ACON DISCUSSION PAPER

ACHIEVING THE GOALS OF THE FAST-TRACK CITIES INITIATIVE

In December 2023, NSW reaffirmed the commitment to eliminate HIV transmission by 2030 and meet the targets of the Fast-Track Cities Initiative. How are we progressing in achieving these ambitious goals?

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Introduction

In December 2023, NSW signed the Paris Declaration on Fast-Track Cities agreement, a global partnership between more than 500 cities to end localised HIV epidemics by 2030.[1] The agreement commits Sydney and NSW to achieving the ambitious goals of the agreement.

Launched by the Joint United Nations Program on HIV/AIDS (UNAIDS) in 2014, the Fast-Track Cities initiative is part of a focused global effort to accelerate responses to HIV in urban areas by achieving the 95-95-95 targets as well as zero HIV-related stigma and zero AIDS-related deaths.

The 95-95-95 targets aim for 95% of people living with HIV to know their status, 95% of those diagnosed to be on antiretroviral therapy, and 95% of those on treatment having achieved viral suppression. Meeting these targets would drastically reduce the transmission and impact of HIV, as we move towards its virtual elimination in NSW.

NSW is now one of only a handful jurisdictions in the world in which the virtual elimination of HIV transmission is a possibility. Indeed, in some parts of NSW, such as inner-city Sydney, this goal has already been achieved.[2] The successes in inner-city Sydney show what can be achieved through community-led partnerships, political will, and following evidence-based approaches, and provides a model for meaningful engagement and leadership by the people and communities affected by HIV around the world.[3]

However, while the goal to achieve the 95-95-95 is within close reach, achieving them will require ambition and sustained action, with a particular focus on increasing testing and reaching all communities and populations affected by HIV, including in Greater Western Sydney (GWS) and regional and rural NSW.

NSW has now successfully met two of the three UNAIDS 95-95-95 targets, with an estimated 96% of diagnosed individuals retained in care, of whom 98% receiving treatment, and 99% achieving an undetectable viral load as of 2022 (data for 2023 not yet available).[4] However, NSW is yet to achieve the 95% target of people living with HIV knowing their status, which is estimated to be 93%.

While acknowledging that work must continue to maintain and improve on our achievements in prevention and treatment, this paper will focus on testing. The paper will describe the HIV testing and diagnosis landscape in NSW and highlight actions required by community organisations and our partners to achieve the Fast-Track Cities goal of 95% of people living with HIV knowing their status.

Paris Declaration on Fast-Track Cities

The Fast-Track Cities initiative is a comprehensive, multi-faceted approach to ending localised HIV epidemics by 2030 in specific locations around the world. This is achieved through the fostering of strong leadership and partnerships, community engagement, data-driven and evidence-based decision making, and integrated service delivery.

Central to the initiative are the UNAIDS 95-95-95 targets are the following benchmarks for measuring progress toward eliminating HIV:

- 95% of people living with HIV know their HIV status: This emphasises the importance of widespread and accessible HIV testing services.
- 95% of those diagnosed with HIV on ART: Ensuring that individuals who know their status have access to life-saving antiretroviral medications.
- 95% of those on HIV treatment have achieved viral suppression: Successful treatment should lead to undetectable levels of the HIV in the blood, improving health outcomes for people living with HIV (PLHIV) and preventing onward transmission.

The focus on cities and regions is a deliberate and strategic choice, with urban areas often having higher HIV prevalence rates, due to factors such as population density, larger communities of key populations, migration, and socioeconomic disparities.[5] By concentrating efforts on specific hotspots, the initiative aims to create impactful changes that can be scaled and replicated globally.[6] Today, the Fast-Track Cities network includes more than 500 cities and municipalities worldwide.[7]

HIV in NSW

NSW has done remarkably well responding to HIV. Very soon after the emergence of HIV, links between governments, community organisations, affected communities, clinicians and researchers were established.[8] This partnership model is credited with NSW's success in responding effectively to the epidemic, and has been characterised by innovation, agility, and cooperation.[9] It has been a key feature of the response since the early days of the HIV epidemic in NSW and continues to this day.[10]

From a time in the 1980s and early 1990s, when little was known about this new virus, to the current era of highly effective treatment and prevention methods, our communities have been at the forefront of HIV responses, caring for each other and shaping public health policy.[11] These factors place us in a good position to action the vision of the Fast-Track Cities initiative.

The response to the HIV epidemic in NSW has traditionally been centred on reducing transmissions among people who identify as gay, are well connected to their community, and predominantly live in the inner-city suburbs of Sydney. While highly effective at reaching this population, current epidemiological and behavioural trends raise concerns that some people are being left behind.

The HIV epidemic in NSW is increasingly driven by new, or at least newly recognised, forms of marginalisation.[12] Achieving the Fast-Track goals will require maintaining our efforts with populations we have historically reached, while making a concerted effort to address the barriers that prevent some from testing and accessing prevention and treatment.

Diagnoses in NSW

Diagnoses among Australian-born gay, bisexual, and other men who have sex with men (GBMSM) continue to decline in NSW overall, but there has been virtually no change in Greater Western Sydney (GWS).[13] In 2023, suburbs with over 5% of the adult male population identifying as gay saw a 50% reduction compared to pre-pandemic averages (2017-2019); in other Sydney areas, there was a 59% reduction. Outside of Sydney, the rest of NSW saw a smaller reduction of 32% in 2023 diagnoses compared to pre-pandemic averages.[14]

In 2023, 168 GBMSM in NSW were diagnosed with HIV, with 35% being Australian-born, reflecting a 37% drop from pre-pandemic averages. Both early-stage and late-stage diagnoses among Australian-born GBMSM declined by 20% and 38%, respectively, compared to pre-pandemic averages.[15]

While diagnoses among overseas-born GBMSM remain lower than pre-pandemic averages, their area of residence is shifting from inner Sydney to GWS. In 2023, 65% of GBMSM diagnosed with HIV in NSW were born overseas, marking a 16% reduction from pre-pandemic averages. Over half of these individuals had lived in Australia for four years or less, a 22% decline compared to pre-pandemic averages. [16]

In 2023, 33% of the overseas-born GBMSM diagnosed with HIV lived in GWS, an increase of 61% compared to pre-pandemic levels. Diagnoses of overseas-born GBMSM in other parts of Sydney have declined compared to pre-pandemic averages. [17]

The trends in diagnoses we are seeing indicate that new diagnoses of both Australian-born and overseas-born GBMSM are shifting away from inner Sydney towards GWS. This may be due to changes in residence and migration patterns among NSW residents, along with the success of targeted programs and services in inner Sydney. [18]

Testing in NSW

To achieve the goals of the Fast-Track Cities initiative, there will need to be a concerted effort to increase rates of HIV testing, particularly among those who live outside suburbs and regions with more than 5% gay and bisexual men, where messaging around HIV testing and prevention has been extremely effective and where there have been significant declines in HIV diagnoses.

In 2023, there were 600,778 HIV tests performed across 12 public and private laboratories in NSW. This represents a 9% increase in tests compared to the pandemic period (2020-22) and a 2% increase compared to the pre-pandemic period (2017-19). As overall testing has almost returned to the 2019 peak, it appears that HIV testing is beginning to recover from the declines due to COVID-19.[19]

In 2023, 53,012 HIV tests were performed in publicly funded sexual health clinics, a 28% increase from the pandemic period but lower than the pre-pandemic period average. GBMSM accounted for 58% of tests at publicly funded sexual health clinics.[20]

Prior to the COVID-19 pandemic, lifetime HIV testing had been stable among participants of the Sydney Gay Community Periodic Survey (SGCPS). However, during the COVID-19 pandemic, lifetime testing fell from 92% in 2019 to 85.8% in 2021. In 2023, the proportion reporting lifetime HIV testing increased to 93.1%, the highest recorded in the past 10 years.[21]

Compared to SGCPS participants living in suburbs with over 5% gay residents, lifetime HIV testing rates have consistently been lower for participants from GWS, parts of Sydney with less than 5% gay residents, and the rest of NSW. Similarly, testing in the past year among non-HIV-positive SGCPS participants remains higher in suburbs with more than 5% gay residents (76.7%) compared to Greater Western Sydney (70.8%), other areas of Sydney (69.7%), and the rest of NSW (59.7%).

Current Testing Approaches

Identifying individuals with undiagnosed HIV is a key 95-95-95 target of the Fast-Track Cities initiative and is critical in achieving the virtual elimination of HIV transmissions in NSW. Testing is essential as it allows individuals to know their status, adopt behaviours that minimise transmission, and receive an early diagnosis and prompt treatment, which improves their health and quality of life.[22]

Over recent years, we have seen substantial advancements in testing technologies and increased access to effective, accessible, and convenient testing options, as well as greater choice in when and how tests can be offered. These include:

- setting up peer-led, community-based HIV point of care testing (POCT) sites,[23,24] including in-language services for Mandarin speaking migrants[25]
- rapid HIV testing[26]
- establishing 'express clinics' within sexual health centres[27]
- introducing HIV self-testing [28]
- facilitating home sampling through online platforms [29]
- funding pilots of self-test vending machines, such as MyTest[30]
- scaling up of PrEP, given that PrEP access is tied to frequent testing[31]

- social marketing to increase acceptability and demand for testing [32]
- providing HIV test results by phone, email or text message and removing requirements for counselling before and after a test[33]
- text message reminders for clinic testing appointments[34]

These strategies, technologies, and options, delivered synchronously, have been very successful in increasing the rates of HIV testing in NSW, allowing for greater choice, flexibility, and autonomy for those seeking a test. These strategies have been demonstrated to be effective and must be maintained to continue the momentum towards achieving the Fast-Track Cities goal of 95% of people living with HIV knowing their HIV status.

While NSW has quite high rates of HIV testing among GBMSM who are well-connected to the gay community and living in inner-city areas, testing rates are lower elsewhere. Until this disparity is addressed, NSW will fall short of achieving the Fast-Track target of diagnosing 95% of people living with HIV.

Expanding Awareness and Access to Testing

NSW's health promotion response to HIV has been pivotal in driving sustained behavioural changes, which have helped to minimise the epidemic's impact.[35] To achieve the goals of the Fast-Track Cities initiative, it is essential to build on past successes and sustain our achievements, while raising awareness about the importance of testing among groups that have historically been underserved by HIV programs and services.

Not all communities share the same level of understanding about HIV and the importance of testing.[36] Certain groups are more vulnerable due to myths and misconceptions about HIV.[37] Factors such as gender inequity, homophobia, cultural sensitivities, and stigma surrounding discussions about sex and sexual orientation contribute to reluctance in seeking information, support, and healthcare.[38] Additionally, the relatively low prevalence of HIV in NSW leads some to underestimate their risk, resulting in a belief that there is no need for testing.[39]

Data shows that there is an increasing proportion of notifications among people recently arrived from overseas and those living in postcodes outside inner-Sydney (particularly in GWS).[40] Initiatives encouraging HIV testing should build on past successes while recognising that different communities may require tailored approaches. Efforts should focus on improving understanding in all affected communities, especially those historically unreached, to meet testing targets.

Targeted testing education should be delivered through appropriate channels and presented by trusted peer voices. Programs designed to deliver culturally appropriate content that fosters community connection among GBMSM who are newly arrived from overseas, are First Nations, culturally and linguistically diverse, living in GWS and rural and regional areas, should be expanded.

ACON recently piloted an approach like this with our 2024 Mardi Gras campaign, 'Let's Test'. The campaign targeted GWS and regional NSW to spark conversations and sought to reduce stigma around testing and HIV in those critical areas. 43% of the campaign's spend went to both digital and out-of-home advertising specifically in GWS. This included billboards, posters, bus-backs, as well as geo-targeted radio, cinema, Spotify, social media, and specific dating apps such as Grindr.

The effectiveness of this approach was also seen during the COVID-19 pandemic and recent mpox outbreaks, where effective communication strategies empowered communities to create culturally relevant messages and materials.[41]

Innovative approaches and access to technologies that have already demonstrated success should be expanded to encourage testing among groups that have not accessed testing at the same rates. This could include expanding peer-based POCT and self-testing vending machines in underserved geographic areas, in-language testing services for newly-arrived migrants, and social-marketing health promotion and testing campaigns co-designed with culturally diverse community members.

Health professionals also play a crucial role in encouraging testing.[42] A health workforce regularly updated on HIV epidemiology and risk factors is essential. Primary care providers across the state should be confident in offering comprehensive and culturally safe testing to

people at risk of HIV acquisition. Increased training, education, and awareness are needed for health professionals who do not specialise in sexual health and may not be fully informed about HIV risk factors, prevention, testing, treatment, and support, will be vital to encourage HIV testing.[43]

Self-Testing and Point of Care Testing

In December 2023, the HIV Taskforce published a landmark report outlining recommendations and actions required to meet the ambitious goal of virtually eliminating HIV by 2030 in Australia.[44]

The report includes several recommendations related to HIV testing, including the need to increase the number of self-test and POCT options available in Australia and incentivise HIV test manufacturers to enter the Australian market.[45]

While issues around medical devices (i.e. HIV tests) and immigration laws are the responsibility of the Australian Government, addressing these structural barriers to HIV testing are critical if NSW is to achieve the goals of the Fast-Track Cities Initiative. NSW is also well-placed to address the other recommendations related to testing highlighted by the report, particularly expanding HIV awareness within marginalised communities and removing stigmatising laws (see below section).

Novel HIV self-tests can help reach more people and increase testing rates.[46] These tests are safe, convenient, and highly effective, allowing individuals to test privately and anonymously using a finger prick or oral fluids.[47] Self-testing can reach individuals who might not otherwise test for HIV.[48] Recent pilots of self-test vending machines in Sydney, such as MyTest, are being rolled out with the aim of successfully reaching GBMSM, overseas-born students and heterosexuals.[49] Still, self-testing options in Australia are limited and inconsistent, with only one self-test available locally.

POCT can complement traditional testing and increase access for target populations. Evaluations of community-led POCT initiatives, such as a[TEST], indicate they effectively reach priority groups.[50] POCT has also been found to reach those who have not previously tested for HIV and facilitate timely treatment.[51] However, newer, innovative POCT options are not yet available in Australia, and integration into routine primary care is a challenge due to a lack of Medicare subsidies.[52]

Reducing clinical oversight of community and peer-based testing would also be of benefit. Currently, POCT sites in NSW require a nurse on site in order for a peer to perform the test. If this requirement were removed, it would reduce costs and make the delivery of more innovative methods with trained peers, such as mobile testing and rural and remote testing, easier.

Incentivising manufacturers to enter the Australian market is also essential for expanding HIV testing options.[53] HIV tests are classified as medical devices and must be approved by the Therapeutic Goods Administration (TGA) before being supplied in Australia. However, development, regulatory, and supply costs, combined with the small market size, disincentivise companies from entering the Australian market. Reviewing barriers to market entry, including TGA processes, could provide Australians with new HIV testing options.[54]

There is a role for the NSW HIV partnership to work with the Australian Government on initiatives to remove barriers and expand access to self-testing and POCT options. As self-testing becomes more widely available, it will be vital to ensure that individuals are given adequate referral and care pathways, including digital resources (websites, social media, apps) and helplines to connect individuals who receive a positive result with care and support services.[55]

Opt-out Testing

'Opt-out' HIV testing, also referred to as provider-initiated testing, or routine HIV testing, occurs when a person who is having a blood test understands they will also be automatically tested for HIV, unless they explicitly decline.

Implementing opt-out testing programs in areas of high HIV prevalence may be a feasible strategy for identifying people with previously undiagnosed HIV, who may not otherwise access HIV testing services, and therefore offer a valuable opportunity to meet the targets of the Fast-Track Cities initiative.

In October 2023, ACON produced a position paper on opt-out testing, outlining our support of the implementation of opt-out testing trials to establish whether significant advances in rates of diagnosis can be shown in NSW.[56]

In the event opt-out testing trials result in significant increases in diagnoses, ACON recommends implementation of opt-out testing with robust guidelines around informed consent, follow-up service linkage, and in conjunction with broad scale efforts to improve HIV literacy.

Immigration Requirements and Public Health Laws

The HIV Taskforce report also pointed to the issue of immigration requirements discouraging HIV testing. There are beliefs among visa holders and applicants that a positive diagnosis will result in visa cancellations or deportation.[57] In Australia, visa applicants are subject to an assessment of their potential cost to the health care system over the term of their stay. HIV is currently ascribed a cost of between $12,000 and $16,000 per year to the Australian health care system, with a cost threshold currently set at $51,000 over the term of the visa.[58] This means that, unless the applicant is able to engage legal representation to argue for an exemption (which is also only available on some visa pathways), applications for permanent residency will likely be denied to PLHIV.

According to the *Global Database on HIV-specific travel and residence restrictions*, Australia is the only remaining Western developed nation that continues to impose restrictions on long term visas based on the applicant's HIV status.[59]

The HIV Taskforce report makes the argument that these rules should be reviewed to ensure that they do not discourage HIV testing.

These requirements disproportionately affect people born overseas, a population we are actively trying to encourage to test and access services. Punitive immigration rules, or the perception of such rules, limit the effectiveness of health promotion messaging around the importance of getting tested for HIV.

Public health laws that discourage testing should also be reviewed. In NSW, there are laws that significantly contribute to stigma and the criminalisation of HIV transmission and prevention efforts, such as section 79 of the *Public Health Act 2010* (NSW). These laws are not based on evidence, are contrary to NSW's otherwise world-leading response, perpetuate stigmatising and false narratives around the transmission of HIV, and, in many cases, represent a violation of human rights.

Laws like these stigmatise PLHIV and have an inhibiting effect on testing, as it incentivises people to remain unaware of their status. This is antithetical to the goals of the Fast-Track Cities initiative, because if a person with HIV is undiagnosed, they are unable to access treatment, and achieve an undetectable viral load.

Conclusion

The Fast-Track Cities initiative represents a significant commitment to virtually eliminate HIV transmissions. The adoption of the Paris Declaration underscores this dedication, aligning NSW with a global network aiming to achieve the ambitious 95-95-95 targets. While NSW has made remarkable strides, particularly in inner-city Sydney, reaching these targets requires continued and focused efforts throughout our entire state.

Despite significant progress, there remains a gap in the number of individuals aware of their HIV status. To bridge this gap, it is imperative to build on past successes and adopt innovative approaches tailored to diverse and historically underserved populations to encourage HIV testing.

Achieving the ambitious goals of the Fast-Track Cities initiative will require a multifaceted approach that includes leveraging community partnerships, targeted engagement and communication, innovative testing strategies, and supportive legal frameworks. By continuing to build on past successes and addressing current challenges, NSW is well-positioned to continue to lead the way in the global fight against HIV.

Recommendations

ACON recommends that the NSW HIV Partnership continue to:

1. Expand proven innovative approaches and access to HIV self-testing and POCT initiatives among groups that have not accessed testing at the same rates.

2. Enhance activities that improve HIV knowledge and breakdown stigma to encourage HIV testing, particularly with historically underserved communities.

3. Expand programs designed to deliver culturally appropriate content among GBMSM who are newly arrived from overseas, are First Nations, culturally and linguistically diverse, and/or living in GWS and rural or regional areas.

4. Reduce clinical oversight of community and peer-based HIV testing sites to reduce costs and make the delivery of more innovative testing methods with trained peers easier.

5. Increase training, education, and awareness for health professionals, particularly among those who do not specialise in sexual health, to improve their knowledge of HIV risk factors, prevention, testing, treatment, and support.

6. If pilot studies prove effective, implement opt-out testing with robust guidelines around informed consent, follow-up service linkage, and in conjunction with broad scale efforts to improve HIV literacy.

7. Work with the Australian Government to implement the recommendations of the HIV Taskforce Report, particularly:

    a. Partner with clinical and community stakeholders to develop a framework that identifies the optimal mix of testing types and access points.

    b. Identify incentives to encourage manufacturers to bring innovative testing technologies onto the Australian market.

    c. Expand access and promote POCT and self-testing, including the implementation of local and regional testing initiatives and peer-outreach models.

    d. Consider ways to reduce immigration barriers for people living with HIV.

    e. Encourage discussions with policymakers and lawmakers to examine legislation that might be seen to criminalise HIV status.

References

[1] NSW Government (2023). NSW Health signs Paris Declaration to end HIV epidemics by 2030. https://www.nsw.gov.au/media-releases/nsw-health-signs-paris-declaration
[2] Thompson, A. (2023). How close is Sydney to ending HIV? It depend where you live. https://www.smh.com.au/national/nsw/how-close-is-sydney-to-ending-hiv-it-depends-on-where-you-live-20230720-p5dpz0.html
[3] Australian Government (2023). HIV Taskforce Report. https://www.health.gov.au/resources/publications/hiv-taskforce-report?language=en
[4] NSW Ministry of Health (2021). NSW HIV Strategy 2021–2025. https://www.health.nsw.gov.au/endinghiv/Publications/annual-2023-nsw-hiv-data-report.pdf
[5] UNAIDS (2016). Cities Ending the AIDS Epidemic. https://www.unaids.org/sites/default/files/media_asset/cities-ending-the-aids-epidemic_en.pdf
[6] UNAIDS (2016).
[7] https://fast-trackcities.org/about
[8] Mindel, A. & Kippax, S. (2013). A national strategic approach to improving the health of gay and bisexual men: experiences from Australia, in Aral et al (ed.), The New Public Health and STD/HIV Prevention, Springer, Sydney NSW.
[9] Kippax, S., Stephenson, N., Parker, R.G. & Aggleton, P. (2013). Between individual agency and structure in HIV prevention: Understanding the middle ground of social practice. *American Journal of Public Health*, 103(8), 1367–1375.
[10] ACON (2023). The Role of the NSW HIV Partnership Network in our Response to Mpox. https://www.acon.org.au/wp-content/uploads/2023/07/23114_MPX-and-HIV-partnership-policy_v2-1.pdf
[11] ACON (2019). Imagining HIV in 2030. https://www.acon.org.au/wp-content/uploads/2020/11/HIV-2030-paper_-ISBN.pdf
[12] ACON (2019).
[13] NSW Ministry of Health (2023). NSW HIV Strategy 2021-2025: Annual Data Report 2023. https://www.health.nsw.gov.au/endinghiv/Publications/annual-2023-nsw-hiv-data-report.pdf
[14] NSW Ministry of Health (2023).
[15] NSW Ministry of Health (2023).
[16] NSW Ministry of Health (2023).
[17] NSW Ministry of Health (2023).
[18] NSW Ministry of Health (2023).
[19] NSW Ministry of Health (2023).
[20] NSW Ministry of Health (2023).
[21] NSW Ministry of Health (2023).
[22] Patel, P.G. et al. (2021). Increased targeted HIV testing and reduced undiagnosed HIV infections among gay and bisexual men. *HIV Medicine*, 22, 605-616.
[23] Lee, E., Mao, L., Bavinton, B., Prestage, G., Holt, M. (2020). Which gay and bisexual men attend community-based HIV testing services in Australia? An analysis of cross-sectional national behavioural surveillance data. *AIDS Behaviour*. 24, 387–94.
[24] Leitinger, D., Ryan, K.E., Brown, G., et al. (2018). Acceptability and HIV prevention benefits of a peer-based model of rapid point of care HIV testing for Australian gay, bisexual and other men who have sex with men. *AIDS Behaviour*. 22, 178–89.
[25] Barber, L. (2019). Sydney gets rapid HIV testing clinic for Chinese-speaking gay and bi men. Star Observer. https://www.starobserver.com.au/news/national-news/new-south-wales-news/sydney-gets-rapid-hiv-testing-clinic-for-chinese-speaking-gay-and-bi-men/176553.
[26] Conway, D.P., Guy R., Davies, S.C., et al. (2015). Rapid HIV testing is highly acceptable and preferred among high-risk gay and bisexual men after implementation in Sydney sexual health clinics. *PLoS ONE*, 10(4), e0123814.
[27] Knight, V., Ryder, N., Guy, R., Lu, H., Wand, H., McNulty, A. (2013). New Xpress sexually transmissible infection screening clinic improves patient journey and clinic capacity at a large sexual health clinic. *Sexually Transmitted Diseases*. 40(1), 75–80.
[28] Therapeutic Goods Association (2018) Public Summary: Atomo Diagnostics Pty Ltd—Atomo HIV self test—HIV1/HIV2 antibody IVD, kit, immunochromatographic test (ICT). Canberra, ACT. https://www.ebs.tga.gov.au/servlet/xmlmillr6?dbid=ebs/PublicHTML/pdfStore.nsf&docid=213355&agid=(PrintDetailsPublic)&actionid=1
[29] NSW Ministry of Health (2023).
[30] https://mytest.health.nsw.gov.au/
[31] STIs in Gay Men Action Group (2024). Australian sexually transmitted infection and HIV testing guidelines 2024. Sydney, NSW. https://sti.guidelines.org.au/populations-and-situations/men-who-have-sex-with-men/
[32] Pedrana, A., Hellard, M., Guy, R., et al. (2012) Stop the drama Downunder: a social marketing campaign increases HIV/sexually transmitted infection knowledge and testing in Australian gay men. Sexually Transmitted Diseases. 39(8), 651–8.
[33] Australian Government Department of Health and Ageing (2020). National HIV testing policy v.1.5. Canberra, ACT.
[34] Bourne, C., Knight, V., Guy, R., Wand, H., Lu, H., McNulty A. (2011). Short message service reminder intervention doubles sexually transmitted infection/HIV re-testing rates among men who have sex with men. *Sexually Transmitted Infections*, 87(3), 229–31.
[35] AFAO & Australia's State and Territory AIDS Councils. (2016). Demonstrating the value of community control in Australia's HIV response. https://healthequitymatters.org.au/wp-content/uploads/2017/10/Demonstrating-the-value-of-community-c-ontrol-in-Australia%E2%80%99s-HIV-response.pdf

[36] Walia, A. M., Fairley, C. K., Bradshaw, C. S., Chen, M. Y., & Chow, E. P. F. (2020). Disparities in characteristics in accessing public Australian sexual health services between Medicare-eligible and Medicare-ineligible men who have sex with men. *Australian and New Zealand Journal of Public Health.* 44(5), 363-368.
[37] Gray, C., Lobo, R., Narciso, L., Oudih, E., Gunaratnam, P., Thorpe, R., & Crawford, G. (2019). Why I can't, won't or don't test for HIV: insights from Australian migrants born in Sub-Saharan Africa, Southeast Asia and Northeast Asia. *International Journal of Environmental Research and Public Health*.16(6), 1034.
[38] Walia, A. M., Fairley, C. K., Bradshaw, C. S., Chen, M. Y., & Chow, E. P. F. (2020).
[39] Mullens, A. B., Kelly, J., Debattista, J., Phillips, T., Gu, Z., & Siggins, F. (2018). Exploring HIV risks, testing and prevention among Sub-Saharan African community members in Australia. *International Journal for Equity in Health*, 17(1).
[40] NSW Ministry of Health (2023).
[41] ACON (2022). ACON Submission to the Inquiry into Improving Crisis Communications for Culturally and Linguistically Diverse Communities. https://www.parliament.nsw.gov.au/ladocs/submissions/78764/Submission%205%20-%20ACON.pdf
[42] Hopwood, M., Newman, C. E., Persson, A., Watts, I., Wit, J. d., Reynolds, R., … & Kidd, M. (2013). Expert perspectives on the contribution of HIV general practice nursing to the 'extraordinary story' of HIV medicine in Australia. *Primary Health Care Research & Development*. 15(02), 180-189.
[43] Australian Government (2023).
[44] Australian Government (2023).
[45] Australian Government (2023).
[46] Zhang, Y., Holt, M., Chan, C., Applegate, T., Bavinton, B. R., Broady, T., … & Guy, R. (2023). National surveillance of home-based HIV testing among Australian gay and bisexual men, 2018–2020: uptake after commercial availability of HIV self-tests. *AIDS and Behaviour*, 27(12), 4106-4113.
[47] Lee, D.Y, Ong, J.J., Smith, K. et al. (2022). The acceptability and usability of two HIV self-test kits among men who have sex with men: a randomised crossover trial. *Medical Journal of Australia*. 217(3), 149-154.
[48] Lee, D.Y, Ong, J.J., Smith, K. et al. (2022).
[49] https://mytest.health.nsw.gov.au/
[50] Chan, C., Patel, P., Johnson, K., Vaughan, M., Price, K., McNulty, A., Templeton, D., Read, P., Cunningham, P. and Bavinton, B. (2020). Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019. UNSW Sydney: Australia
[51] Mullens, A. B., Duyker, J., Brownlow, C., Lemoire, J., Daken, K., & Gow, J. (2019). Point-of-care testing (POCT) for HIV/STI targeting MSM in regional Australia at community 'beat' locations. *BMC Health Services Research*. 19(1).
[52] Australian Government (2023).
[53] Australian Government (2023).
[54] Australian Government (2023).
[55] Australian Government (2023).
[56] ACON (2023). Opt-out (Provider Initiated) Routine HIV Testing. https://www.acon.org.au/wp-content/uploads/2023/11/2023-ACON-Opt-out-HIV-Testing.pdf
[57] Philpot, S., Mao, L., Cifali, D., Power, C., Templeton, D. J., Robinson, S., … & Bavinton, B. R. (2022). Stigma regarding HIV and sexual identity as barriers to accessing HIV testing and prevention services among gay and bisexual migrants in Australia. *Sexuality Research and Social Policy*. 20(3), 964-976.
[58] HIV/AIDS Legal Centre Inc (HALC). (2021). Positive Migration Guide: Immigration for People With HIV, Their Family Members and Others, Revised Edition. https://halc.org.au/wp-content/uploads/2022/03/HALC-Positive-Migration-Guide-FINAL.pdf
[59] Global Database on HIV-specific travel and residence restrictions. (n.d.). Regulation on entry, stay and residence for PLHIV. Global Database on HIV-Specific Travel and Residence Restrictions. https://hivtravel.org/Default.aspx?PageId=143&Mode=list&StateId=4