

By GEORGE HAZIM

DIRECTOR—MEDIA AND PUBLIC AFFAIRS
AUSTRALIA

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Modern treatment allows people with HIV to live long, healthy lives and, when the virus remains undetectable, prevents sexual transmission. Private self-testing could help more Fijians take the first step towards that care.

A HIV diagnosis needn't mean a life cut short. With access to effective treatment and continuing care, people living with HIV can live long, healthy lives. Yet Fiji's escalating HIV emergency shows how many people remain beyond the reach of that medical progress.

The fear associated with HIV in earlier decades should no longer define its future. Today, antiretroviral medicines can control the virus and protect the immune system. HIV remains a lifelong condition requiring treatment, but it's no longer a death sentence for people who can access and stay on effective care.

Treatment also changes what a diagnosis means for a person's partner. People who take their medication as prescribed and achieve and maintain an undetectable viral load can't transmit HIV through sex. It's the principle known as U=U: undetectable equals untransmittable. It refers specifically to sexual transmission. That's a powerful reason to know your status. Testing opens the door to treatment that can protect a person's health and prevent sexual transmission once sustained viral suppression is achieved. Without diagnosis and treatment, HIV can damage the immune system, progress to AIDS and remain transmissible.

A HIV diagnosis should never be a reason for shame, exclusion or discrimination. Fear of judgement can discourage testing and delay care. Fiji's response needs to make seeking help an ordinary act of looking after one's health, backed by confidentiality, compassion and reliable services.

UNAIDS estimates that 9100 people were living with HIV in Fiji in 2025. Only 39% knew their status; just 22% were receiving antiretroviral treatment. Those estimates suggest about six in 10 people living with HIV remained undiagnosed. That's the opening through which an epidemic can continue to grow.

Australian company Atomo Diagnostics now wants to bring its HIV self-testing technology into the Fijian market and explore a role in the government's response. Its interest comes as Fiji confronts the task of finding people who do not know they need treatment.

The proposition is straightforward: give people another way to test privately, then connect those needing help to confirmatory testing and treatment. The company brings experience supplying an Australian community-led programme that's reached first-time testers and people outside inner-city health networks.

The question for Fiji is whether that experience can be adapted locally, affordably and safely.

Fiji recorded 2,016 new HIV diagnoses in 2025, up from 1,583 in 2024

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Fijians Should Know Their Status and Protect Fiji



- an increase of approximately 27%. Among people aged 20–24, diagnoses rose from 429 to 646, approximately 51%. This age group accounted for 32% of all new diagnoses. These are young adults entering employment, building relationships and planning families. The concentration of diagnoses among them makes access to testing an urgent question about Fiji's future.

The burden is also uneven. Males accounted for 65.7% of 2025 diagnoses, females 33.9% and transgender people 0.4%. People identifying as iTaukei accounted for 93.9%; Fijians of Indian descent 5.2%. These figures describe who was diagnosed, rather than how quickly cases increased within each population.

Fiji's Health Ministry also recorded 67 casses among children under 15 and 117 HIV-related deaths across all ages in 2025. Of those newly diagnosed during the year, 41.9% weren't enrolled in care.

Finding infections is only part of the challenge. Fiji must also make it easier for people to remain connected to services after diagnosis.

Nor should rising diagnoses be interpreted as infections acquired entirely within that year. Fiji's Health Ministry says expanded testing and improved reporting, alongside ongoing transmission, contribute to the increase in reported cases. Better detection can initially push diagnoses upwards even when it's strengthening the response.

In September this year, Fiji escalated its response by declaring HIV a national crisis. UNAIDS welcomed measures to strengthen prevention, testing and treatment, including harm reduction for people who inject drugs.

The organisation reported that, among cases with a known transmission route, more than half involved sexual transmission and more than 42% involved injecting drug use. Those percentages apply to cases with recorded routes; they should not be presented as a complete breakdown of every diagnosis. Self-testing could widen the front door to care. It can't replace the other doors Fiji needs - prevention medicines, safer injecting services, antenatal care and sustained treatment.

The WHO has welcomed Fiji's

plans to expand free testing, pre-exposure prophylaxis, harm reduction and treatment. Its South Pacific representative, Dr Mark Jacobs, offered a measured message of hope in a September 18 statement: "Global examples show that with significant and sustained action it is possible to bring this emergency under control".

Australia offers one relevant example of expanding access.

The National Association of People with HIV Australia (NAPWA) and Queensland Positive People launched HIVtest.au in October 2023, enabling adults in Australia to order free HIV self-testing kits online. An early evaluation examined orders and optional survey responses, rather than measuring a reduction in national HIV transmission.

By April 2024, 795 survey respondents provided a revealing picture: 44.3% were born overseas, 23% lacked Medicare coverage and 19% had never tested for HIV. First-time testers were more likely to live in outer-metropolitan, regional or remote areas than inner-metropolitan areas.

The significance is clear. Making a test available doesn't automatically make it accessible. Cost, location and whether someone feels comfortable using a service can determine whether testing happens at all. In its account of the first-year evaluation, NAPWA reported nearly 8000 orders, including more than 1700 from regional and remote areas. One in four survey respondents was a first-time tester. Those respondents were more likely to be under 30, identify as something other than gay and live outside inner-metropolitan areas.

NAPWA described the service as demonstrating "strong national demand for free, direct-to-consumer HIV self-testing kits delivered by post". It also said: "Free HIV self-testing complements self-test vending machine models and clinic-based testing".

The Australian experience shows what removing barriers can achieve - people previously outside the testing system asking to know their status. Its results demonstrate demand and reach, although they do not establish how many infections the programme prevented or whether every kit ordered was used.

Nevertheless, reaching people who had never tested is a public health result - and directly relevant to Fiji's large diagnosis gap.

Atomo's involvement is documented. In November 2024, the company announced an approximately AU\$440,000 order from NAPWA for HIV self-tests supporting expansion of the free programme. The announcement identified federal funding as supporting that expansion. Atomo's HIV self-test brings testing components together in a single device, with interlocking steps designed to guide users through the procedure. The company says this design reduces the scope for mistakes associated with handling separate components - a practical consideration when testing moves from a clinic into someone's home.

Atomo's already made decentralised testing a central part of its public health pitch. Announcing the NAPWA supply order in November 2024, the company said it was delighted to see HIV self-testing continue to be an increasingly important public health channel for delivering decentralised HIV testing. That Australian experience gives the company a concrete starting point for discussions in Fiji: supplying a test people can use privately, within a programme that connects them to clinical support.

Australia's regulatory record provides another point of reference. Atomo's product became the country's first approved HIV self-test in November 2018. The TGA subsequently eased supply restrictions following studies of usability and acceptability.

Federal investment has reinforced the place of self-testing within a broader response.

In May 2024, Health Minister Mark Butler announced AU\$43.9m for HIV initiatives, including AU\$2.5m over two years to expand the national self-test mailout programme. The package also supported prevention medication, community organisations, workforce training and testing through vending machines.

An AU\$41.7m package announced in December 2025 extended community-led activities. The government said NAPWA's home-delivery initiative would be able to provide up to 24,000 tests annually to more than 6000 people. These were funded delivery capacities, not figures proving how many infections had been prevented.

"Australia can be the first country in the world to achieve virtual elimination of HIV transmission," Butler said.

The ambition rests on combined prevention, diagnosis and treatment. The government's 2024 statement endorsed the evidence-based principle that people with HIV who maintain an undetectable viral load through treatment can't transmit HIV sexually. That's why a test's greatest value lies in what follows it.

Australia's latest surveillance provides encouragement without supporting exaggerated claims. The Kirby Institute reported 753 HIV diagnoses in 2025, broadly stable over three years and approximately one-quarter below 2016. Preliminary estimates indicated Australia had achieved the global 95–95–95 diagnosis, treatment and viral suppression targets nationally, although substantial inequalities remained.

Those gains belong to a long-running partnership involving communities, clinicians, researchers and governments. They can't be attributed to one manufacturer or one testing programme.

For Atomo, Fiji presents a potential commercial opportunity tied to

a public need. But successful market entry would require more than importing a product with Australian credentials.

The Australian programme's appeal lies in taking testing beyond the clinic. For Fiji, the challenge would be to build that convenience into a system able to respond when someone receives a result they fear.

A kit delivered or collected discreetly could offer another option for someone hesitant to seek a test in person. But a positive screening result must open a path to help, rather than leave its user alone with uncertainty.

That makes Fijian health workers and community organisations central to any expansion. They would need to shape how testing reaches young people, women and communities carrying the greatest burden, and how users find trusted clinical support. A Fijian service would also need its own approach to distribution. Australia's postal programme provides useful experience; it does not settle how best to reach Fiji's communities. Pharmacies, community organisations and outreach services could all be considered alongside delivery.

Affordability would be another decisive issue. Australia's programme removes the price of the test for its users. Any Fijian arrangement would need to explain whether government, donors or individuals would pay - and whether the people most in need could obtain a kit.

For the government, the value would be measured in people reached and connected to treatment. For Atomo, an entry into Fiji would offer a chance to demonstrate that its Australian experience can translate into locally useful services.

The two interests can meet, provided the public health response determines how testing is delivered.

Atomo's HIV self-test uses a finger-prick blood sample and provides a result in 15 minutes, according to the manufacturer. It's a screening test - a reactive result requires further testing by a clinician.

It also has a three-month window period and may miss recently acquired infection. Anyone concerned about a recent exposure needs clinical advice rather than relying on a negative self-test. The product tests for HIV, not syphilis, which requires separate testing.

Atomo's interest is an opening for engagement, rather than an announced supply agreement. The commercial terms, local permissions and any government partnership remain matters to establish before a Fijian rollout could take shape.

Fiji has already recognised the emergency. The next task is to make its response easier to reach.

Families confronting uncertainty need an accessible route to diagnosis, with dependable help and treatment available afterwards. People living with HIV deserve support, and a public message that reflects what modern medicine can achieve.

For Atomo, the strongest case is its documented contribution to a testing model that engaged people overlooked by existing services. For the government, the strongest reason to talk is the possibility of closing that same gap in Fiji.

A private test can begin a life-changing conversation. With confirmatory testing, treatment and community support behind it, that conversation can become part of Fiji's effort to bring HIV under control - and replace fear of a diagnosis with the knowledge that a healthy future is possible.

Feedback: naisak@fijisun.com.fj