

Tracking the Progress 2022:
**National Aboriginal and
Torres Strait Islander
BBV and STI Strategy**



UNSW
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Unless otherwise specified, this summary relates to Aboriginal and Torres Strait Islander peoples.

The years for comparison in this report are from the end of 2017 to the end of 2021 unless focus is given to the impact of the COVID-19 epidemic, where the years for comparison are 2017 to 2019, and 2019 and 2021. For indicators relating to hepatitis C and where data are available, the years for comparison are from the end of 2015 to the end of 2019 and from the end of 2019 to the end of 2021.

Sources of data are provided in the data dashboard on the Kirby Institute data site.

Acknowledgement is given to the many contributors helping report progress against the National Aboriginal and Torres Strait Islander BBV and STI Strategy. The full list of contributors can be found on the Acknowledgement page of the Kirby data site.

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Tracking the Progress 2022: National Aboriginal and Torres Strait Islander BBV and STI Strategy

The goals of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are to:

1. Reduce the transmission of blood-borne viruses (BBV) and sexually transmissible infections (STI) among Aboriginal and Torres Strait Islander people;
2. Close the gap in BBV and STI incidence, prevalence, testing and treatment rates between Aboriginal and Torres Strait Islander and non-Indigenous populations;
3. Reduce morbidity and mortality related to BBV and STI;
4. Minimise the personal and social impact of BBV and STI;
5. Minimise the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal and Torres Strait Islander people's health.

The National Aboriginal and Torres Strait Islander BBV and STI Strategy has 14 targets that provide specific focus for the efforts made towards achieving the goals of this Strategy. Each target has corresponding indicators that measure progress towards attaining the target. The full list of the targets and their indicators are listed in Appendix i.

The COVID-19 pandemic has resulted in restrictions of access to healthcare, including testing and treatment. These restrictions likely impacted on progress against many indicators between 2019 and 2020. For this reason, the years for comparison in this report are from 2016 to 2019, and 2019 to 2020. For hepatitis C and where data are available, the years for comparison are from 2015 to 2019, and 2019 to 2020.

Target 1

[access full
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Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months of age

- Between 2017 and 2021, among Aboriginal and Torres Strait Islander children aged 12 months, the target of 95% hepatitis B vaccination coverage was reached in 2017 and 2018 but not in 2019, 2020, or 2021, with a coverage rate of 91.8% reported in 2021. Among Aboriginal and Torres Strait Islander children aged 24 months, hepatitis B vaccination coverage of 95% was reached for all years 2017 to 2021 with a coverage rate of 96.9% reported in 2021.

Target 2

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Achieve and maintain HPV adolescent vaccination coverage of 80%

- Among Aboriginal and Torres Strait Islander females aged 15 years, the HPV vaccination coverage rate increased from 65.2% in 2017 to 73.3% in 2021. Among Aboriginal and Torres Strait Islander males aged 15 years, the HPV vaccination coverage rate increased from 59.1% in 2017 to 66.2% in 2021. The target of 80% coverage has yet to be met for both males and females.

Target 3

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Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part A: Notification Rates

Infectious syphilis

- Among Aboriginal and Torres Strait Islander peoples, there were considerable increases in infectious syphilis notification rates among all reported age groups between 2017 and 2021. In 2021, notification rates were highest among those aged 20 to 24 years (266.2 per 100 000 population), 15 to 19 years (217.4 per 100 000), and 25 to 29 years (207.8 per 100 000). Breakdowns by age as well as by sex are available on the [Kirby data site](#).
- By remoteness classification, between 2017 and 2021, infectious syphilis notification rates increased among Aboriginal and Torres Strait Islander people residing in major cities by 111% (from 34.9 to 73.7 per 100 000) and remote areas by 85% (from 179.6 to 332.8 per 100 000). In regional areas, the infectious syphilis notification rate declined by 60% from 125.7 per 100 000 in 2017 to 50.8 per 100 000 in 2021.

Target 3

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Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part A: Notification Rates

Chlamydia

- Among Aboriginal and Torres Strait Islander peoples aged 15 to 19 years, the chlamydia notification rate declined by 13% from 5539.2 per 100 000 in 2017 to 4808.9 per 100 000 in 2021. In the same period, for those aged 20 to 24 years, 25 to 29 years, and 30 to 39 years, the chlamydia notification rate fluctuated and was 4623.0, 2638.4, and 1406.7 per 100 000 in 2021, respectively. For those aged 40 years and older the chlamydia notification rate increased by 45% from 247.5 per 100 000 in 2017 to 359.5 per 100 000 and then declined by 39% between 2019 and 2021 to 220.8 per 100 000. Notification rates declined among all age groups between 2019 and 2021. Breakdowns by age as well as by sex are available on the [Kirby data site](#).
- By remoteness classification, chlamydia notification rates fluctuated among Aboriginal and Torres Strait Islander peoples living in remote areas, regional areas, and major cities between 2017 and 2021, and in 2021, were 1537.2, 1170.5, and 761.1 per 100 000, respectively. Among all areas, the chlamydia notification rate declined between 2019 and 2021. Increased access to testing and treatment is needed to reduce chlamydia notification rates among Aboriginal and Torres Strait Islander peoples, especially in the context of interruptions to health service access as a consequence of the COVID-19 pandemic.

Target 3

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Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part A: Notification Rates

Gonorrhoea

- Between 2017 and 2021, the gonorrhoea notification rate among Aboriginal and Torres Strait Islander peoples increased by 29% for those aged 40 years or older (from 127.0 to 164.2 per 100 000) and 22% for those aged 30 to 39 years. In the same period, for those aged 15 to 19 years, the gonorrhoea notification rate declined by 18% from 1473.7 to 1209.6 per 100 000. For those aged over 20 to 24 years and 25 to 29 years the gonorrhoea notification rate remained stable and was 1391.6 and 1219.8 per 100 000 in 2021, respectively. Despite the COVID-19 pandemic, the gonorrhoea notification rates increased among all age groups between 2019 and 2021. Breakdowns by age and sex are available on the [Kirby data site](#).
- By remoteness classification, between 2017 and 2021, gonorrhoea notification rates increased among Aboriginal and Torres Strait Islander peoples residing in major cities (by 31%, 273.4 per 100 000 in 2021) and regional areas (by 17%, 314.7 per 100 000 in 2021). In the same period, the gonorrhoea notification rate remained stable among those living in remote areas. (1449.6 per 100 000 in 2021). Culturally appropriate targeted testing and treatment strategies developed in partnership with Aboriginal and Torres Strait Islander stakeholder groups are needed to reduce gonorrhoea notification rates especially in the context of interruptions to health service access as a consequence of the COVID-19 pandemic.

Target 3

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Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part B: Knowledge and risk behaviours

Condom use

- The Goanna Survey is an Australia-wide sexual health survey of young Aboriginal and Torres Strait Islander people aged 16 to 29 years, living in urban, regional, and remote areas, and has been undertaken in 2013 (n=2877) and 2020 (n=1343). In 2020, 26% of survey participants reported consistent condom use with their sexual partners over the previous 12 months down from 38% in 2013. Also in 2020, 40% of participants reported condom use at their last sexual encounter, down from 54% in 2013.

BBV and STI knowledge

- Of participants in the Goanna Survey responding to knowledge questions about STI and BBV, the median score was 7 out of 10 correct answers in 2020 (5-8 IQR).

Target 4

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Increase STI testing coverage with a focus on areas of highest need

- In 2020, 60% of people aged between 16 and 29 years participating in the Goanna Survey reported ever having an STI test, up from 58% in 2013. Also in 2020, 44% of Goanna Survey participants reported having an STI test in the previous 12 months, unchanged from 2013. Greater effort is required to increase STI testing coverage among Aboriginal and Torres Strait Islander peoples.

Target 5

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Eliminate congenital syphilis

- Between 2017 and 2021 the number of congenital syphilis notifications among Aboriginal and Torres Strait Islander peoples increased from five notifications in 2017 to nine notifications in 2021. Accordingly in this period, the number of congenital syphilis notifications rate increased from 34.8 to 59.1 per 100 000 live births.
- Among Aboriginal and Torres Strait Islander women of reproductive age (15 to 44 years), the infectious syphilis notification rate increased by 19% from 180.2 per 100 000 women in 2017 to 214.6 per 100 000 women in 2021. Significant work is required to eliminate congenital syphilis among Aboriginal and Torres Strait Islander infants.

Target 6

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Reduce the number of newly acquired hepatitis C infections by 60%

- The Australian Needle and Syringe Program Survey (ANSPS) provides serial point prevalence estimates of HIV and hepatitis C antibody prevalence, hepatitis C RNA prevalence, and monitors sexual and injecting behaviour among people who inject drugs in Australia. Among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion of people with evidence of past or current hepatitis C infection has declined from 69.9% in 2015 to 47.1% in 2021. By comparison, the proportion of participants with evidence of current hepatitis C infection declined from 50.7% in 2015 to 22.7% in 2021.
- *The data for the following indicators are in development and will be presented in future reporting. 6a: Annual rate of newly acquired hepatitis C notifications among Indigenous people, 6b: Annual rate of newly acquired hepatitis C notifications among Indigenous people aged <25 years, and 6e: Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection.*

Target 7

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Increase the use of sterile injecting equipment for every injecting episode

- Among Aboriginal and Torres Strait Islander participants in the ANSPS, 64.3% of participants reported using a new needle and syringe for all injection in the previous month in 2021, a decline from 73.0% in 2015. By comparison the proportion of participants who reported using another person's used needle and syringe in the previous month remained stable and was 28.9% in 2021. Increased effort is required to increase the use of sterile injecting equipment among Aboriginal and Torres Strait Islander people.

Target 8

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Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%

Data relating to **Indicator 8a: Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed** was not available at the time of reporting. Estimates of the numbers of people living with hepatitis C can be generated using numbers of people newly diagnosed (given here as notification rates), numbers of tests resulting in a positive result, and the numbers of people receiving treatment. These estimates are in development and will be presented in future reporting. In lieu of the availability of these data, data relating to other indicators for the same target are presented below.

- **Notification rates:** Between 2017 and 2021 the hepatitis C notification rate among Aboriginal and Torres Strait Islander people remained stable and was 194.3 per 100 000 in 2021. This trend was similar among Aboriginal and Torres Strait Islander males and females and in 2021, the hepatitis C notification rate was 274.5 and 114.1 per 100 000 respectively.
- **Testing:** Of Aboriginal and Torres Strait Islander ANSPS participants, the proportion who reported having a hepatitis C test *in the previous 12 months* remained stable between 2015 and 2019 and was 59% in 2019 but declined to 50% in 2021. Between 2015 and 2020, the proportion of participants who reported ever having had a hepatitis C test declined from 86% in 2015 to 76% in 2021.
- Among young people participating in the 2020 Goanna Survey, 23% of participants reported having had a hepatitis C test *in the previous 12 months*, down from 32% in 2013. In the same survey, 32% of participants reported ever having a hepatitis C test s in 2020, down 42% from in 2013.
- **Treatment:** Of Aboriginal and Torres Strait Islander people participating in the ANSPS, 56% of participants reported ever having had hepatitis C antiviral treatment in 2021, up from 10% in 2015. By comparison, 23% of respondents reported having had antiviral treatment *in the previous 12 months* in 2021, a considerable increase on the 1% reported in 2015, but down from 39% in 2019. The significant increase in the proportion of participants reporting ever having had antiviral treatment relates to the widespread availability of direct-acting antiviral treatment, subsidised since 2016.
- **The data relating to Indicator 8i: Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment and Indicator 8j: Proportion of young (16-29 years) Indigenous people who reported having had hepatitis C antiviral treatment are currently in development and will be presented in future reporting.**

Target 9

Reduce hepatitis C attributable mortality by 30%

Methods to produce the data to report on this indicator are in development. These data will be presented in future reporting.

Target 10

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Increase the proportion of people living with hepatitis B who are diagnosed to 80%, receiving care to 50%, and on antiviral treatment to 20%

*While modelled estimates of the total number of Aboriginal and Torres Strait Islander people living with chronic hepatitis B, in care and receiving treatment are not currently available, investigation is underway to source appropriate datasets to inform future estimates. In lieu of these estimates, hepatitis B notification rates for Aboriginal and Torres Strait Islander people are presented in this section. Data relating to **Indicator 10b: Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection** also relate to this indicator and will be presented in future reporting.*

- Among Aboriginal and Torres Strait Islander people, the hepatitis B notification rate fluctuated between 2017 and 2021 for males, females, and overall. In 2021, the hepatitis B notification rate was 38.2 per 100 000 among males, 24.3 per 100 000 among females, and 31.0 per 100 000 overall.

Target 11

Reduce hepatitis B attributable mortality by 30%

Methods to produce the data to report on this target are in development. These data will be published on the Kirby Institute data site as they become available.

Target 12

access full
data here



Reduce the incidence of HIV transmissions

- Between 2017 and 2021, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 57% from 4.4 to 2.3 notifications per 100 000 population. In the same period, the HIV notification rate declined by 30% from 6.7 to 4.7 notifications per 100 000 males. For females, the notification rate declined by 100% from 2.1 to 0.0 notifications per 100 000. These trends should be interpreted with caution due to small numbers of notifications.
- Between 2012/2013 and 2020/2021, the proportions of HIV notifications classified by attributable exposure fluctuated among Aboriginal and Torres Strait Islander people due to small numbers of notifications. In 2020/2021 53% of notifications were attributed to male-to-male sex, 9% were attributed to male-to-male sex and injecting drug use, 15% were attributed to heterosexual sex, 9% were attributed to injecting drug use and 3% were attributed to other exposures. Detailed breakdowns by year grouping are available on the [Kirby Institute's data site](#).
- Of notifications in 2020/2021, 57% of those with an exposure classification of male -to-male sex and injection drug use had evidence of newly acquired infection. Of those with an exposure classification of male-to-male sex, heterosexual sex, injection drug use, or other exposures, 28%, 20%, 0%, and 0% had evidence of newly acquired infection, respectively. Further breakdown by year grouping are available on the [Kirby data site](#). Due to small numbers these proportions should be interpreted with caution.
- Between 2017 and 2021, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 41%, 61% and 76% for those living in major cities, regional areas and remote areas, respectively. In 2021, the HIV notification rate was 2.9 per 100 000 in major cities, 1.3 per 100 000 in regional areas, and 1.4 per 100 000 in remote areas.

Target 13

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Achieve the 95–95–95 HIV diagnosis and treatment targets

- Between 2017 and 2020, the proportion of Aboriginal and Torres Strait Islander people living with HIV who were diagnosed increased from 91% to 97%, meeting the strategy target. Modelled estimates are being developed to measure the progress towards reaching the targets of 95% of those diagnosed being in care and 95% of those on treatment to have a suppressed viral load. As these data become available, they will be presented on the Kirby Institute's data site and in relevant reports.
- Between 2015 and 2019, among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion who reporting testing for HIV in the previous twelve months remained steady between 51% and 56%. In 2021, the proportion reporting testing for HIV in the previous 12 months was 46%, the lowest proportion in the previous ten years.
- Of young people participating in the GOANNA Survey, 33% reported ever having an HIV test in 2020, down from 42% in 2013.
- Between 2016/2017 and 2020/2021 the proportion of Aboriginal and Torres Strait Islander people with a late HIV diagnosis declined from 26.8% to 24.1%
- Among Aboriginal and Torres Strait Islander participants of the ANSPS, the HIV prevalence was 3.6% in 2017, 2018, and 2019, and then declined to 1.7% in 2021. These numbers must be interpreted with caution due to small numbers.
- *Data relating to **Indicator 13f: Prevalence of HIV among Indigenous people in custodial settings** were unavailable and will be presented in future reporting.*

Target 14

Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.

Methods to produce the data to report on this target are in development. These data will be published on the Kirby Institute data site as they become available.

Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
Indicator		Data source
Target 1	Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.	
1a	Coverage of hepatitis B vaccination of Indigenous children at 12 and 24 months of age.	Australian Immunisation Register (AIR)
Target 2	Achieve and maintain HPV adolescent vaccination coverage of 80%.	
2a	HPV two dose vaccination coverage for Indigenous males and females aged 15 years of age.	Australian Immunisation Register (AIR)
Target 3	Reduce the incidence and prevalence of infectious syphilis, with a particular focus on areas of highest disease burden.	
3a	Annual rate of infectious syphilis notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3b	Annual rate of chlamydia notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3c	Annual rate of gonorrhoea notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3d	Annual rate of infectious syphilis notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3e	Annual rate of chlamydia notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3f	Annual rate of gonorrhoea notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3g	Proportion of young (16–29 years) Indigenous people giving correct answers to knowledge questions on BBV and STI.	The Goanna Survey 2
3h	Proportion of young (16–29 years) Indigenous people reporting consistent condom use with sexual partners.	The Goanna Survey 2
3i	Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter.	The Goanna Survey 2

Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
	Indicator	Data source
Target 4	Increase STI testing coverage with a focus on areas of highest need.	
	4a Proportion of young (16–29 years) Indigenous people who reported ever having an STI test.	The Goanna Survey 2
	4b Proportion of young (16–29 years) Indigenous people who reported having an STI test in the last 12 months.	The Goanna Survey 2
Target 5	Eliminate congenital syphilis.	
	5a Number of Indigenous congenital syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	5b Annual notification rate of congenital syphilis per 100 000 live Indigenous births.	National Notifiable Diseases Surveillance System (NNDSS)
	5c Annual notification rate of infectious syphilis in Indigenous women of reproductive age (15–44 years of age).	National Notifiable Diseases Surveillance System (NNDSS)
Target 6	Reduce the number of newly acquired hepatitis C infections by 60%.	
	6a Annual rate of newly acquired hepatitis C notifications in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
	6b Annual rate of newly acquired hepatitis C notifications in Indigenous people aged <25 years.	National Notifiable Diseases Surveillance System (NNDSS)
	6c Proportion of Indigenous people who inject drugs with evidence of past or current hepatitis C infection (HCV antibody).	Australian Needle Syringe Program Survey
	6d Proportion of Indigenous people who inject drugs with evidence of a current hepatitis C infection (HCV RNA).	Australian Needle Syringe Program Survey
	6e Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 7	Increase the use of sterile injecting equipment for every injecting episode.	
	7a Proportion of Indigenous people who inject drugs who report using a new needle and syringe for all injections in the previous month.	Australian Needle Syringe Program Survey
	7b Proportion of Indigenous people who inject drugs who report re-using another person's used needle and syringe in the previous month.	Australian Needle Syringe Program Survey

Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
Target 8 Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%.	
8a Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed.	Not yet reported
8b Annual rate of hepatitis C notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
8c Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who reported having a hepatitis C test in the previous 12 months.	Australian Needle Syringe Program Survey
8d Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who report ever having a hepatitis C test.	Australian Needle Syringe Program Survey
8e Proportion of young (16–29 years) Indigenous people who reported ever having a hepatitis C test	The Goanna Survey 2
8f Proportion of young (16–29 years) Indigenous people who reported having a hepatitis C test in the last 12 months.	The Goanna Survey 2
8g Proportion of Indigenous people who inject drugs who reported ever having had hepatitis C antiviral treatment.	Australian Needle and Syringe Program Survey
8h Proportion of Indigenous people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months.	Australian Needle and Syringe Program Survey
8i Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
8j Proportion of young (16–29 years) Indigenous people who reported having had hepatitis C antiviral treatment.	Not yet reported

Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
Indicator		Data source
Target 9	Reduce hepatitis C attributable mortality by 65%.	
9a	Estimated number of Indigenous people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths.	Not yet reported
Target 10	Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%.	
10a	Annual rate of hepatitis B notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
10b	Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 11	Reduce hepatitis B attributable mortality by 30%.	
11a	Estimated number of deaths in Indigenous people due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma.	Not yet reported
Target 12	Reduce the incidence of HIV transmissions.	
12a	Annual notification rate of HIV in Indigenous people.	State and territory health authorities
12b	Number of HIV notifications in Indigenous people by exposure category.	State and territory health authorities
12c	Proportion of new HIV diagnoses among Indigenous people who had evidence of recent HIV infection by exposure category	State and territory health authorities
12d	Annual rate of HIV notifications in Indigenous people by remoteness area.	State and territory health authorities
12e	Incidence of HIV in Indigenous people who inject drugs attending needle and syringe programs.	Not yet reported
12f	Proportion of young (16–29 years) Indigenous people who reported that they were HIV positive.	The Goanna Survey 2
12g	Proportion of young Indigenous people (16–29 year olds) who reported using condoms consistently with sexual partners in the previous 12 months.	The Goanna Survey 2
12h	Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter.	The Goanna Survey 2

Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
Target 13 Achieve the 95–95–95 HIV diagnosis and treatment targets:	
13a Proportion of Indigenous people living with HIV who are diagnosed.	State and territory health authorities
13b Proportion of Indigenous people who inject drugs accessing needle and syringe programs who have been tested for HIV in the previous 12 months.	Australian Needle Syringe Program Survey
13c Proportion of young (16–29 years) Indigenous people who reported ever having a HIV test	The Goanna Survey 2
13d Proportion of new HIV diagnoses in Indigenous people with a late diagnosis of HIV (CD4 count<350 cell/ μ L).	State and territory health authorities
13e Prevalence of HIV among Indigenous people who inject drugs attending needle and syringe programs.	Australian Needle Syringe Program Survey
13f Prevalence of HIV among Indigenous people in custodial settings.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 14 Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.	
14a An indicator to monitor this target is currently unavailable. Options will be explored to develop an indicator that informs strategies and activities in a meaningful way.	Not yet reported