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Harm Reduction Victoria

Living Positive Victoria

Positive Women Victoria

Switchboard Victoria

Thorne Harbour Health

Transgender Victoria

Victorian Alcohol and Drug Association

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# VICTORIAN HIV CONSENSUS STATEMENT

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SEPTEMBER 16 2026

We gather on the lands of the Wurundjeri Woi Wurrung and Boon Wurrung peoples of the Kulin Nation, the original and enduring custodians of these lands, whose sovereignty was never ceded, at the 2026 Australasian HIV&AIDS Conference.

## Victoria has an historic opportunity: to become one of the first places in the world to virtually eliminate HIV transmission.

Decades of community action, clinical and research excellence, and bipartisan leadership—all of it guided by the principle Nothing About Us, Without Us—have brought this goal within reach.

**But progress has been uneven. Some communities are still diagnosed late, and still can't access the prevention and care they need.**

Prevention is also an investment: every infection avoided saves around \$282,000 in lifetime costs<sup>1</sup>. Ahead of the 2026 Victorian election, we call on all political parties and candidates to commit to sustained funding and finishing the job, making sure every Victorian living with HIV can live well, free from stigma and discrimination, and virtually eliminating new HIV transmissions.

**We, the undersigned, call on the next Victorian Government to commit to the following:**

### 1. Finish the job: virtually eliminate HIV transmissions by 2030.

Victoria set 2025 as the year to virtually eliminate new HIV transmissions. That deadline has passed; this Parliament can finish the job by 2030.

- **Resource the Victorian HIV Plan** to hit its targets—95% diagnosed, 98% on treatment, 98% virally suppressed, and 95% of those at risk using prevention—levers that drive new transmissions down, in every community.
- **Report where we stand**—complete and publicly release the Plan's overdue 2025–26 mid-point review.

### 2. Ensure everyone can access HIV prevention, testing and treatment.

Where you live, who you are, and whether you have Medicare should not determine your access to care.

- **Fund the full prevention toolkit**—PrEP, PEP, condoms, treatment as prevention, and harm reduction, including PrEP and PEP for people ineligible for Medicare, pushing for long-acting PrEP options, and action on other STIs such as syphilis.
- **Make HIV treatment free** by covering the PBS co-payment on HIV medicines, as New South Wales, Queensland, and South Australia are already doing. The National HIV Strategy list this as a national action, and Victoria is the last big state to charge for HIV treatment.
- **Bring testing and care closer to home**, so people in outer-suburban, regional, and rural Victoria can reach culturally appropriate, community-controlled services.
- **Start treatment fast**—ensure structures are in place so people begin treatment within two weeks of diagnosis, whatever their Medicare or visa status.
- **Target prevention and testing where diagnoses are not falling**—and are rising in some: particularly overseas-born gay and bisexual men, people not accessing specialist sexual health primary care, and heterosexual men and women.
- **Fund HIV community-controlled health promotion**, led by and for people living with and affected by HIV, that reaches every affected community.

1. Lim M, Devine A, Gray RT, Kwon JA, Hutchinson JL, Ong JJ. (2022) Lifetime cost of HIV management in Australia: an economic model†. Sexual Health 19, 517–524. <https://doi.org/10.1071/SH21250>

### 3. Support people with HIV to live well.

**Ending transmission is only half the goal. People living with HIV must also live well.**

- **Fund quality-of-life support** across all four PozQoL domains—physical, functional, psychological, and social—working toward the national target of 95% of people living with HIV reporting a good quality of life, with particular attention to long-term survivors.
- **Expand integrated ageing-and-HIV care** that supports healthy ageing and coordinates care for people managing multiple conditions and providers, wherever they live.
- **Help people living with HIV access stable housing** because without it staying on treatment is far harder.

### 4. End HIV stigma and discrimination.

**Stigma still stops people testing, starting treatment, and staying in care—often in the very services meant to help.**

- **Fund anti-stigma training** in cultural safety and trauma-informed practice across the health, aged care, and social services workforces.
- **Bring the law into line with the science**, so every Victorian law and guideline reflects that a person on effective treatment with an undetectable viral load cannot pass on the virus (U=U).

### 5. Invest in community leadership and a sustainable HIV workforce.

**Victoria's response rests on community leadership and a skilled clinical workforce. Neither is guaranteed—community-controlled organisations face funding insecurity, and the specialist workforce is ageing.**

- **Sustain and grow funding for community-controlled and peer-led organisations**, centring the meaningful involvement of people living with HIV and of women living with HIV.
- **Build an HIV workforce pipeline**—training the next generation of Section 100 prescribers, nurse practitioners, and peer workers, and expanding the roles of GPs and nurses through the Section 85 model and scope-of-practice reform, with priority to regional and rural Victoria.

### 6. Back research, innovation and transparent data.

**Victoria's researchers are world leaders in the science that will end HIV.**

- **Invest in HIV research**—from cure to prevention with implementation science and clinical trials to better tests, treatment, and surveillance.
- **Fund the systems that track progress**—sustain the Victorian HIV Clinical Quality Registry, coordinated surveillance and the Plan's indicator framework—and publish the data disaggregated by population so progress can be reported and funding follows need.

**The State of Victoria has much to be proud of in how it has responded to the challenges of HIV over more than four decades. Now, achieving HIV virtual elimination and meeting Victoria's HIV targets are within grasp—but only with political will and partnership. We invite every party and candidate to work with people living with HIV, affected communities, clinicians, and researchers to help every Victorian living with HIV live well and virtually eliminate HIV transmission.**



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