MINDING THE GAP BETWEEN AMBITION AND DELIVERY: A BLUEPRINT TO VIRTUALLY ELIMINATE HIV TRANSMISSION IN AUSTRALIA

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Background/Approach: Australia was the first country to establish a time-limited goal of virtually eliminating HIV transmission, by 2020. The goal, set within the seventh *National HIV Strategy*, will likely be replicated, possibly with an extended timeline, in the forthcoming eighth Strategy. This goal has become conceivable for high-income countries with strong primary healthcare systems and sustained community responses to HIV due to strengthened evidence for treatment as prevention and new diagnostic and prevention technologies.

Analysis/Argument: While conceivable, virtual elimination will require transformative effort across multiple settings and populations, at scale, over an extended period. Developing countries, including those transitioning to self-financing of their HIV responses, are required by donors to undertake detailed program and investment planning for their HIV responses. Australia has no equivalent drivers.

Outcome/Results: The Australian Federation of AIDS Organisations has created a 'blueprint' detailing the additional investment and effort required by the Australian Government if it is to achieve virtual elimination. The blueprint identifies the efforts and costs to achieve '95 95 95' by 2020 and deliver PrEP at scale. These include national programming to support frontline education, access to technology, workforce support and the better use of data, research and evaluation to drive planning and programming. The savings to the Australian Government from averted HIV transmission, both to 2020 and over the lifetime, offer a compelling rationale for front-loading efforts to prevent HIV, for long-term gain.

Conclusions/Applications: Australia will not virtually eliminate HIV transmission without increased effort commensurate with its ambition. There is strong evidence for effective HIV responses, with the necessary elements and their scale being well understood. Australia's goal of virtual elimination has yet to be matched with the necessary investment and program planning to achieve sufficient coverage or scale. Modest investment in HIV can, however, deliver rapid health and economic returns.

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