> Increase the availability and range of harm reduction initiatives in custodial settings and support the evaluation of alternative prevention strategies within these settings.                                                                 | Justice Health NSW | Ministry of Health, Corrective Services, NUAA, Hepatitis NSW, private correctional facilities              |
| <b>1.4.</b><br>Harm reduction and injecting drug use | <b>1.4.1.</b> Invest in harm reduction strategies to limit HIV transmission via injecting drug use, including NSPs and opioid treatment programs.                                                                                                            | NUAA, LHDs         | Ministry of Health, ACON, SWOP NSW, Justice Health NSW, ACCHOs, Hepatitis NSW, AOD services                |
|                                                      | <b>1.4.2.</b> Ensure that supportive laws and regulations are in place to enable safe injecting practices, protect people who inject drugs from discrimination and support public health.                                                                    | Ministry of Health | ACON, SWOP NSW, Positive Life NSW, NUAA, Kirby Institute, CSRH, HALC, Justice Health NSW, NSW Police Force |
|                                                      | <b>1.4.3.</b> Deliver innovative peer-led harm reduction initiatives to prevent the transmission of HIV through sharing of injecting equipment.                                                                                                              | NUAA               | Ministry of Health, Justice Health NSW, LHDs, ACON, ACCHOs, Hepatitis NSW, AOD services                    |
|                                                      | <b>1.4.4.</b> Expand novel distribution methods of sterile injecting equipment, including in outer suburban, regional and rural areas.                                                                                                                       | NUAA               | Ministry of Health, LHDs, ACON, Hepatitis NSW, AOD services                                                |

# Test

Normalise HIV testing for people at risk and improve access to testing.



# 2



**Early diagnosis remains one of the most powerful tools to end HIV transmission. Across NSW, challenges with linkage to HIV testing persist for a range of communities, particularly those facing structural, cultural or geographic barriers to accessing healthcare. Knowing one's HIV status enables timely access to treatment, supports optimal health outcomes and prevents onward transmission.<sup>39</sup> Despite significant progress, too many people in NSW are still being diagnosed late.<sup>1</sup> A renewed focus on making HIV testing routine, normal, easy and accessible to everyone at risk is essential. This Strategy will strengthen efforts to normalise testing across health and community settings, making it a simple and stigma-free experience.**

**The rapid rollout of PrEP in NSW has been accompanied by increased testing frequency among PrEP-users. Stratifying HIV testing data by PrEP status is therefore essential to understand testing patterns among people at risk of HIV acquisition and to ensure higher testing rates among PrEP users do not mask lower testing rates in non-PrEP users.<sup>40</sup>**

## 2.1. Innovative testing models

HIV testing in NSW has been expanded over the past decade, with innovations in the delivery of HIV testing services. These have included extended hours and express clinics at PFSHCs, peer-based rapid HIV testing services, HIV self-test distribution through vending machines, telehealth and direct-to-pathology services.<sup>41,42</sup>

NSW Health will continue to support a diverse mix of testing options, including telehealth and online services, to make HIV testing easy, accessible and routine. This mix will range from self-testing and community-based testing to comprehensive clinic-based services integrated within sexual health and primary care. To further support this, we will expand and adapt peer-led testing services to new locations, particularly in areas with lower concentrations of gay-identified men and communities with higher proportions of culturally and linguistically diverse people, migrants or temporary visa holders. These services will be co-designed with the communities they are seeking to reach.

Throughout the implementation of the Strategy, we will monitor and advocate for emerging HIV self-testing technologies to further increase accessibility. NSW will expand innovative HIV self-testing models to new sites and settings, ensuring that people who face barriers to traditional testing have convenient, confidential and culturally appropriate options.

## 2.2. Linkage to testing

Newly arrived migrants and temporary visa holders face barriers to accessing HIV testing.<sup>2</sup> Reducing the time to first test for newly arrived migrants is critical. We will support partnerships between government, settlement services, tertiary education and vocational training institutions and community organisations to promote HIV testing through trusted channels and culturally tailored messaging that addresses stigma, misinformation and confidentiality concerns.

NSW Health and our partners will pilot a preventive health care outreach model for PALM scheme workers and advocate for improvements to overseas student health cover (OSHC) for international students to enhance access to affordable HIV testing. By doing this, NSW will strengthen early engagement with health services and ensure these groups have the knowledge, confidence and access needed to know their HIV status.

### 2.3. Indicator condition-based testing

NSW Health supports routine indicator condition-based testing in emergency departments and other settings, ensuring that patients presenting with clinical indicators are routinely offered an HIV test. This approach helps increase reach for people who may not access sexual health services, enabling earlier diagnosis and linkage to care.

We will also strengthen HIV testing for those accessing alcohol and other drug (AOD) and mental health services by training staff to recognise HIV risk indicators, normalise conversations about testing and establish clear referral pathways or on-site testing protocols where feasible. Together, these initiatives will embed HIV testing as a standard component of routine health care across NSW, improving early diagnosis and reducing missed opportunities.



#### Targets

- 98% of people living with HIV in NSW have been diagnosed.
- 95% of HIV negative men who have condomless sex with casual male partners report having at least two HIV tests in the last 12 months.



Knowing one's HIV status enables timely access to treatment, supports optimal health outcomes and prevents onward transmission.



# Test initiatives

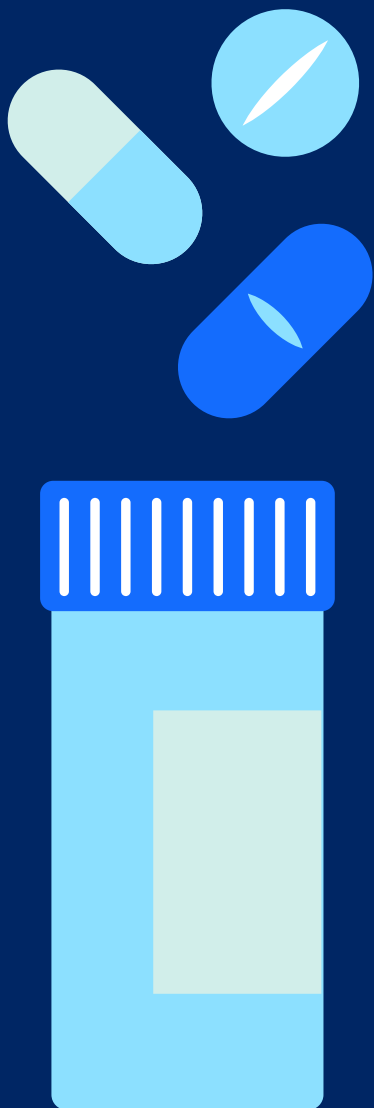
| Focus Area                        | Initiative                                                                                                                                                                                                                                                                                          | Lead/s                                                       | Partner/s                                                                                               |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 2.1.<br>Innovative testing models | <b>2.1.1.</b> Support a mix of options to make testing easy and accessible, including self-testing, community-based rapid testing, telehealth and comprehensive clinic-based testing (including in settings where conventional serology is difficult to implement).                                 | Ministry of Health, LHDs                                     | ACON, STIPU, ASHM, RACGP, PHNs, ACCHOs, telehealth providers                                            |
|                                   | <b>2.1.2.</b> Expand and adapt peer-led testing services to selected new sites outside inner Sydney.                                                                                                                                                                                                | Ministry of Health, LHDs                                     | ACON, STIPU, MHAHS                                                                                      |
|                                   | <b>2.1.3.</b> Expand successful innovative HIV self-testing models and advocate for increased choice, to meet the needs of populations who experience barriers to testing.                                                                                                                          | Ministry of Health, STIPU                                    | ACON, MHAHS, Positive Life NSW, SWOP NSW, NUAA, SHIL, LHDs, Pozhet, Kirby Institute                     |
| 2.2.<br>Linkage to testing        | <b>2.2.1.</b> Deliver community education campaigns and peer-led initiatives promoting HIV testing. Promote these messages among different priority populations and across priority settings.                                                                                                       | Ministry of Health, ACON, SWOP NSW, NUAA, MHAHS, STIPU, LHDs | Positive Life NSW, Justice Health NSW, Pozhet                                                           |
|                                   | <b>2.2.2.</b> Partner with settlement and migrant services to promote ongoing HIV testing among those at risk.                                                                                                                                                                                      | MHAHS, ACON                                                  | STIPU, Ministry of Health, Pozhet, LHDs, settlement and migration services                              |
|                                   | <b>2.2.3.</b> Develop clear, trust-building messages and communication campaigns that promote early HIV testing and reassure newly arrived migrants about confidentiality, helping to reduce time to first test, improve understanding of HIV risk and address privacy concerns and misinformation. | ACON, MHAHS                                                  | STIPU, Ministry of Health, SWOP NSW, Pozhet                                                             |
|                                   | <b>2.2.4.</b> Increase linkage to HIV testing for PALM scheme workers arriving in NSW, including outreach testing, improving access to GPs and other healthcare services.                                                                                                                           | Ministry of Health, STIPU, LHDs                              | ASHM, Family Planning Australia, MHAHS, NSW Council for Pacific Communities                             |
|                                   | <b>2.2.5.</b> Partner with tertiary education and vocational training providers, accommodation services and international student groups to expand the reach and uptake of HIV testing, prevention and treatment for people on student visas, including peer education programs and resources.      | STIPU, MHAHS                                                 | Ministry of Health, LHDs, ACON, Positive Life NSW, tertiary education and vocational training providers |

| Focus Area                                       | Initiative                                                                                                                                                                                                                                       | Lead/s             | Partner/s                                                                                                 |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>2.2.</b><br>Linkage to testing                | <b>2.2.6.</b> Advocate for structural changes that improve access to HIV testing and related services for people on student visas, including enhancing OSHC.                                                                                     | Ministry of Health | STIPU, MHAHS, LHDs, ACON, Positive Life NSW, Pozhet, tertiary education and vocational training providers |
|                                                  | <b>2.2.7.</b> Strengthen HIV testing in custodial settings by expanding access to appropriate testing technologies, including point-of-care testing.                                                                                             | Justice Health NSW | Ministry of Health, Correctional Services, NUAA, STIPU, private correctional facilities                   |
| <b>2.3.</b><br>Indicator condition-based testing | <b>2.3.1.</b> In line with good clinical care, strengthen indicator condition testing in emergency departments and other NSW Health settings to improve early diagnosis, utilising the capabilities of the Single Digital Patient Record (SDPR). | LHDs               | Ministry of Health, SHIL, STIPU                                                                           |
|                                                  | <b>2.3.2.</b> Strengthen HIV testing and referral to PrEP (where appropriate) in AOD and mental health settings by training staff to identify risk indicators and establish clear referral pathways or on-site testing protocols where possible. | LHDs, AOD services | Ministry of Health                                                                                        |



# Treat

Start and maintain treatment soon after diagnosis to maximise individual health outcomes and prevent onward transmission.



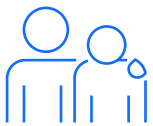
# 3



**HIV treatment is central to achieving the virtual elimination of HIV transmission in NSW. Early and sustained access to treatment enables people living with HIV to achieve and maintain a UVL, supporting their health and preventing onward transmission.<sup>39</sup> This Strategy will strengthen efforts to ensure that every person living with HIV in NSW can access timely, affordable and person-centred care, supported by health systems and services that are inclusive, coordinated and stigma-free.**

### 3.1. Linkage to care

Effective linkage to care is essential to achieving optimal health outcomes.<sup>43</sup> During the life of the Strategy, we will strengthen the NSW HIV Support Program to ensure timely linkage to and retention in care, provision of psychosocial support, partner notification and the rapid initiation of treatment for all people newly diagnosed with HIV.



**Every person living with HIV in NSW should have access to timely, affordable and person-centred care, supported by health systems and services that are inclusive, coordinated and stigma-free.**

Research shows that newly arrived migrants have had lower levels of engagement in HIV treatment than longer-term Australian residents, largely due to lack of Medicare access and concerns about treatment costs.<sup>44</sup> However once engaged in care, recently arrived migrants achieve viral suppression at comparable rates to other people living with HIV,<sup>44</sup> underscoring the importance of reducing structural barriers and ensuring equitable access to treatment.

NSW has made concerted efforts to close this gap by strengthening pathways into care and supporting access to no-cost treatment options. Supporting recently arrived migrants to initiate and maintain HIV treatment will remain a priority for this Strategy.

We will also ensure that everyone diagnosed with HIV is offered the opportunity to speak with a trained peer living with HIV, recognising the critical role of peer connection in enhancing engagement in care and supporting long-term wellbeing. Culturally and linguistically diverse people diagnosed with HIV will also be provided with culturally appropriate, in-language support and education through programs such as the HIV Clinical Concierge Program.

In addition, NSW Health will promote person-centred, multidisciplinary care by building strong partnerships across the health and community sectors to address comorbidities, including mental health, drug and alcohol use and chronic conditions. Together, these initiatives will ensure that every person diagnosed with HIV in NSW is supported holistically from diagnosis through to treatment and ongoing care.

Support pathways will be responsive to different geographic needs, acknowledging that people living in rural and regional areas may face additional barriers including distance, limited specialist services and reduced anonymity.



### 3.2. Models of care

Delivering high-quality, person-centred care for people living with HIV requires coordinated, trauma-informed and multidisciplinary approaches. We will promote interventions that enhance quality of life and overall health and wellbeing, ensuring that HIV care supports both physical and psychosocial needs.

Research shows that peer navigation programs offer dual benefits of improving individual wellbeing while also helping achieve HIV prevention targets through better treatment uptake and retention in care. Peer programs foster community belonging while offering practical guidance on managing HIV in daily life, with particular benefits for migrants who received support navigating both HIV treatment and other challenges.<sup>45,46,47</sup> Peer navigators will be embedded in select HIV clinics and services to provide culturally appropriate, trauma-informed and holistic support that empowers clients to navigate the health system confidently.

Through the implementation of the Strategy, we will increase the uptake of chronic disease management plans in primary care and leverage multidisciplinary teams to deliver wraparound care for those with complex needs.

A trauma-informed, person-centred approach will be promoted across all service points to ensure safety, accessibility and respect for all clients. In addition, NSW Health will roll out the SDPR, a unified electronic medical record system that will improve patient care and strengthen communication and coordination between healthcare providers. NSW Health remains committed to working closely with sector partners and community-based organisations to ensure their voices are represented throughout the SDPR implementation process, particularly for services that manage sensitive health information. These initiatives will strengthen continuity, integration and responsiveness, improving outcomes for people living with HIV.

### 3.3. Retention in care

NSW Health will analyse the underlying reasons for disengagement, including structural, systemic and personal barriers, to inform the redesign of services that are flexible, inclusive and responsive to people's needs. NSW will also leverage the SDPR to support people to engage in care early and support timely follow-up and re-engagement.

In addition, we will provide practical supports to help people re-engage in care, recognising that logistical, financial or psychosocial challenges can impede ongoing treatment. Through system improvements and person-centred support, NSW will ensure that everyone living with HIV remains connected to care to achieve optimal health and wellbeing.

### 3.4. Reducing morbidity

Over the life of the Strategy, we will promote regular screening, early management and clear referral pathways for common comorbidities, particularly within primary care.

Older people living with HIV face a higher burden of multi-morbidity than the general population.<sup>48</sup> We will ensure HIV clinical, primary care and support services are responsive to the evolving needs of an ageing cohort, including proactive screening for comorbidities, mental health, and functional capacity; aligning care with patient goals; and fostering partnerships and referral pathways across primary, specialist, and community sectors to support healthy ageing and quality of life.

To further enhance care, NSW Health and our partners will strengthen the capacity of GPs, aged care and disability services to provide inclusive, HIV-informed support. Efforts will be intensified to expand access to s100 prescribers who are accredited to prescribe HIV antiretroviral treatment while also supporting non-s100 GPs in managing chronic comorbidities.



#### Targets

- 98% of all people diagnosed with HIV are on treatment.
- 98% of people on treatment have an undetectable viral load.
- 95% of people newly diagnosed with HIV initiate treatment within 4 weeks.

# Treat initiatives

| Focus Area                     | Initiative                                                                                                                                                                                                                                     | Lead/s                                 | Partner/s                                                                                                  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>3.1.</b><br>Linkage to care | <b>3.1.1.</b> Strengthen the HIV Support Program and provide systems for linkage to and retention in care, psychosocial support, partner notification and rapid initiation of treatment.                                                       | Health Protection NSW                  | Ministry of Health, SHIL, LHDs, RACGP, MHAHS, Positive Life NSW                                            |
|                                | <b>3.1.2.</b> Ensure everyone diagnosed with HIV is offered the opportunity to speak to a trained peer living with HIV. Referrals to a peer should also be offered as part of ongoing HIV care.                                                | Ministry of Health, LHDs               | SHIL, Health Protection NSW, RACGP, ASHM, PHNs, MHAHS, ACCHOs, Positive Life NSW, BGF, Adahps, ACON, ACRRM |
|                                | <b>3.1.3.</b> Ensure culturally and linguistically diverse people diagnosed with HIV are offered culturally appropriate, in-language support and education.                                                                                    | MHAHS                                  | Ministry of Health, LHDs, SHIL, Health Protection NSW, Positive Life NSW, BGF, Adahps, ACON                |
|                                | <b>3.1.4.</b> Deliver community education campaigns and peer-led initiatives that support HIV treatment and management for people living with HIV, promoting the benefits of rapid treatment initiation, adherence and retention in care.      | ACON, Positive Life NSW, MHAHS, Pozhet | Ministry of Health, LHDs                                                                                   |
| <b>3.2.</b><br>Models of care  | <b>3.2.1.</b> Promote interventions that enhance all aspects of health and wellbeing of people living with HIV.                                                                                                                                | Positive Life NSW, BGF, ACON, Adahps   | Ministry of Health, Pozhet, LHDs, ASHM, ACCHOs, Justice Health NSW                                         |
|                                | <b>3.2.2.</b> Embed peer navigators in select HIV clinics and services to provide person-centred, trauma-informed, culturally appropriate and holistic support to clients.                                                                     | Positive Life NSW                      | Ministry of Health, LHDs, BGF, ACON, MHAHS                                                                 |
|                                | <b>3.2.3.</b> Increase the uptake of chronic disease management plans in primary care for people living with HIV.                                                                                                                              | Ministry of Health                     | LHDs, RACGP, STIPU, Positive Life NSW, Adahps, BGF, PHNs, ACCHOs, ASHM, ACRRM                              |
|                                | <b>3.2.4.</b> Leverage multidisciplinary teams, including clinicians, social workers, mental health and AOD staff and peers, to provide wraparound care for clients with multiple support needs.                                               | LHDs                                   | Ministry of Health, SHIL, Positive Life NSW, BGF, Adahps, MHAHS, ACCHOs, Justice Health NSW                |
|                                | <b>3.2.5.</b> Promote trauma-informed, person-centred care across all service points. Services should be designed to avoid re-traumatisation, be culturally appropriate and promote safety and accessibility.                                  | LHDs                                   | Ministry of Health, Positive Life NSW, BGF, ACCHOs, MHAHS                                                  |
|                                | <b>3.2.6.</b> Leverage the capabilities of the SDPR to support multidisciplinary care, improve linkage to coordinated services (including specialist services, primary care and non-specialised support services) and enhance health outcomes. | Ministry of Health                     | LHDs, Positive Life NSW, BGF, ACON                                                                         |

| Focus Area                        | Initiative                                                                                                                                                                                                               | Lead/s             | Partner/s                                                                                                                                                           |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.3.</b><br>Retention in care  | <b>3.3.1.</b> Utilise the SDPR and other statewide mechanisms to support people at risk of loss to follow up, identify disengagement early and increase opportunities for re-engagement.                                 | LHDs, SHIL         | Ministry of Health                                                                                                                                                  |
|                                   | <b>3.3.2.</b> Analyse reasons for disengagement, including systemic and personal barriers and redesign services accordingly.                                                                                             | LHDs               | Ministry of Health, MHAHS, Positive Life NSW, BGF                                                                                                                   |
|                                   | <b>3.3.3.</b> Implement tailored approaches, peer navigation and other supportive measures, to encourage and facilitate re-engagement in HIV care.                                                                       | LHDs               | Ministry of Health, Adahps, Positive Life NSW, BGF, MHAHS                                                                                                           |
| <b>3.4.</b><br>Reducing morbidity | <b>3.4.1.</b> Support healthy ageing through proactive screening for comorbidities, person-centred care planning, and strengthened collaboration and referral pathways across primary, specialist and community sectors. | LHDs, RACGP, PHNs  | Ministry of Health, Positive Life NSW, ASHM, ACON, BGF, Pozhet, ACCHOs, Adahps, ACRRM                                                                               |
|                                   | <b>3.4.2.</b> Strengthen the capacity of aged care and disability services to provide inclusive, HIV-informed care.                                                                                                      | Ministry of Health | Australian Department of Health, Disability and Ageing, Positive Life NSW, BGF, Adahps, PHNs, Pozhet, ACON, LHDs, aged care and disability service providers        |
|                                   | <b>3.4.3.</b> Expand access to s100 prescribers and support non-s100 GPs to manage chronic comorbidities.                                                                                                                | ASHM, PHNs, RACGP  | Australian Department of Health, Disability and Ageing, Positive Life NSW, BGF, Adahps, PHNs, Pozhet, ACON, LHDs, ACRRM, aged care and disability service providers |

# Stigma and discrimination

Reduce stigma and discrimination as a barrier to prevention, testing and treatment.



# 4



**Stigma and discrimination remains a significant barrier to an effective response to HIV.<sup>49</sup> Stigma impacts access to HIV prevention, particularly those from culturally and linguistically diverse communities and those living outside of inner Sydney.<sup>50,51,52,53</sup> It can also prevent people from getting tested, starting or staying on treatment and feeling supported in their communities.<sup>54,55,56</sup>**

**Monitoring shows stigma persists. In 2022, 30% of people living with HIV experienced negative treatment and 44% avoided disclosing their HIV status to health workers, while one quarter of GBMSM reported similar experiences in 2023.<sup>57,58</sup> Sex workers also face extremely high levels of stigma, with 98% reporting experiencing stigma in the past year. People who inject drugs continue to encounter moral judgement, with almost three-quarters reporting negative treatment by healthcare workers in 2021.<sup>59,60</sup> In custodial settings, HIV-related stigma can be acute, with disclosure carrying risks that deter testing and care.<sup>61</sup>**

#### 4.1. Healthcare worker training

Reducing HIV-related stigma and discrimination within healthcare and custodial settings is critical to ensuring equitable, person-centred care. NSW Health and our partners will develop and implement comprehensive training and literacy resources for healthcare workers, administrative staff and GPs to improve understanding of HIV, foster informed and respectful attitudes, and reduce discriminatory behaviours that perpetuate stigma. People living with HIV and members of priority populations will be actively engaged in the design and delivery of training and resource development to ensure they are authentic and foster empathy across the health system.

Additionally, tailored HIV stigma awareness training will be developed for aged care and disability workers, with resources designed to meet the needs of older people living with HIV. During the life of the Strategy, we will train interpreters to deliver culturally safe, LGBTQ-inclusive and HIV-aware translation services that use appropriate, non-stigmatising language.

#### 4.2. Structural stigma

Structural stigma is particularly challenging to dismantle, but addressing it is essential given its substantial impact on health and wellbeing outcomes.<sup>62,63</sup> Australian GBMSM living in regions with higher levels of structural stigma are less likely to have undergone HIV and STI testing and be taking, or aware of, biomedical prevention strategies such as PrEP.<sup>64</sup>

To reduce structural stigma, we will advocate for supportive laws and regulations that uphold human rights, protect against discrimination and promote public health. We will also develop and implement a stigma auditing tool to assess healthcare environments for systemic stigma to identify and address stigma. By embedding stigma reduction into governance structures, NSW will strengthen institutional responsibility and ensure healthcare settings actively promote respect, dignity and safety for all.

NSW Health will work with state and territory partners to review laws and policies that may reinforce stigma or conflict with Australia's endorsement of U=U, promoting environments that align with current HIV science and respect the rights and dignity of people living with HIV.

### 4.3. Community awareness

Throughout the life of the Strategy, we will embed stigma reduction messages across NSW Health funded HIV programs and campaigns, ensuring that public communication reinforces inclusion, respect and understanding. These stigma reduction messages and campaigns will be co-designed with affected communities. By normalising HIV as a manageable health condition and challenging discriminatory attitudes, these messages will help create safer and more supportive environments for people living with or affected by HIV.

Media shapes public understanding and attitudes toward HIV.<sup>65</sup> To address the impact of negative media, NSW Health will support our partners to develop evidence-based, culturally appropriate and high-quality information and resources that reflect the modern realities of HIV prevention, treatment and care.

In addition, we will monitor and respond to stigmatising or inaccurate media coverage through rapid advocacy and correction, ensuring that misinformation is addressed, to foster a more informed, empathetic and stigma-free public dialogue about HIV. The Strategy will also support the amplification of voices and stories of people living with HIV across mainstream and social media platforms, using lived experience to humanise HIV and reduce stigma.



### 4.4. Internalised stigma and resilience

Not all people living with HIV internalise the HIV discrimination they may experience.<sup>66</sup> However, some people living with HIV may take on negative societal attitudes about HIV. At diagnosis, some people are also confronted with previous negative attitudes they themselves held against people living with HIV, adding extra complexity to adjusting to an HIV diagnosis.<sup>67</sup> This internalised stigma has been associated with poorer mental health, isolation or disengagement with care.<sup>68,69</sup> Interventions targeting internalised stigma can enhance individual health outcomes, quality of life and health care engagement while also advancing public health objectives, including reducing HIV transmission.<sup>70</sup>

Community-based organisations will deliver peer-led and strengths-based programs that address internalised stigma and build resilience among people living with HIV, empowering individuals through shared experience, connection and community support. We will also build resilience and address stigma and discrimination through counselling and other strengths-based support for people living with HIV or at risk of HIV (including GBMSM, people who inject drugs and sex workers).



#### Targets

- 95% of people at risk of or living with HIV report never/rarely experiencing stigma in healthcare.
- 95% of health workers report never/rarely treating people at risk of or living with HIV negatively.

# Stigma and discrimination initiatives

| Focus Area                                | Initiative                                                                                                                                                                                                                                                                      | Lead/s                   | Partner/s                                                                                                                                           |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4.1.</b><br>Healthcare worker training | <b>4.1.1.</b> Develop training and resources for healthcare workers and other staff to reduce stigma and discrimination for people with or at risk of HIV accessing health services and custodial settings. Involve PLHIV and priority populations in development and delivery. | Ministry of Health       | STIPU, LHDs, RACGP, ASHM, Positive Life NSW, PHNs, ACON, NUAA, SWOP NSW, Pozhet, MHAHS, Justice Health NSW, ACCHOs, CSRH                            |
|                                           | <b>4.1.2.</b> Develop tailored HIV stigma awareness training for aged care and disability workers, with resources relevant to older PLHIV and PLHIV living with disability.                                                                                                     | Ministry of Health       | Australian Department of Health, Disability and Ageing, LHDs, CSRH, BGF, MHAHS, Positive Life NSW, ACON, aged care and disability service providers |
|                                           | <b>4.1.3.</b> Develop training for interpreters to provide culturally safe, HIV-aware, LGBTQ+, sex worker and people who inject drugs inclusive translation services to clients, including around appropriate terminology and de-stigmatising language.                         | Ministry of Health       | LHDs, MHAHS, CSRH, Positive Life NSW, SWOP NSW, ACON, BGF, Pozhet, NUAA, interpreter services                                                       |
|                                           | <b>4.1.4.</b> Disseminate TasP, U=U and 'zero-risk' messages in health and custodial settings with supporting education.                                                                                                                                                        | Ministry of Health       | ACON, Positive Life NSW, SWOP NSW, NUAA, ASHM, BGF, ACCHOs, Justice Health NSW, HALC                                                                |
|                                           | <b>4.1.5.</b> Train staff on the effective and lawful use of the SDPR, addressing privacy, confidentiality and system usability to build trust, ensure data security and enhance engagement and outcomes for people living with or affected by HIV.                             | LHDs, Ministry of Health | Positive Life NSW, Pozhet, NUAA, SWOP NSW, ACON, BGF, CSRH                                                                                          |
| <b>4.2.</b><br>Structural stigma          | <b>4.2.1.</b> Ensure that supportive laws and regulations are in place to address structural stigma, protect priority populations from discrimination and support public health.                                                                                                | Ministry of Health       | ACON, Positive Life NSW, SWOP NSW, NUAA, BGF, HALC                                                                                                  |
|                                           | <b>4.2.2.</b> Develop a stigma auditing tool that is embedded in broader auditing and clinical governance frameworks. Pilot audits of healthcare environments for stigma drivers, including signage, forms, intake procedures and policies to help identify systemic stigma.    | Ministry of Health       | LHDs, STIPU, CSRH, ACON, ASHM, SWOP NSW, NUAA, Positive Life NSW, PHNs                                                                              |
|                                           | <b>4.2.3.</b> Engage with state and territory partners to discuss the laws that may reinforce stigma or conflict with Australia's endorsement of the science of U=U.                                                                                                            | Ministry of Health       | ACON, Positive Life NSW, SWOP NSW, NUAA, BGF, HALC                                                                                                  |

| Focus Area                                        | Initiative                                                                                                                                                                                                             | Lead/s                                                                                | Partner/s                                                                                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>4.3.</b><br>Community awareness                | <b>4.3.1.</b> Embed stigma reduction messages into all HIV prevention, testing and treatment programs and campaigns funded by the Ministry of Health.                                                                  | Ministry of Health                                                                    | LHDs, ACON, Positive Life NSW, SWOP NSW, NUAA. Pozhet, MHAHS, BGF, STIPU, Justice Health NSW, ACCHOs, CSRH |
|                                                   | <b>4.3.2.</b> Develop clear, culturally appropriate resources that reflect modern understandings of HIV, and use events like World AIDS Day and HIV Awareness Week to address stigma, myths and misconceptions.        | LHDs                                                                                  | Ministry of Health, ACON, Positive Life NSW, SWOP NSW, NUAA. Pozhet, MHAHS, BGF, STIPU, Justice Health NSW |
|                                                   | <b>4.3.3.</b> Promote PLHIV voices, stories and experiences of stigma in mainstream and social media, using lived and living experiences to help break down stereotypes and humanise HIV.                              | Positive Life NSW, Pozhet                                                             | LHDs, ACON, Ministry of Health, SWOP NSW, NUAA, MHAHS, BGF, STIPU, CSRH                                    |
|                                                   | <b>4.3.4.</b> Monitor and respond to stigmatising media with rapid advocacy to prevent harm and correct misinformation.                                                                                                | Ministry of Health, ACON, Positive Life NSW, SWOP NSW, NUAA                           | LHDs, Pozhet, MHAHS, BGF, CSRH                                                                             |
| <b>4.4.</b><br>Internalised stigma and resilience | <b>4.4.1.</b> Deliver peer-led and strengths-based programs that reduce internalised stigma and build resilience for people living with or affected by HIV, complementing broader stigma reduction efforts.            | Positive Life NSW, ACON, BGF, SWOP NSW, NUAA                                          | Ministry of Health                                                                                         |
|                                                   | <b>4.4.2</b> Build resilience and address stigma and discrimination through counselling and other support for people affected by HIV-related stigma (including PLHIV, GBMSM, people who inject drugs and sex workers). | ACON, Positive Life NSW, BGF, SWOP NSW, NUAA, MHAHS, LHDs, Adahps, Justice Health NSW | Ministry of Health                                                                                         |

# Cross pillar focus areas



# 5

## 5.1. Peer support

Peer support remains a cornerstone of an effective and equitable HIV response. During the life of the Strategy, we will strengthen and expand peer-led services, education, outreach and support programs that empower priority populations, fostering connection, resilience and shared learning. We will formalise the role of peer workers within health, community and clinical settings, recognising their unique contribution to improving engagement, trust and health outcomes.

The Strategy recognises the vital role of intersectional peer support and navigation to build trust, overcome stigma and better reach communities whose experiences sit at the intersections of culture, sexuality, migration and HIV. This includes scaling up tailored peer models for migrant and culturally and linguistically diverse priority populations, recognising that culturally aligned and community-driven peer approaches are critical to improving service access and health outcomes.<sup>32</sup>

NSW Health will support organisations to pilot and expand innovative peer education and navigation models for newly arrived migrants and temporary visa holders, ensuring culturally safe and sustainable pathways to HIV prevention, testing and care. Complementing this will be partnerships with multicultural and faith-based organisations to extend the reach of peer-led HIV initiatives.

## 5.2. Research, monitoring and surveillance

A strong and responsive evidence base is critical to achieving the goals of the Strategy. To support this, NSW Health will fund research partnerships that generate policy-relevant evidence to strengthen prevention, diagnosis, treatment, care and stigma reduction efforts. We will prioritise research that directly informs program delivery, identifies emerging challenges and inequities, and evaluates the effectiveness of new and existing models of care.

Research undertaken in the life of the Strategy will include community participation, as co-investigators and community partners. By working closely with researchers, community partners, clinicians and other stakeholders, NSW will ensure that new knowledge is translated into practical, evidence-informed action, helping the state to adapt quickly and equitably to the changing dynamics of the HIV epidemic.

NSW Health will measure progress towards Strategy targets and evaluate outcomes through routine data collection, monitoring and surveillance. Data and evaluation will inform policy and programs and support ongoing implementation of the Strategy.

## 5.3. Aboriginal health services

Aboriginal people in NSW continue to experience inequities in sexual health outcomes, including in HIV prevention, testing, treatment and care.<sup>71,72,73</sup> To address this, we will strengthen systems, service integration and community engagement to ensure Aboriginal communities have equitable access to culturally safe, co-designed and Aboriginal-led HIV responses. We will prioritise partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) to build local capacity, enhance coordination with PFSHCs and co-design programs that reflect Aboriginal leadership, knowledge and self-determination.

A key focus will be on expanding culturally safe testing and prevention services, ensuring that HIV testing is accessible through ACCHOs and other trusted community settings. The Strategy also acknowledges that reducing HIV risk requires culturally informed and Aboriginal-led approaches in all settings.

In addition, we will provide clear avenues for Aboriginal leadership and guidance in HIV policy, program design and implementation of the Strategy, ensuring that Aboriginal voices shape decisions at every level. To acknowledge the sensitivity of Aboriginal-specific HIV data, NSW Health will embed principles of Indigenous Data Sovereignty where possible in monitoring and evaluation processes, including when publishing data.

By embedding self-determination, cultural safety, respect and partnership at the core of the HIV response, NSW will work towards eliminating disparities and supporting the health and wellbeing of Aboriginal people and communities.

## 5.4. General practice and primary care

GPs and primary care providers are central to achieving equitable access to HIV prevention, testing and treatment across NSW. An Australian cross-sectional study of GPs conducted in 2022 reported difficulties assessing PrEP suitability, low PrEP knowledge and time constraints.<sup>74</sup> These challenges are amplified in rural and remote areas, where access to GPs is limited and often complicated by high turnover, short-term placements and shortages of clinicians with sexual health or HIV expertise. For people with complex health needs or multiple intersecting factors (such as recent migration, language barriers, disability or co-morbidities) frequent changes in providers can make building trust and staying engaged in care particularly difficult.

Over the life of the Strategy, we will strengthen the capacity of GPs and nurses to deliver patient-centred and stigma-free sexual health services by improving access to clinical tools, clear referral pathways and ongoing professional development. Strengthening primary care is essential to ensuring that HIV prevention and testing become a routine and normalised part of health care delivery in all parts of NSW.

To achieve this, we will enhance GP engagement, capability and collaboration with PFSHCs to strengthen the delivery of sexual health care in primary care. We will also trial new digital tools and system enablers that embed STI and BBV prevention, testing and care into routine primary care workflows, helping clinicians to identify risk, initiate screening and streamline referrals.

We will also continue to support targeted RACGP-accredited education and training, including webinars and workshops that build GP knowledge and cultural safety in providing sexual health care to priority populations. Recognising the distinct needs of rural and remote communities, these initiatives will be adapted for and delivered through flexible, scalable models such as virtual training and stronger linkages between primary care, PFSHCs and telehealth services. These initiatives will focus on improving early diagnosis, fostering inclusive care environments and addressing stigma and discrimination within primary care settings.

## 5.5. Information and referral

NSW Health will support services such as the NSW Sexual Health Infolink (SHIL) to provide culturally specific HIV and sexual health information, referral and support to the general public and clinicians across NSW. We will also ensure that s100 GPs and other healthcare providers are aware of available support services, including contact tracing, follow-up for people lost to care and other essential resources that facilitate continuity and quality of care.

To further improve access and efficiency, we will support innovative solutions to streamline referral pathways and make services easier to navigate. By combining culturally tailored information with responsive and connected referral systems, NSW will strengthen both community and clinical access to HIV prevention, testing, treatment and support services.



# Cross pillar initiatives

| Focus Area                                    | Initiative                                                                                                                                                                                                                                                      | Lead/s                                                             | Partner/s                                                                                                            |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 5.1.<br>Peer support                          | <b>5.1.1.</b> Provide peer support, education, navigation, outreach, peer-led services and represent communities affected by HIV, including culturally and linguistically diverse people, Aboriginal people, newly arrived migrants and temporary visa holders. | ACON, Positive Life NSW, SWOP NSW, NUAA, MHAHS, Justice Health NSW | Ministry of Health, LHDs                                                                                             |
|                                               | <b>5.1.2.</b> Foster a policy environment that formally recognises and supports the role and value of peer workers in HIV prevention, care and support, including in clinical settings.                                                                         | Ministry of Health                                                 | ACON, Positive Life NSW, NUAA, SWOP NSW, MHAHS, LHDs                                                                 |
|                                               | <b>5.1.3.</b> Work with stakeholders to pilot an innovative and sustainable peer education and health system navigation model for temporary visa holders, including PALM Scheme workers and international students.                                             | STIPU                                                              | Ministry of Health, ASHM, MHAHS, Positive Life NSW                                                                   |
|                                               | <b>5.1.4.</b> Work with multicultural and faith-based organisations utilised by priority populations to promote HIV prevention, testing and support.                                                                                                            | MHAHS                                                              | Ministry of Health, LHDs, STIPU, ACON, SWOP NSW, Positive Life NSW, BGF, multicultural and faith-based organisations |
| 5.2.<br>Research, monitoring and surveillance | <b>5.2.1.</b> Fund research partnerships to undertake policy-relevant and community co-designed research to provide evidence and strategic advice that focuses on prevention, diagnosis, treatment and care.                                                    | Ministry of Health                                                 | CSRH, Kirby Institute, and other research institutions, ACON, SWOP NSW, NUAA, Positive Life NSW, BGF, LHDs.          |
|                                               | <b>5.2.2.</b> Work with researchers, community and other stakeholders to understand the emerging prevention, testing and treatment needs of priority populations.                                                                                               | Ministry of Health                                                 | CSRH, Kirby Institute, and other research institutions, ACON, SWOP NSW, NUAA, Positive Life NSW, BGF, LHDs.          |
|                                               | <b>5.2.3.</b> Measure progress towards Strategy targets and evaluate outcomes through routine data collection, monitoring and surveillance.                                                                                                                     | Ministry of Health                                                 | Health Protection NSW, LHDs, statewide services, community organisations and research institutions                   |
| 5.3.<br>Aboriginal health services            | <b>5.3.1.</b> Strengthen systems, service integration and community engagement around HIV prevention, testing, treatment, care, stigma, discrimination and quality of life for Aboriginal and Torres Strait Islander people living with or at risk of HIV.      | STIPU, AH&MRC                                                      | Ministry of Health, ACCHOs, RACGP, ACON, LHDs, PHNs, ACRRM                                                           |
|                                               | <b>5.3.2.</b> Establish formal relationships between PFSHCs and ACCHOs to support HIV capacity development in the ACCHO sector.                                                                                                                                 | STIPU, AH&MRC                                                      | Ministry of Health, ACCHOs, LHDs, PHNs                                                                               |

| Focus Area                                | Initiative                                                                                                                                                                                                                                                                | Lead/s             | Partner/s                                                                                                |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------|
| 5.3.<br>Aboriginal health services        | <b>5.3.3.</b> Ensure avenues exist for Aboriginal people to provide strategic guidance, leadership, cultural governance and advice to inform Strategy implementation. Embed Indigenous Data Sovereignty principles in monitoring and evaluation processes where possible. | Ministry of Health | STIPU, LHDs, AH&MRC, NUAA, SWOP, ACON, Positive Life NSW                                                 |
|                                           | <b>5.3.4.</b> Ensure that HIV testing models are widely available for Aboriginal people across NSW in a range of ACCHOs and culturally competent settings, recognising that every health service should be culturally safe for Aboriginal people.                         | STIPU, AH&MRC      | Ministry of Health, ACCHOs, STIPU, LHDs, PHNs                                                            |
|                                           | <b>5.3.5.</b> Provide tailored training for Aboriginal health workers to equip them with culturally appropriate knowledge and tools to support holistic HIV prevention discussions with their clients.                                                                    | STIPU, AH&MRC      | Ministry of Health, ACCHOs, RACGP, LHDs, PHNs, ASHM, ACRRM                                               |
| 5.4.<br>General practice and primary care | <b>5.4.1.</b> Strengthen the capacity of GPs and nurses to deliver patient-centred sexual health and HIV prevention services by enhancing clinical tools, referral pathways and professional development, to enable PFSHCs to focus on caring for those most at need.     | STIPU              | Ministry of Health, LHDs, ASHM, RACGP, ACCHOs, PHNs, ACRRM                                               |
|                                           | <b>5.4.2.</b> Continue to deliver targeted RACGP-accredited webinars to build GP knowledge, confidence and cultural safety in sexual health care, with a focus on priority populations and addressing stigma in general practice settings.                                | STIPU              | Ministry of Health, ASHM, RACGP, PHNs, MHAHS, ACON, SWOP NSW, NUAA, Positive Life NSW, BGF, ACCHOs, CSRH |
|                                           | <b>5.4.3.</b> Expand s100 prescriber capacity in outer suburban, regional and rural areas of NSW.                                                                                                                                                                         | ASHM, RACGP        | Ministry of Health, STIPU, PHNs, LHDs, ACRRM                                                             |
|                                           | <b>5.4.4.</b> Strengthen sexual health care in general practice by enhancing GP engagement, capability and collaboration with PFSHCs.                                                                                                                                     | STIPU              | Ministry of Health, LHDs, ASHM, RACGP, PHNs, ACRRM                                                       |
|                                           | <b>5.4.5.</b> Trial new digital tools and system enablers that embed STI and BBV prevention, testing and care into primary care.                                                                                                                                          | STIPU              | Ministry of Health, LHDs, ASHM, RACGP, ACCHOs, PHNs, ACRRM                                               |
| 5.5.<br>Information and referral          | <b>5.5.1.</b> Fund services, including the NSW Sexual Health Infolink, to provide culturally specific HIV and sexual health information, referral and support to the NSW general public and clinicians.                                                                   | Ministry of Health | SHIL, LHDs, MHAHS                                                                                        |
|                                           | <b>5.5.2.</b> Streamline linkages between s100 GPs, primary care and other services to contact tracing, lost to follow up support, referrals to allied health, mental health and other support services.                                                                  | SHIL               | Ministry of Health, LHDs                                                                                 |
|                                           | <b>5.5.3.</b> Implement innovative technological solutions to increase access to services and improve referral pathways.                                                                                                                                                  | Ministry of Health | SHIL, STIPU, LHDs                                                                                        |

# Target data sources

| Target                                                                                                                                | Data Source                                                                        | Availability |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------|
| 90% reduction in the rate of preventable HIV diagnoses in NSW relative to 2010 baseline.                                              | Notifiable Conditions Information Management System                                | Annually     |
| 95% of men who have sex with male casual partners report at least one form of HIV prevention.                                         | Sydney GBQ+ Community Periodic Survey, Centre for Social Research in Health (UNSW) | Annually     |
| 95% of HIV-negative men who have sex with male casual partners without a condom take PrEP.                                            | Sydney GBQ+ Community Periodic Survey, Centre for Social Research in Health (UNSW) | Annually     |
| Less than 15% of people who inject drugs report receptive syringe sharing in the past month.                                          | NSW Needle and Syringe Program Enhanced Data Collection, Kirby Institute (UNSW)    | Biennially   |
| 98% of people living with HIV in NSW are diagnosed.                                                                                   | NSW HIV Diagnosis and Care Cascade, Kirby Institute (UNSW)                         | Annually     |
| 95% of HIV negative men who have condomless sex with casual male partners report having at least two HIV tests in the last 12 months. | Sydney GBQ+ Community Periodic Survey, Centre for Social Research in Health (UNSW) | Annually     |
| 95% of people newly diagnosed with HIV initiate treatment within four weeks of diagnosis.                                             | Notifiable Conditions Information Management System (NCIMS)                        | Annually     |
| 98% of all people with diagnosed HIV are on treatment.                                                                                | NSW HIV Diagnosis and Care Cascade, Kirby Institute (UNSW)                         | Annually     |
| 98% of people on treatment have an undetectable viral load.                                                                           | NSW HIV Diagnosis and Care Cascade, Kirby Institute (UNSW)                         | Annually     |
| 95% of people at risk of or living with HIV report never/rarely experiencing stigma in healthcare.                                    | Stigma Indicators Monitoring Project, Centre for Social Research in Health (UNSW)  | Periodically |
| 95% of health workers report never/rarely treating people at risk of or living with HIV negatively.                                   | Stigma Indicators Monitoring Project, Centre for Social Research in Health (UNSW)  | Periodically |

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