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Commonwealth Department of
Health and
Aged Care

National HIV/AIDS Strategy

1999–2000
to 2003–2004

RESCINDED

Changes and Challenges

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1999–2000 to 2003–2004

Commonwealth Department of Health and Aged Care

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Foreword

Australia's comprehensive national approach to responding to HIV/AIDS has long been regarded as one of the best in the world. From the endorsement of the first National HIV/AIDS Strategy in 1989 through to the conclusion of the third National HIV/AIDS Strategy in 1999, Australia has recognised the need for coordinated action to combat HIV. In this National HIV/AIDS Strategy Australia again leads the way in responding to the challenges posed by the HIV/AIDS epidemic. In providing direction for Australia's continuing response to HIV/AIDS, this Strategy builds on the experience and knowledge that has been developed in Australia during nearly two decades of combating the virus.

This Strategy also builds on an important foundation established under previous HIV/AIDS Strategies—the partnership between and with affected communities, governments at all levels, and medical, scientific and health care professionals. The Strategy acknowledges the importance of this partnership and the need to continue to work with partnership members in the collaborative, non-partisan manner that has characterised Australia's response to date.

There have been important changes in the nature of the HIV/AIDS epidemic during the term of the third Strategy. Much of this change has taken place as a result of the availability of new antiretroviral treatments for HIV. Although the overall health impact of these treatments has been beneficial and welcome, the initial optimism surrounding the treatments has been tempered. Many people are now moving to a more realistic assessment of the true impact of the various drugs and treatment regimes, taking into account compliance difficulties and 'treatment fatigue'.

Further challenges to the effectiveness of Australia's response to HIV/AIDS are wide ranging and include the changing treatment and care needs of people living with HIV/AIDS, the evolving nature of the epidemic itself, and the maintenance of a quality Australian research base in this context.

Challenges for the future are not limited to those that can be linked directly to the virus itself or the efficacy (or otherwise) of treatment regimens. Among other challenges are reform of the population health sector; the promotion of a supportive, non-discriminatory legal, social and economic environment; and the increasing scale and rate of the epidemic's spread in the Asia–Pacific region.

Preventing the emergence of an HIV/AIDS epidemic among Aboriginal and Torres Strait Islander people remains a central challenge under this Strategy. To meet this challenge, programs with demonstrated effectiveness in preventing the emergence of HIV/AIDS and sexually transmissible infections in Indigenous communities will be afforded high priority.

The use and injection of illegal drugs continues to rise in Australia, and with it the risk of transmission of blood-borne viruses, such as HIV and hepatitis C. It is important that this National HIV/AIDS Strategy works well with the government's National Illicit Drug Strategy, as facilitating prevention remains of paramount importance.

It has always been recognised that Australia's strategic response to HIV/AIDS cannot exist in isolation. Accordingly, this Strategy recognises the importance of establishing and maintaining operational links with other national population health strategies; in particular those concerned with national drug policy, the health of Aboriginal and Torres Strait Islander people, the health of young people, and national responses to other blood-borne viruses such as hepatitis C and sexually transmissible infections.

There are significant opportunities for coordinated efforts in many of these population health areas, including education and prevention and research. By situating this Strategy within a broader communicable diseases framework, we have the opportunity to ensure that the overall health outcome is greater than the sum of the individual parts. It is the links between and the integration of these responses that will ensure both sustainability and maximum population health impact.

This Strategy has been drafted to operate as a flexible framework for responding to the challenges it identifies as well as others that will undoubtedly emerge during its five-year term. The Australian National Council on AIDS, Hepatitis C and Related Diseases will continue to report to me on the extent to which the Strategy is successfully implemented and how best to respond to the challenges that have been identified as well as those that emerge during the next five years.

The implementation of this Strategy will continue to rely on active cooperation between the Commonwealth and State and Territory governments. It will provide States and Territories with the flexibility to respond to the particular demands of the epidemic in their jurisdictions while at the same time providing a framework to ensure consistent national standards are maintained. The Commonwealth will continue to take a strong leadership role in the Australian response to HIV/AIDS.

I commend to you the National HIV/AIDS Strategy. It is my belief that this Strategy continues Australia's comprehensive national approach to HIV/AIDS and will provide an effective, flexible framework for responding to the future challenges of the epidemic.

Dr Michael Wooldridge
Minister for Health and Aged Care

Contents

1 Introduction

Just as its three predecessors have done, the National HIV/AIDS Strategy 1999–2000 to 2003–2004 relies on a partnership approach—between governments, the non-government sector and the community, particularly those groups most at risk of, and affected by, HIV/AIDS. This National HIV/AIDS Strategy continues to build on the achievements of the previous three strategies and many of the initiatives from them. It differs, however, from the previous strategies, mainly in its focus on achieving greater integration with related government policies and priorities. In this way, it seeks to maximise the benefits of a strategic approach to HIV/AIDS by working within the context of a nationally coordinated approach to population health and related areas.

There are three main areas in which this Strategy promotes integration with related policy.

- There is increased emphasis on responding to the needs of Aboriginal and Torres Strait Islander people across all components of the Strategy, consistent with broader government objectives in this regard. The Strategy's implementation will be facilitated through established forums connected with Indigenous health.

- The Strategy takes account of and complements government policy designed to counter the threat posed to society by illicit drugs. Although such policy aims more broadly to reduce the supply and use of illicit drugs, this Strategy acknowledges that people who do inject drugs may be at risk of HIV/AIDS and puts forward mechanisms for reducing that risk.

- The Strategy seeks to give clear expression to the links between the population health responses to HIV/AIDS and a broader range of related diseases, health concerns and sexually transmissible infections, among them hepatitis C and the sexual health of Aboriginal and Torres Strait Islander people.

The National HIV/AIDS Strategy 1999-2000 to 2003-2004 also seeks to ensure that the population health effort continues to be effective. This includes overcoming any complacency resulting from past successes in responding to the threat of HIV/AIDS or from long-term exposure to health promotion messages.

1.1 Continuing Australia's response to HIV/AIDS: a statement of purpose

The purpose of the National HIV/AIDS Strategy 1999–2000 to 2003–2004 is to safeguard the health of all Australians in relation to HIV/AIDS.

This purpose will be pursued through carrying forward the goals of each of Australia's three previous national HIV/AIDS strategies. There are two such goals:

- to eliminate the transmission of HIV;
- to minimise the personal and social impacts of HIV infection.

To achieve these broad goals, the principles and priorities of the National HIV/AIDS Strategy reflect the need to adopt proven population health interventions, including those that focus on identified priority areas and specific population groups. The Strategy's purpose of safeguarding the health of all Australians is served in this way, as it is through recognising the artificiality of the boundaries between many of these groups—and, indeed, between these groups and the community as a whole.

1.2 The National HIV/AIDS Strategy 1999–2000 to 2003–2004: a strategy in context

To date, Australian governments' commitment to a nationally coordinated response to HIV/AIDS has found expression in three successive national strategy documents.

Australia's first National HIV/AIDS Strategy was released in 1989, following extensive consultation based on a discussion paper entitled *AIDS: a time to care, a time to act—towards a strategy for Australians* (Department of Community Services and Health 1988). The first Strategy incorporated a number of concepts, derived from the 1986 *Ottawa Charter for Health Promotion*, that continue to guide Australia's response to the virus.

From the outset, Australia's response also had a number of distinctive features, among them the notion of partnership—between governments, affected communities, researchers, educators, and health care professionals—and the adoption of innovative education and prevention initiatives as a means of preventing the spread of the virus. These features were retained in both the second Strategy, which ran from 1993–94 to 1995–96, and the third Strategy, which ran from 1996–97 to 1998–99.

The third Strategy extended the experience gained in responding to HIV/AIDS to other diseases that are transmitted through similar risk behaviours or affect similar target groups, or both. The strategy document, *Partnerships in Practice*, emphasised the need to link and integrate related responses in an effort to sustain and maximise the population health benefit (Department of Health and Family Services 1996). During the term of this

National HIV/AIDS Strategy this emphasis on greater integration and more effective links with related programs and policies will be consolidated and extended.

1.3 HIV/AIDS in Australia: yesterday, today and tomorrow

Australia's HIV/AIDS epidemic is now about 16 years old, and its cost has been high: about 5700 Australians have died and a further 16 700 are living with chronic HIV infection (NCHECR 1999; see also Appendix A). As noted, our response to the virus has been characterised by a partnership, involving governments, affected communities, researchers, educators and health care professionals. The success of this partnership-based response is recognised worldwide.

Australia's experience of HIV/AIDS does, however, need to be viewed in the context of a global pandemic.

- By the end of 1998 there were 33.4 million people living with HIV/AIDS—a 10 per cent increase on the figure for 1997.
- In 1998 there were 5.8 million new infections—that translates to 16 000 new infections a day, or 11 every minute.
- In 1998 some 2.5 million people died from HIV/AIDS-related illnesses.
- In 1998 at least 2.7 million people aged 15 to 21 years became infected with the virus, which since its first emergence has infected over 4 million infants and children under the age of 15 years (UNAIDS–WHO 1998).

In the developing world, where the vast majority of infections occur, HIV/AIDS has begun to erode achievements in child survival and life expectancy and to threaten development gains. Some of Australia's neighbours, such as Papua New Guinea, are among the countries experiencing rapid growth in the number of new infections. As Australia's National HIV/AIDS Strategy comes into effect this situation presents enormous challenges—not only for our international aid program but also for the effectiveness of our own national response.

Australia's prompt and rational actions have placed it at the forefront of best-practice population health responses to HIV/AIDS in the world, and the mobilisation of affected communities has been central to the effectiveness of our response. In addition, initiatives to protect the integrity of the blood supply and to minimise the risk of transmission through injecting drug use and unsafe sexual practices led to an early reduction in estimated HIV incidence, to around 500 a year. This is encouraging, but it does not mean that Australia can relax in its efforts to eliminate, as far as possible, the rate of infection.

HIV/AIDS still requires a concerted national response from all members of the partnership and across a range of government ministries and agencies. This National HIV/AIDS Strategy aims to continue and augment Australia's success, by building on the sound foundations of earlier strategies and by rising to emerging challenges.

Although our understanding of HIV/AIDS has increased dramatically, challenges in prevention, treatment and care continue to emerge. The most important advance in recent years has been the improved efficacy of antiretroviral therapies and treatments for opportunistic illnesses. For many people living with HIV/AIDS the new treatments have proved highly effective in improving their prognosis and quality of life. But not everyone has benefited to the same extent, and some people have experienced treatment failure and clinically intolerable side effects.

The availability of more effective treatments challenges us to ensure that our response to HIV/AIDS remains relevant and effective. Health promotion initiatives must now speak to people who have lived through 16 years of the epidemic, as well as to young people and people newly at risk. Access to preventive measures for people who inject drugs must be maintained and improved if Australia is to build on its success in HIV prevention in this population. Further, changing patterns of demand for care and support services mean that Australia must retain flexibility in the provision of services and the capacity to return to higher levels of acute and palliative care if necessary. The prospect of advances in the development of vaccines during the term of this Strategy brings with it both cause for optimism and the need to integrate access initiatives related to prevention and treatment into this area of the response.

Further efforts are needed to combat the threat of HIV/AIDS in Aboriginal and Torres Strait Islander communities. In this respect the National HIV/AIDS Strategy maintains the commitment of the third Strategy and the National Indigenous Australians' Sexual Health Strategy to work with and for Aboriginal and Torres Strait Islander people to achieve better health outcomes.

This National HIV/AIDS Strategy provides the framework for our response to the challenges envisaged for the next five years. It will be implemented in the context of a communicable diseases framework and will operate alongside other separate, but linked, national strategies, in particular the forthcoming National Hepatitis C Strategy and the nationally coordinated approach to sexual health, which are being developed. Areas of overlap—indicated by factors such as epidemiology and effective health promotion—necessitate consistency and coordination between strategies, to maximise their individual and collective effectiveness.

Epidemiological and behavioural research continues to show that most people living with or at risk of HIV infection in Australia are gay or other homosexually active men. In view of this, the National HIV/AIDS Strategy maintains the direction of the previous strategies in recognising this group as

the priority for health promotion. Nevertheless, this Strategy also acknowledges other populations and communities that are affected by the epidemic, among them Aboriginal and Torres Strait Islander people, people who inject drugs, people in custodial settings, sex workers, and the male and female sex partners of these people.

2 The central elements of Australia's response

The success of Australia's response to HIV/AIDS is well recognised. Fundamental to this success are a number of elements that were central to previous national HIV/AIDS strategies and are carried forward in this National HIV/AIDS Strategy 1999–2000 to 2003–2004. The closer integration of strategic responses in population health is another important aspect of this Strategy: for the first time, the National HIV/AIDS Strategy will link with and operate alongside the forthcoming National Hepatitis C Strategy and the nationally coordinated approach to sexual health, within the context of a national communicable diseases framework.

The central elements of Australia's response to HIV/AIDS in the five years to 2003–04 are as follows:

- a national strategy approach;
- an enabling environment;
- non-partisan political support;
- health promotion and harm minimisation;
- the partnership approach;
- the involvement of affected communities;
- linked strategies.

2.1 A national strategy approach

From the outset, a national strategy approach has been central to the Australian response to HIV/AIDS. *Proving Partnership: Review of the National HIV/AIDS Strategy*, noted that a single strategic document continues to be extremely valuable in providing the framework needed at all levels and across all jurisdictions for a coordinated, coherent national response (ANCARD 1999a).

2.2 An enabling environment

The impact of HIV/AIDS extends beyond the clinical manifestations of illness to other factors such as housing, income support, discrimination,

privacy, human rights, and Australia's participation in the global response to the virus. Although, as before, responsibility for implementing this Strategy lies primarily with departments responsible for health, important aspects of the Strategy will continue to require cooperation and coordination between diverse Commonwealth agencies, as well as equivalent agencies at the State and Territory level.

Under this Strategy renewed efforts will be made to further develop a social and legal environment that protects the rights of people living with HIV/AIDS and encourages people, whose behaviours place them at risk of contracting the virus, to participate at all levels of the response to the epidemic. The extent to which this supportive environment gains strength will be dependent on all levels of government providing renewed leadership in this regard, while at the same time ensuring that the gains already made are not lost.

2.3 Non-partisan political support

Non-partisan political support has been vital to the success of Australia's response to HIV/AIDS to date. Among other things, it involves support for pragmatic social policy and for innovative, sometimes bold, interventions that seek to effect sustainable behaviour change among some of the more marginalised groups in society. Such support for population health interventions that acknowledge the reality of risk behaviours continues to be a central element of our response.

2.4 Health promotion and harm minimisation

From the outset Australia's education and prevention strategies for reducing the transmission of HIV have been based on the concepts of health promotion and harm minimisation. The principles of the 1986 *Ottawa Charter for Health Promotion* have been an essential part of our national HIV/AIDS strategies. The Charter identifies five broad ways in which individuals, communities and governments can act to improve health.

- Build healthy public policy.
- Create supportive environments.
- Strengthen community action.
- Develop personal skills.
- Re-orient health services.

'Health promotion' includes disease prevention, education, social mobilisation and advocacy. Good health promotion recognises the political, economic, social, cultural, environmental, behavioural and biological determinants of health. In order to be most effective, health promotion

programs emphasise local needs as well as the differing social, cultural and economic conditions applying in society more generally.

Where behaviour is identified as harmful, harm-minimisation interventions have been used in an attempt to reduce the health consequences—such as disease transmission and the resultant personal and social impacts—associated with that behaviour. There is overwhelming evidence that interventions to minimise the harmful effects associated with illicit drugs have been and continue to be highly effective in containing the spread of HIV among people who inject drugs (Department of Human Services and Health 1995).

Measures taken to reduce the harm suffered by people who inject drugs will complement initiatives designed to counter the threat posed to society by illicit drugs, while acknowledging that people who do use drugs need access to treatment and support services. Under this National HIV/AIDS Strategy, a variety of harm-minimisation interventions appropriate to particular contexts in which people inject drugs will continue to be promoted. Links will be further developed with other national population health strategies relevant to injecting drug use, such as the National Drug Strategic Framework 1998–99 to 2002–03 and the forthcoming National Hepatitis C Strategy.

2.5 The partnership approach

The partnership approach continues to be at the heart of Australia's response to HIV/AIDS. The partnership is an effective, cooperative effort between all levels of government, community organisations, the medical, health care and scientific communities and people living with or affected by HIV/AIDS, all working together to control the spread of HIV and to minimise the social and personal impacts of the disease. It is based on a commitment to consultation and joint decision making in all aspects of the response. In keeping with the recommendations of the review of the third National Strategy (ANCARD 1999a), partnerships across all levels and jurisdictions will remain central to the implementation of this Strategy.

2.6 The involvement of affected communities

Affected communities were the first to mobilise and respond to the threat of HIV/AIDS in Australia, promoting community awareness and demanding a population health response. Their activity has been critical to the success of the Australian response, and this National Strategy re-emphasises their involvement at every level of the response—in the planning, delivery and evaluation of HIV/AIDS programs, services and policies. Prevention and health promotion initiatives must both take account of and respect the needs of affected communities.

2.7 Linked strategies

Optimal implementation of this National HIV/AIDS Strategy calls for coordination with other national population health initiatives that have a bearing on the health and wellbeing of people living with and affected by HIV/AIDS. Among these initiatives are the *National Drug Strategic Framework 1998–99 to 2002–03*; the *National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998 - 1999*; *Building on Success 3, the Commonwealth's response to Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men*; the *National Mental Health Strategy*; the *National Suicide Prevention Strategy*; *Healthy Horizons: a Framework for Improving the Health of Rural, Regional and Remote Australians 1999 - 2003*; and *Health of Young Australians: A National Health Policy for Children and Young People*. As other national population health initiatives are developed during the term of this National HIV/AIDS Strategy links will be established where appropriate. Coordination is also needed to ensure that proven successes under previous HIV/AIDS strategies are reflected in the content and implementation of related strategies.

The National Public Health Partnership will remain an important mechanism for coordinating efforts across the spectrum of population health activity in Australia. The cooperation of participants in the partnership approach that has characterised the national HIV/AIDS strategies will continue to serve as an example of best practice in this regard.

At the national level, the Australian National Council on AIDS, Hepatitis C and Related Diseases and its committees and the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases are responsible for coordinating and implementing related strategies.

3
Priority areas

The National HIV/AIDS Strategy 1999–2000 to 2003–2004 has five priority areas to guide implementation:

- an enabling environment;
- HIV/AIDS-related health promotion, including disease prevention;
- treatment, care and support;
- research;
- international assistance and cooperation.

3.1 An enabling environment

Successive national HIV/AIDS strategies have acknowledged that an environment that respects and protects the rights of people living with and affected by HIV/AIDS and people at risk of HIV infection is vital to effective HIV prevention, education and health promotion. The development of an enabling environment as an integral part of Australia's HIV/AIDS response reflects the principles established by the 1986 *Ottawa Charter for Health Promotion* and the 1997 *Jakarta Declaration on Leading Health Promotion into the 21st Century*. These principles concern a 'whole-of-government' approach to health and an environment that enables individuals and communities to exercise control over their own health.

3.1.1 Objectives

- Develop a legislative and public policy framework that ensures that people at risk of HIV infection and people living with or affected by HIV/AIDS have access to prevention information, the means of prevention, and health-promotion programs.

- Protect the human rights of people living with or affected by HIV/AIDS and people at risk of HIV infection.

The importance of preventing HIV transmission in Australia has led to pragmatic legislative, policy and program responses designed to minimise harm. This Strategy renews the commitment to HIV/AIDS-related law reform. The Commonwealth will play a leadership role in establishing regular intersectoral forums to work on such reform.

3.1.2 Challenges

- Maintain support for a nationally coordinated response to HIV/AIDS across all relevant portfolios.
- Develop and maintain the support for legislation, policies and programs that have proved successful in containing the epidemic in the face of growing perceptions of a reduced threat of HIV/AIDS. This will involve both promoting evidence-based interventions and engendering positive community attitudes towards public policies.

3.1.3 Guiding principles

- A supportive legislative environment, at all levels of government, must underlie Australia's efforts to respond to HIV/AIDS.
- The legal environment should emphasise a rational, humane, non-coercive and responsive approach to the serious problems posed by HIV/AIDS. Laws specifically created to deal with HIV/AIDS require particular justification.
- All governments should promote policies designed to eliminate discrimination against, marginalisation of, and prejudice and violence against people living with or affected by HIV/AIDS.
- People living with or affected by HIV/AIDS have the same right to accessible, high-quality and confidential legal information, advice and assistance as other members of the community, without fear of discrimination.
- Where appropriate, approaches to legislation, policy and programs should be as consistent as possible across jurisdictions.
- The principles of access, equity, participation and equality for all people living with or affected by HIV/AIDS are integral to Australia's response to HIV/AIDS.
- The Australian National Council on AIDS, Hepatitis C and Related Diseases will continue to play a central role in identifying priorities and pressing for law reform under this National HIV/AIDS Strategy.

3.2 HIV/AIDS - related health promotion

HIV/AIDS-related health promotion will continue to involve a wide range of activities and programs focusing on education aimed at preventing the transmission of HIV and initiatives to improve the health and quality of life of people living with HIV/AIDS.

3.2.1 Objectives

- Prevent the transmission of HIV.
- Maximise the health and wellbeing of people living with HIV/AIDS.
- Reduce the personal impacts of HIV infection.
- Build the community's capacity to respond effectively to the HIV/AIDS epidemic.
- Improve the skills and knowledge base of health care workers in the context of changes to the epidemic and perceptions of risk among target groups.
- Maintain awareness of HIV/AIDS within the Australian population.

3.2.2 Guiding principles

- Health promotion programs for specific communities are best delivered by the communities themselves, through peer-based initiatives and in partnership with governments, health professionals and researchers.
- The participation of people living with or affected by HIV/AIDS is essential to any HIV/AIDS-related health promotion program.
- Each person must take responsibility for preventing himself or herself becoming infected and for preventing further transmission of the virus.
- The fundamental principles of voluntary testing and informed consent, as outlined in the HIV Testing Policy (ANCARD–IGCARD 1998), must be maintained and promoted.
- Links between HIV/AIDS-related health promotion activities and the health promotion activities associated with other population health strategies and programs should be identified and strengthened, to improve combined efficiency and effectiveness.
- Health promotion initiatives should be based on sound social, behavioural and epidemiological research, which should be conducted with due regard to cultural context.
- Health promotion initiatives must take into account cultural and linguistic backgrounds, gender, age, sexual orientation, standards of literacy, disability and geographical location, with a view to removing impediments to access to such initiatives.
- People in custodial settings should receive prevention and health education services that are equivalent to those applying to the broader population.

- HIV/AIDS-related health promotion activities directed at specific priority groups should take into account the prevention and education needs of the sexual partners of people in these groups.

- The control of sexually transmissible infections, particularly those that are markers for HIV infection, is an area for further activity.

- Where appropriate, HIV/AIDS-related prevention and health promotion activities directed at priority groups should incorporate messages about other sexually transmissible infections.

- It is important to recognise that the social and economic status of some women may make it difficult for them to protect themselves from infection. Women's circumstances—for example, in relation to reproductive rights and the risk of transmitting HIV infection to unborn and newly born children—should be taken into account.

- Materials designed to help prevent the transmission of HIV and sexually transmissible infections must be presented in such a way as to have maximum effect on the risk-related behaviour of specific groups. From time to time the use of explicit images and language in education programs may be warranted.

- Promoting HIV/AIDS awareness, including through school-based education initiatives, must continue in the general community, to ensure that gaps in the reach of education, prevention and health promotion initiatives are minimised.

- All health care workers, carers, educators, and law enforcement and correctional personnel should have access to appropriate HIV/AIDS workforce-development programs.

3.2.3 Priority groups

On the basis of epidemiological, social and behavioural research, this National HIV/AIDS Strategy identifies six population groups as priorities for prevention, education and health promotion initiatives:

- gay and other homosexually active men;
- Aboriginal and Torres Strait Islander people;
- people who inject drugs;
- people in custodial settings;
- sex workers;
- people living with HIV/AIDS.

These groups are not mutually exclusive: their membership overlaps and includes both women and men, either as the named priority or as the sex partner of the named priority.

The population groups that are currently most vulnerable to HIV transmission are gay and other homosexually active men, Aboriginal and Torres Strait Islander people, and people who inject drugs. The prevalence of HIV among people in custodial settings and sex workers remains low, but the potential for it to increase remains, so these populations will continue to be accorded priority for prevention, education and health promotion under this Strategy.

People living with HIV/AIDS are a priority group in their own right—in terms of their specific treatment and care and health-maintenance information and education needs—and they remain central to effective prevention efforts among the populations identified.

In addition, young people, people in rural and remote areas, people with disabilities (including intellectual disabilities and other cognitive impairments), transgender people, international and domestic travellers, and people from culturally and linguistically diverse backgrounds may sometimes be at relatively higher risk of infection. They may also form part of one or more of the priority groups, and they will have specific requirements in terms of HIV/AIDS-related prevention, education and health promotion initiatives.

Gay and other homosexually active men

Gay men and other homosexually active men have borne the greatest burden of the HIV/AIDS epidemic in Australia: approximately 85 per cent of new infections occur among this group (NCHECR 1998). The effectiveness of peer-based responses to HIV/AIDS has been clearly demonstrated in gay communities. This Strategy will continue to support and augment the capacity of community-based organisations representing gay men and people living with HIV/AIDS to contribute to prevention, education and health promotion initiatives.

HIV/AIDS-related health promotion and prevention efforts under this Strategy will be in keeping with *Building on Success 3, the Commonwealth's response to Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men* (1998). The focus will be on maintaining and reinforcing the safe sex culture of gay and other homosexually active men through education, social mobilisation and advocacy. In this, consideration must be given to the needs of HIV-positive and HIV-negative men as well as their male and female sex partners.

Challenges

- Maintain and reinforce the safe sex culture among gay and other homosexually active men in the face of a changing epidemic and changing perceptions of the risk of HIV transmission, in the broader context of gay and other homosexually active men's health.

- Maintain the relevance of safe sex messages for gay men, who have been exposed to such messages over an extended period, while being mindful

of the health promotion needs of newly sexually active men, particularly young men.

- Ensure that health promotion messages take into account risk contexts and acknowledge the social, behavioural and cultural factors that may affect health-enhancing behaviours; for example, mobility and travel, alcohol and drugs, and mental health.

- Improve the dissemination of health promotion messages, through a range of services, for target populations.

Aboriginal and Torres Strait Islander people

HIV/AIDS continues to pose a serious threat to Aboriginal and Torres Strait Islander people. The fundamental challenge is to improve the standard of primary health care services that are available to them.

This National HIV/AIDS Strategy recognises that Aboriginal and Torres Strait Islander people may also be members of the other identified priority groups and that all initiatives designed to respond to the epidemic should take account of their needs. The Strategy also recognises the diversity within and between Indigenous communities: this, too, needs to be taken into account in the design, delivery and evaluation of services and programs.

Under this National HIV/AIDS Strategy prevention and health promotion initiatives directed at Aboriginal and Torres Strait Islander people will be developed in both the sexual health and the HIV-specific contexts. The National Indigenous Australians' Sexual Health Strategy will continue to emphasise HIV prevention and health promotion in the context of sexually transmissible infections, and the Australian Federation of AIDS Organisations' National Indigenous Gay and Transgender Sexual Health Strategy will continue to emphasise HIV prevention and health promotion for Aboriginal and Torres Strait Islander gay men and 'sistergirls' (Lee 1998).

State and Territory governments, the State affiliates of the National Aboriginal Controlled Community Health Organisation, the Aboriginal and Torres Strait Islander Commission and the Commonwealth have developed framework agreements on Indigenous health. This mechanism should facilitate implementation of this National HIV/AIDS Strategy and the National Indigenous Australians' Sexual Health Strategy.

Other risk contexts for some Aboriginal and Torres Strait Islander people—such as injecting drug use, high rates of incarceration, and inadequate housing, social and economic infrastructure—also warrant attention. The higher prevalence of HIV and sexually transmissible infections among Aboriginal and Torres Strait Islander women in some areas is of particular concern, as is ensuring reproductive health and that HIV testing is based on informed consent.

HIV prevention and health promotion initiatives will incorporate the needs of the relevant target groups and will include culturally appropriate treatment, care and support services for Aboriginal and Torres Strait Islander people living with HIV/AIDS.

Challenges

- Improve the sexual health of Aboriginal and Torres Strait Islander people.
- Augment the capacity of Aboriginal and Torres Strait Islander communities and community-controlled organisations to control, develop and monitor prevention and health promotion programs, using and building on culturally appropriate models of best practice.
- Extend the capacity for screening and control of sexually transmissible infections, to prevent HIV transmission among Aboriginal and Torres Strait Islander communities.
- Sustain and expand effective cross-border partnerships for preventing the spread of HIV and other sexually transmissible infections.
- Develop partnerships between Aboriginal community–controlled health services and HIV/AIDS service providers and community organisations to improve prevention and health promotion efforts for Aboriginal and Torres Strait Islander people.

People who inject drugs

Health promotion programs for people who inject drugs continue to be a priority under this National HIV/AIDS Strategy. Initiatives will be promoted to increase user groups' capacity to design, manage and participate in peer-based prevention and health promotion activities and to participate in the broader partnership response to the epidemic.

It has been demonstrated that the provision of clean, sterile injecting equipment through needle and syringe programs has done much to contain the spread of HIV among people who inject drugs (Department of Human Services and Health 1995). Even a small increase in the sharing of injecting equipment could lead to a rapid increase in the rate of HIV transmission, so continued support for needle and syringe programs, from all levels of government, is essential.

Under this National HIV/AIDS Strategy health promotion efforts for people who inject drugs will be consistent with such efforts initiated under the forthcoming National Hepatitis C Strategy. They will also be consistent with the principles on which the *National Drug Strategic Framework 1998–99 to 2002–03* is based. The framework document states,

> While the practice of injecting drug use continues, the provision of sterile injecting equipment through needle and syringe programs is an important

> harm-reduction strategy for preventing the spread of blood-borne viruses, such as HIV and hepatitis C. (Ministerial Council on Drug Strategy 1998, p. 16)

At the same time, measures initiated under the auspices of this National HIV/AIDS Strategy will complement the broader government commitment to countering the threat posed to society by illicit drugs, while recognising that people who do use drugs need access to appropriate treatment and support services. Government initiatives in the areas of prevention and early intervention, reducing the supply of drugs, expanding drug education, and providing effective treatment services are all relevant to the design, delivery and evaluation of health promotion initiatives focusing on HIV/AIDS and other diseases such as hepatitis C. Recently announced measures that increase the availability of counselling, education and referral through needle and syringe programs are also designed to complement efforts under this Strategy.

Among other important strategies that are recognised in the National Drug Strategic Framework are the availability of alternative pharmacotherapies, access to drug treatment programs, and diversion from the criminal justice system for drug users charged with minor drug-related offences (*National Drug Strategic Framework 1998–99 to 2002–03*).

The Australian National Council on AIDS, Hepatitis C and Related Diseases will have a role in monitoring consistency in the application of harm-minimisation strategies and in recommending remedial action should this be required.

This National HIV/AIDS Strategy maintains the focus on promoting safe sexual practices and improving the sexual health of people who inject drugs as well as their sex partners.

Challenges

The following challenges arise in the context of a continuing, significant increase in the number of people injecting drugs (Hepatitis C Sub-committee 1998).

- Maintain the commitment to the principle and practice of harm minimisation, including education, counselling and supply and demand reduction measures.

- Maintain access to programs that promote safety in the face of changing patterns in practices associated with injecting drug use.

- Adapt to changing patterns of injecting drug use, in both urban and rural settings, as different drugs and polydrug use wax and wane in popularity.

- Extend community development among groups representing the health interests of injecting drug users, through measures such as strengthening

peer-based health promotion initiatives and increasing such groups' capacity to contribute to the partnership.

- Improve the sexual health of people who inject drugs through the development of specific, targeted health promotion initiatives.

- Incorporate emerging drug treatment options for people who inject drugs in HIV/AIDS health promotion initiatives.

- Acknowledge that young people may be at risk of HIV/AIDS and related diseases through injecting drug use and ensure that school-based and other education programs for young people take this into account within the context of education about the dangers of illicit drug use. The Commonwealth is supporting effective and comprehensive school drug education under the National School Drug Education Strategy released in May 1999 and under the "Tough on Drugs in Schools" measures agreed by the Council of Australian Governments in April 1999. These measures are rolling out over four years.

People in custodial settings

People in custodial settings have the right to prevention, education and health promotion initiatives that are equivalent to those applying to the broader population.

The high levels of needle sharing, the continuing availability of drugs, and the mixing effect resulting from the high number of internal transfers of inmates within and between institutions increase the risk of an outbreak of HIV among people in correctional facilities. From the national perspective, prevention, education, and reducing the extent of unsafe sexual and injecting behaviours should be central to efforts designed to curb the spread of HIV in these facilities.

Challenges

- Implement appropriate harm-minimisation programs in custodial settings.

- Expand HIV/AIDS prevention and education initiatives directed at both inmates and staff of correctional institutions.

- Ensure a continuum of HIV/AIDS-related treatment, care and support services before, during and after imprisonment.

- Ensure equitable access to health promotion and treatment and care services for all people in custodial settings, including those outside urban areas.

Under this Strategy the Australian National Council on AIDS, Hepatitis C and Related Diseases will play a leadership role by establishing regular intersectoral forums to discuss and advance HIV/AIDS health promotion in correctional institutions.

Sex workers

HIV seroprevalence among female sex workers remains low (NCHECR 1998).* This is testament to sex workers' prompt and effective response to the HIV/AIDS epidemic, and it demonstrates the importance and effectiveness of peer-based initiatives in HIV prevention and health promotion.

Under this Strategy the Australian National Council on AIDS, Hepatitis C and Related Diseases, along with other members of the partnership, will continue to press for reform of legislative frameworks and law enforcement practices that adversely affect the health of male and female sex workers or health promotion measures directed at these people and their clients.

Challenges

- Develop and implement prevention and health promotion programs appropriate to the various contexts in which sex work takes place. This includes consideration of young people engaging in opportunistic sex work and people from diverse linguistic and cultural backgrounds.

- Expand sex worker organisations' capacity to design, manage and participate in peer-based health promotion activities and to participate in the broader partnership response to the epidemic.

People living with HIV/AIDS

There were considerable changes in the pattern and nature of the HIV/AIDS epidemic during the term of the third National Strategy, largely as a result of the availability of new and more effective treatments for HIV. The optimism surrounding the release of these treatments has since been tempered by experience with their use. For many people living with HIV/AIDS, the new treatments have been highly effective in improving their prognosis and quality of life. Not everyone has benefited to the same extent: some people have experienced significant treatment failure and clinically intolerable side effects as a result of the toxicity of many of the drugs used. Further, since many people with HIV/AIDS now live longer, there is an increasing need to focus on AIDS dementia complex and other mental health concerns.

In addition to health-related problems, a range of needs arise as a consequence of living with a chronic illness, among them the need for access to workplace re-entry and retraining programs and for education about legal rights and financial management. These needs must be accommodated in a comprehensive health promotion program and through other intersectoral efforts.

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* 'Similar data in relation to male sex workers is not readily available; however, there is no reason to assume that it would not show similar results' (NCHECR 1998, p. 18).

Health promotion efforts for people living with HIV/AIDS should focus not only on treatments and health maintenance but also on initiatives relating to broader health education and improved quality of life.

Challenges

- Improve the quality of life of people living with HIV/AIDS.
- Improve knowledge, understanding and choice in relation to treatment options.
- For people on treatments, facilitate compliance with treatment regimens.
- Foster understanding of the differences in disease progression and treatment between men and women.
- Better inform people living with HIV/AIDS, their partners and other relevant parties (including health care professionals) about safe pregnancy.
- Ensure recognition of and respect for reproductive rights in the context of HIV/AIDS.
- Maintain and increase knowledge about opportunistic infections, sexual health, and co-infection with other chronic illnesses.
- Help individuals take up renewed life opportunities.
- Recognise the 'continuum-of-care' needs of people living with HIV/AIDS.
- Encourage health-enhancing behaviours, particularly in relation to diet, exercise, stress management and lifestyle.

3.3 Treatment, care and support

The efficacy of combination therapy for HIV/AIDS has resulted in a decline in the level of demand for acute care services and an increase in the level of demand for ambulatory, general practice and community-based care and support services. Structural adjustment will continue to be required to adequately respond to these changes. There is also a continuing requirement to provide support for community-based services: they are integral to the care and support of people living with HIV/AIDS. The States and Territories must ensure that funding is applied according to the changing demand for HIV/AIDS-related services.

As a consequence of the decreasing AIDS death rate and a relatively stable HIV seroconversion rate, a growing number of people with HIV/AIDS are living longer. Further, social and behavioural research shows that many people with HIV/AIDS are living in poverty. As noted, the demand for

services is moving from acute care to community settings: this produces an increased need for support in making complex treatment decisions, adherence to treatments, managing side-effects, and health maintenance. There remains, however, uncertainty about the long-term efficacy of treatments, which means that flexible frameworks are needed, so that Australia can respond effectively as the nature of the epidemic changes.

One important recent development concerns the increased number of people living with HIV/AIDS who are experiencing problems associated with poor mental health, ranging from AIDS-related dementia to depression induced by the complexities of living with HIV/AIDS. This Strategy must ensure that these mental health concerns are taken into account.

Furthermore, responding effectively to the broad range of psychosocial impacts of combination therapy will require coordination across a number of sectors and health care service providers.

3.3.1 Objectives

- Identify and provide equitable access to systems of treatment, care and support that will improve the health of all people living with HIV/AIDS.
- Improve and maintain quality of life for people living with HIV/AIDS.

3.3.2 Challenges

- Respond to the changing needs of people living with HIV/AIDS promptly and effectively.
- Develop a coordinated continuum of care, defined as an integrated, client-oriented system of care consisting of services and integrating mechanisms that support clients over time, across a comprehensive array of health and social services, and spanning all levels of intensity of care. To this end, the States and Territories should develop action plans for HIV/AIDS treatment and care in consultation with other partnership members.
- Ensure access to approved therapies and monitoring tools, such as viral-load testing, as well as access to complementary therapies.
- Continue to ensure that the approval processes of the Therapeutic Goods Administration and related committees remain responsive to new developments in therapy, especially in relation to prompt consideration and approval of new technologies and new therapeutic agents, such as immuno-modulating agents and therapeutic vaccines.
- Ensure that models of care for both women and men are updated as necessary.

- Continue to review access arrangements for Commonwealth-funded antiretroviral drugs in Australia, with a view to extending access to these drugs beyond hospital pharmacies and in rural and remote areas.

- Improve access to HIV/AIDS information and health care services in rural and remote communities by helping general practitioners and sexual health clinicians to keep informed about HIV/AIDS-related clinical and psychosocial factors.

- Ensure access to mental and other health services for people living with HIV/AIDS and experiencing mental health problems.

3.3.3 Guiding principles

- People living with HIV/AIDS have the same right to comprehensive and appropriate health care as other members of the community, without fear of discrimination.

- Particular attention should be paid to meeting the needs of people living with HIV/AIDS who may experience difficulty gaining access to appropriate services and treatments.

- People living with HIV/AIDS should be involved in the planning and implementation of treatment, care and support programs. This includes representation on relevant bodies.

- Early intervention and health maintenance and monitoring are the basis of best practice.

- The access, quality, safety and efficacy principles of the *National Medicines Policy 2000* should be observed in relation to the management of HIV/AIDS medication.

- Training for health care workers, both professional and volunteer, will continue to promote non-discriminatory behaviour and treatment, as well as adherence to infection-control procedures.

- Community-based volunteer services will be encouraged and supported: they are integral to the community care network.

- HIV-positive people in correctional facilities have the right to treatment and care services that are equivalent to those available to other people living with HIV/AIDS.

- The Australian National Council on AIDS, Hepatitis C and Related Diseases will continue to play a central role in establishing and monitoring standards of care.

3.4 Research

Research into the various aspects of HIV/AIDS will continue to play a critical role under this National HIV/AIDS Strategy. The work of the national centres in HIV research will continue to support the objectives of this Strategy.

The approach taken to HIV/AIDS research in Australia recognises that most scientific knowledge relating to health has come from fundamental social, virological, clinical and epidemiological research. The needs of society also create a demand for strategic research, which plays a vital role in informing policy development, health promotion and health care programs. Australia's approach recognises that a balance is needed between fundamental and strategic research.

The Australian National Council on AIDS, Hepatitis C and Related Diseases will continue to be responsible for liaising with the National Health and Medical Research Council in relation to the management of project grants and training awards, to ensure consistency with the priorities of the research program.

3.4.1 Objective

- Extend knowledge about ways of preventing the spread of HIV infection, reducing the harm to individuals and the community resulting from HIV infection, and improving the quality of life of people living with HIV/AIDS by conducting:
  - epidemiological, social and behavioural research to inform and facilitate HIV/AIDS policy and program development, planning and management;
  - research into the replication, pathogenesis and transmission of HIV and other viruses that have a clear and direct impact on HIV progression or transmission, to facilitate the development of vaccines, immuno-modulatory agents and antiretroviral drug treatments;
  - clinical research into the safety and efficacy of new treatments and treatment strategies;
  - research into the clinical management of HIV/AIDS that aims to identify best practice in health management in health care settings.

3.4.2 Challenges

- Maintain the research sector's responsiveness to changes in the nature of the HIV/AIDS epidemic.
- Ensure that all aspects of the research program continue to incorporate a partnership approach consistent with this Strategy.

- Explore options for ensuring that research results continue to be made available in a way that best informs program design and delivery.
- Adapt successfully to the changes taking place in health and medical research as a result of the Health and Medical Research Strategic Review (NHMRC 1998) and other developments.
- Engage all members of the partnership in discussion of the legal, ethical and behavioural impacts of vaccine development.

3.4.3 Guiding principles

- Research evidence will continue to guide Australia's national HIV/AIDS response.
- Research is undertaken within the framework of the *Ottawa Charter for Health Promotion*.
- The community will continue to be involved in the determination of research priorities, including through the Australian National Council on AIDS, Hepatitis C and Related Diseases.
- Treatment and vaccine trials will be conducted in an ethical manner and will complement health promotion initiatives or continued access to treatment programs.
- The Australian National Council on AIDS, Hepatitis C and Related Diseases will promote and support innovative interdisciplinary research and speculative research.
- Resources will be allocated, according to identified priorities, to areas lacking data and where the greatest population health benefit can be obtained.
- Methods of research that are appropriate to the subject area or population under investigation will be deployed.

3.4.4 The Australian HIV/AIDS research review

The processes underlying the formulation of research priorities will be informed by the outcomes of the *Review of Australian HIV/AIDS Research* (ANCARD 1999b).

3.4.5 Vaccines

Australia has the capacity to make an important contribution to the development of vaccines for HIV and such work is likely to feature prominently during the term of this Strategy. To capitalise on the benefits of vaccines for the prevention and treatment of HIV/AIDS, a coordinated national effort will be made: the Australian National Council on AIDS,

Hepatitis C and Related Diseases will play a central part in coordinating this effort.

The following will be the main components of the national vaccine effort:

- a coordination system that integrates initiatives designed to reduce risk behaviours with initiatives relating to vaccines and treatment;
- a commitment to build on Australian strengths in partnership responses, immunology, virology, clinical trials, socio-cultural analysis and community development, in a manner that returns value to the community that has invested in this research and development;
- a commitment to conduct population efficacy trials of a coordinated prevention strategy that incorporates vaccines alongside education and treatment programs;
- recognition that coordination is required both within and between vaccine, education and treatment programs.

3.5 International assistance and cooperation

Initiatives to combat the spread and effects of HIV/AIDS in Australia have been relatively successful, but the scale of the epidemic in the surrounding region continues to increase.

South and Southeast Asia have been identified as the region with the second highest prevalence of HIV/AIDS in the world: at present there are about 6.7 million HIV-positive adults and children in this region (UNAIDS–WHO 1998). With the exception of Papua New Guinea, where the epidemic is spreading rapidly (Government of Papua New Guinea 1998), the South Pacific has been identified as a low-prevalence region. The close proximity of Papua New Guinea and Australia, and the ease and frequency of contact, particularly with people in the Torres Strait and Cape York, create a context in which an out-of-control epidemic in a neighbouring country could affect Australia.

Bilateral and multilateral cooperation with developing countries forms the basis of Australia's international aid program, which works in partnership with developing countries to improve health through strengthening basic infrastructure and primary health care services.

A number of Australia's partnership members have a part to play in our international HIV/AIDS-related initiatives. There are strong links between the research sectors in Australia and other countries, and this National Strategy will work to maintain these. Community-based and other non-government organisations will work to promote the involvement of people living with or affected by HIV/AIDS in responses to the epidemic. They will

also contribute to strengthening partnership- and community-based approaches to HIV/AIDS internationally.

Mechanisms for coordinating the international work of partnership members will be explored during the term of this Strategy.

3.5.1 Objectives

- Contribute to preventing the spread of HIV/AIDS.
- Mitigate the impact of HIV/AIDS on individuals and on society.
- Work to meet the social and economic needs created by the HIV/AIDS epidemic.
- Support partnership models and the involvement of affected communities in Australia's work overseas.

3.5.2 Challenges

- Respond effectively to the rapid increase in HIV infections and the consequences of the 1998 economic crisis in the Asia–Pacific region.
- Promote and sustain high-level support for health promotion initiatives—including harm minimisation, condom distribution, community mobilisation, and reproductive health—and the central role of people living with or affected by HIV/AIDS.
- Ensure that treatment and vaccine trials are conducted in an ethical manner and do not compromise health promotion initiatives or continuing access to treatment programs.
- Maximise the availability of prophylaxis for opportunistic illnesses and treatments for HIV infection. The challenge of doing this arises because of low levels of primary health care and population health infrastructure in many Asia–Pacific nations, increasing numbers of people living with HIV/AIDS, the development of new treatments, the high cost of treatments, and challenges to the use of compulsory licensing arrangements.

3.5.3 Guiding principles

- Contribute to better coordination of the response to the threat of HIV/AIDS at the global, regional, national and community levels. Initiatives should be in keeping with the policies of UNAIDS, in which Australia must continue to be an active participant, and the principles of this Strategy.
- Respond to the priorities of partner countries in Australia's aid program in a manner compatible with their approaches to the prevention and

control of HIV/AIDS. Initiatives should encourage partner countries to develop their own capacity to respond to the epidemic.

- Respect the human rights of people living with or affected by HIV/AIDS.
- Recognise that the status of women in some societies may make it difficult for them to take measures to protect themselves from HIV infection.
- Ensure that the specific needs of women—stemming from susceptibility to infection, less control over risk behaviours, reproductive health, and roles as primary carers—are taken into consideration.
- Recognise that programs are generally most effective and sustainable when those affected are involved in all stages of project design, development, implementation and monitoring. This involves the participation of people living with or affected by HIV/AIDS and of marginalised communities at risk.
- In keeping with the geographic focus of Australia's aid program—and with particular reference to Papua New Guinea, the Pacific and poorest regions of East Asia—provide technical assistance in which Australia has particular strengths.
- Recognise that an effective response to HIV/AIDS calls for taking up the dual challenges of health and development and take account of the epidemic's potential impact on social and economic development in all areas of Australian policy relating to international development.
- Assist the development of enabling environments in which to respond to HIV/AIDS. This includes official acknowledgment of HIV/AIDS in the community, supportive social and legal policies, public discussion of HIV/AIDS, and the removal of impediments to people's adoption of safe behaviours.

The Australian Government has developed a strategy document, *Guide to HIV/AIDS and Development* (AusAID 1999), for dealing with HIV/AIDS in the international aid program. This document expresses policy principles and program guidelines that are consistent with those just outlined.

4
Roles and responsibilities

The partnership approach will continue to define Australia's response to HIV/AIDS. To be effective, the National HIV/AIDS Strategy 1999–2000 to 2003–2004 will depend on continued cooperation between and within a wide range of sectors of Australian society.

4.1 The Commonwealth Government

In pursuit of the goals of this National HIV/AIDS Strategy, the Commonwealth will retain its leadership role, including through the promotion of best practice and intersectoral action across portfolios and jurisdictions.

The Department of Health and Aged Care will continue to be the principal Commonwealth agency responsible for coordination of the national response to HIV/AIDS, within a 'whole-of-government' approach.

The Public Health Outcome Funding Agreements contribute towards the national population health effort through providing broadbanded Commonwealth funding to States and Territories to support nominated population health programs and strategies, including the National HIV/AIDS Strategy. These Agreements aim to ensure a shared commitment by the Commonwealth, State and Territories governments to nationally agreed outcomes as well as maintaining the commitment to implement national strategies and programs through more flexible funding arrangements.

The 1998-2003 Australian Health Care Agreements (AHCAs) are the primary vehicle for providing Commonwealth financial assistance to the States and Territories for the provision of free public hospital services to eligible persons on the basis of clinical need either on site in a public hospital or as outreach services. The AHCAs commit the Commonwealth and the States to work in partnership to achieve agreed health service delivery and funding reform. The Commonwealth also provides subsidised funding for general practitioner services through the Medicare Benefits Schedule.

The Department of Health and Aged Care's Population Health Division will have primary carriage of the National HIV/AIDS Strategy, with specific responsibility for the following:

- in conjunction with the Australian National Council on AIDS, Hepatitis C and Related Diseases, the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases, the National Health and Medical Research Council, and peak community organisations, national policy formulation and coordination of the HIV/AIDS-related policies of other Commonwealth and State and Territory government agencies;

- national leadership and coordination in health promotion, including public education about the action being taken to control HIV/AIDS;

- administering funding for the States and Territories, national community-based organisations and, in conjunction with the Office of the National Health and Medical Research Council, the three national centres in HIV research;

- in conjunction with all members of the partnership, developing and promoting national standards for best practice in HIV/AIDS health promotion and treatment and care;

- in conjunction with all members of the partnership, monitoring and evaluating this National Strategy and any changing trends to ensure a rapid response;

- in response to emergent areas of need, commissioning research, health promotion or policy initiatives that are most appropriately carried out on a national basis;

- in partnership with relevant government, non-government and community organisations, participating in Australia's international assistance and cooperation efforts in relation to HIV/AIDS;

- providing secretariat and policy support functions for national committees.

Two specific areas of the Department of Health and Aged Care also contribute to the response to the epidemic in accordance with this Strategy.

- The Office for Aboriginal and Torres Strait Islander Health is responsible for implementation of the National Indigenous Australians' Sexual Health Strategy.

- The Therapeutic Goods Administration is responsible for regulation of medicines, blood and medical devices (including tests for diagnosis and monitoring of blood-borne diseases) and management of the Commonwealth contract for funding the National Serology Reference Laboratory, which is responsible for maintaining quality in serological testing.

Areas of the Department involved in funding or coordinating care and treatment services, among them the areas dealing with mental and rural

health, also have responsibility for ensuring that programs they fund or manage are responsive to the needs of people living with or affected by HIV/AIDS.

The Department of Health and Aged Care's Population and Health Division will work with the Australian National Council on AIDS, Hepatitis C and Related Diseases to set clear directions for implementation of the National HIV/AIDS Strategy 1999-2000 to 2003-2004, develop and review policy, evaluate progress in the Strategy's implementation, monitor trends in the epidemic, and generate rapid and effective responses to emerging changes. This will occur in close collaboration with the Intergovernmental Committee on AIDS, Hepatits C and Related Diseases.

4.2 The Australian National Council on AIDS, Hepatitis C and Related Diseases

The Australian National Council on AIDS, Hepatitis C and Related Diseases will be responsible for providing to the Commonwealth Minister for Health and Aged Care independent and expert advice on the implementation of the National HIV/AIDS Strategy, the forthcoming National Hepatitis C Strategy and the National Indigenous Australians' Sexual Health Strategy. It will report annually to the Minister on the implementation of these strategies and the appropriateness of current priorities and efforts; specific performance indicators will be used to guide this reporting task.

The Minister will appoint the members of ANCAHRD on the basis of expertise relevant to HIV/AIDS, hepatitis C and sexual health. Committees and working groups will be established as required to support ANCAHRD.

4.3 The States and Territories

State and Territory governments are responsible for providing leadership in the response to HIV/AIDS at the level of their jurisdiction. Among their particular responsibilities are the following:

- establishing State and Territory HIV/AIDS strategies and treatment and care plans;
- establishing advisory forums with representation from all members of the partnership in their jurisdiction;
- establishing public policy and legislative frameworks consistent with the aims and objectives of this Strategy;
- investigating, analysing and monitoring the epidemiology of HIV/AIDS within their jurisdiction;

- developing, funding, delivering and evaluating a range of services—such as health promotion and treatment and care services provided by community-based organisations—that reflect the prevalence and changing needs of populations at risk;
- providing workforce infrastructure and professional development and training for workers in the HIV/AIDS area;
- ensuring effective intersectoral cooperation between State and Territory and local government agencies;
- ensuring that resources are allocated in accordance with the challenges and guiding principles expressed in this document;
- measuring and reporting on the Strategy's implementation within their jurisdiction.

4.4 The Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases

The composition and terms of reference of the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases will reflect the principles of both the National HIV/AIDS Strategy and the forthcoming National Hepatitis C Strategy.

The Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases will be responsible for coordinating efforts under both Strategies across jurisdictions and for developing nationally consistent reporting standards.

The Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases and the Australian National Council on AIDS, Hepatitis C and Related Diseases will continue to collaborate on important aspects of the management of HIV/AIDS and hepatitis C. This will be facilitated by cross-membership between, and community representation on, the two bodies. ANCAHRD's task is to advise on Australia's overall response to HIV/AIDS and hepatitis C; the Forum's task is to implement both Strategies at the State and Territory level.

4.5 Parliamentary liaison groups

The Commonwealth Parliamentary Liaison Group has ensured that the Commonwealth Parliament is informed regularly about the latest HIV/AIDS-related developments and has provided a non-partisan forum for policy discussion. The Group will continue to be convened by the Minister for Health and Aged Care. State and Territory governments are encouraged to develop similar mechanisms for fostering a non-partisan, consensual approach to HIV/AIDS-related matters.

4.6 Local government

In the light of the changing needs of people living with or affected by HIV/AIDS, the provision of services at the local and community level has become increasingly important. Local government involves a wide range of agencies and services that can contribute to the health and wellbeing of people living with or affected by HIV/AIDS: it is in the best position to respond promptly and effectively to particular local needs. Furthermore, local government is responsible in the first instance for urban planning and development, which affect the location and operation of health promotion initiatives such as needle and syringe programs. It should reflect the principles and priorities of the National HIV/AIDS Strategy in carrying out these functions.

4.7 Research, medical, scientific and health care professionals

In the overall implementation of this Strategy the research, medical, scientific and health care professions play an essential role in treatment and care, health promotion, training, research, and policy development and implementation. The contribution of professionals working in these areas should be maximised through intersectoral cooperation at all levels. Among the bodies responsible for contributing to the response to HIV/AIDS are the national centres in HIV research and societies and colleges of health care professionals.

Research, medical, scientific and health care professionals also play a vital role in developing and maintaining standards for workforce development and training—for both professional and volunteer health care workers—to ensure high-quality service provision.

4.8 The community sector

People living with or affected by HIV/AIDS and their community organisations will continue to play a fundamental role in the development, implementation and evaluation of all aspects of Australia's strategic response to HIV/AIDS. The community sector brings specific expertise and values to the partnership response, and community involvement in all aspects of the response ensures, among other things, recognition of the knowledge and expertise of those most affected.

Community organisations will participate in the response in a variety of ways, among them the following:

- advocating for the interests of affected communities in decision making and policy formulation;
- developing, delivering and evaluating policies and programs;

- participating in and devising health promotion initiatives, including peer education and social mobilisation projects;
- providing counselling, support and care for and by people living with or affected by HIV/AIDS and their partners, carers, families and friends through networks of volunteers and staff;
- delivering HIV health promotion and primary health care services to Aboriginal and Torres Strait Islander people, including through Aboriginal community–controlled health services.

5
Monitoring and evaluation

Monitoring and evaluation mechanisms are needed to ensure that policy and practice are based on the best available evidence and information and reflect the goals and principles of the National HIV/AIDS Strategy 1999–2000 to 2003–2004. Transparent and systematic mechanisms for monitoring and evaluating the response to the epidemic—across all jurisdictions and by all partners—are essential.

5.1 Objectives

- Contribute to improved health outcomes by measuring the Strategy's performance with reference to its stated purpose and priorities, at both the national and the State and Territory levels, with particular reference to the Strategy's efficacy and cost-effectiveness in terms of health outputs and outcomes.
- Provide a mechanism for securing the accountability of all levels of government and other people.
- Provide a means of communicating to the wider community the successes of the Strategy and the challenges that need to be met.
- Ensure that the Strategy's objectives and priorities are continually informed by the best available social and epidemiological evidence.
- Meet program managers' and policy makers' need for timely, accurate information on program performance, especially in the context of Commonwealth and State and Territory planning and program management.

Among the monitoring and evaluation mechanisms under this Strategy will be the following:

- ANCAHRD's annual report to the Commonwealth Minister for Health and Aged Care on the Strategy's implementation across each of the identified priority areas and against current work plans;
- an independent, external mid-term review of the Strategy;

- the annual and other HIV surveillance reports of the National Centre in HIV Epidemiology and Clinical Research and the National Centre in HIV Social Research;

- the annual and other communicable diseases surveillance reports of the Communicable Diseases Network of Australia and New Zealand under the National Communicable Diseases Surveillance Strategy;

- State and Territory governments' monitoring and evaluation of the Strategy's implementation in their respective jurisdictions;

- State and Territory governments reporting annually to the Commonwealth against the performance indicators in the Public Health Outcome Funding Agreements;

- The publication of State and Territory performance reports on the Department of Health and Aged Care's website against the agreed performance indicators of the Public Health Outcome Funding Agreements.

- the publication by the States and Territories of performance information against the performance indicators in their respective Public Health Outcome Funding Agreements;

- monitoring of the activities of, among others, the national centres in HIV research and the Population Health Division of the Department of Health and Aged Care;

- commissioned evaluation of individual projects and initiatives, as determined by the Department of Health and Aged Care;

- assessment of the efficiency, effectiveness and appropriateness of the Strategy as part of the broader population health effort in Australia.

6
Implementation

Implementation of the National HIV/AIDS 1999–2000 to 2003–2004 Strategy will take place at a number of levels, involving a large number of organisations and a wide range of mechanisms. Although implementation must be coordinated, it must also remain responsive to specific contexts at the local or community level and be sufficiently flexible to respond to future challenges.

The Strategy will be put into effect through the work plans of the Australian National Council on AIDS, Hepatitis C and Related Diseases and its committees. These work plans will be devised in collaboration with other members of the partnership and their duration will be approximately 18 months, until 1 July 2001. ANCAHRD will monitor the work plans and review them in its annual reports to the Minister for Health and Aged Care, the first of which will be presented in July 2000. There will also be an independent, external mid-term review of the Strategy's implementation.

At the State and Territory level, the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases will coordinate efforts and develop nationally consistent reporting standards. Chapter 4 details the States' and Territories' responsibilities. As recommended in *Proving Partnership: Review of the National HIV/AIDS Strategy*, (ANCARD 1999a), each State and Territory should establish a consultative forum, such as a parliamentary liaison group, that convenes at least once a year to enable all members of the partnership to participate in this Strategy's implementation. Further, States and Territories with relatively high caseloads are encouraged to establish their own ministerial advisory committees with wide terms of reference and memberships that reflect the diversity of partnership members.

To ensure effective HIV/AIDS-related service delivery, local governments will be encouraged to become involved in the Strategy's implementation through developing and maintaining partnerships at their level. Where appropriate, activities at the local level will be monitored and reported on by the respective State or Territory government.

The performance indicators contained in the current Public Health Outcome Funding Agreements constitute the primary mechanism for reviewing the Strategy's implementation at the State and Territory level. ANCAHRD will advise the Minister for Health and Aged Care on the relevance and appropriateness of these performance indicators and if necessary propose improvements for monitoring the Strategy's implementation.

Important links with other national population health strategies—as discussed in Chapter 2—will be maintained and developed through a range of internal and external mechanisms. Work plans under the Strategy must be sufficiently flexible to allow for the establishment of links with future national population health strategies as they develop.

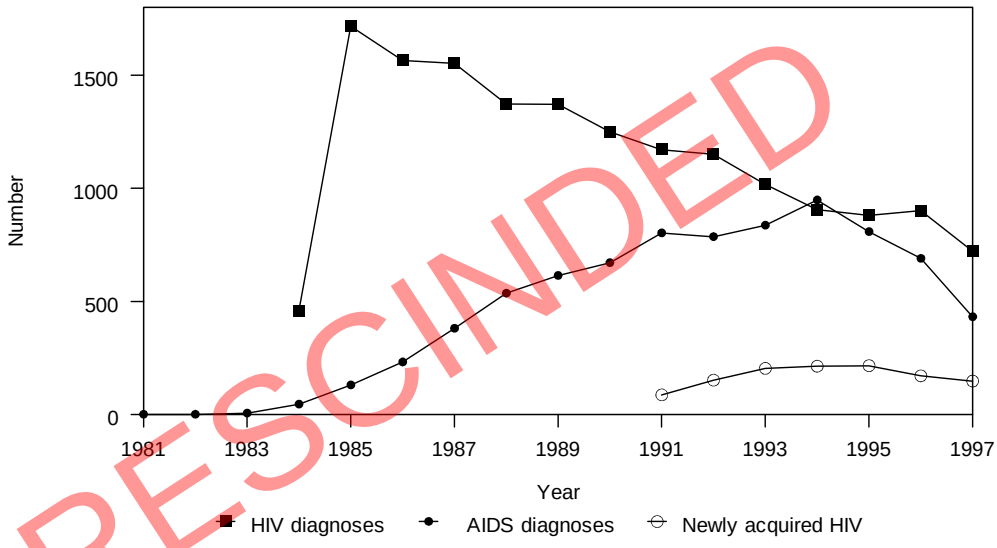
Examples of internal mechanisms are cross-memberships between the committees of ANCAHRD and the extension of the ANCAHRD research committee's brief to include treatment and care matters relating to people with hepatitis C. Examples of external mechanisms are membership of and participation in forums associated with the National Public Health Partnership.

Flexibility will also be required in the international area, to enable members of the partnership to participate effectively in future initiatives of UNAIDS, the World Health Organization and other relevant international agencies. To monitor Australia's international HIV/AIDS activities, ANCAHRD will retain membership of the Advisory Group on International Health.

Appendix A
HIV/AIDS in Australia

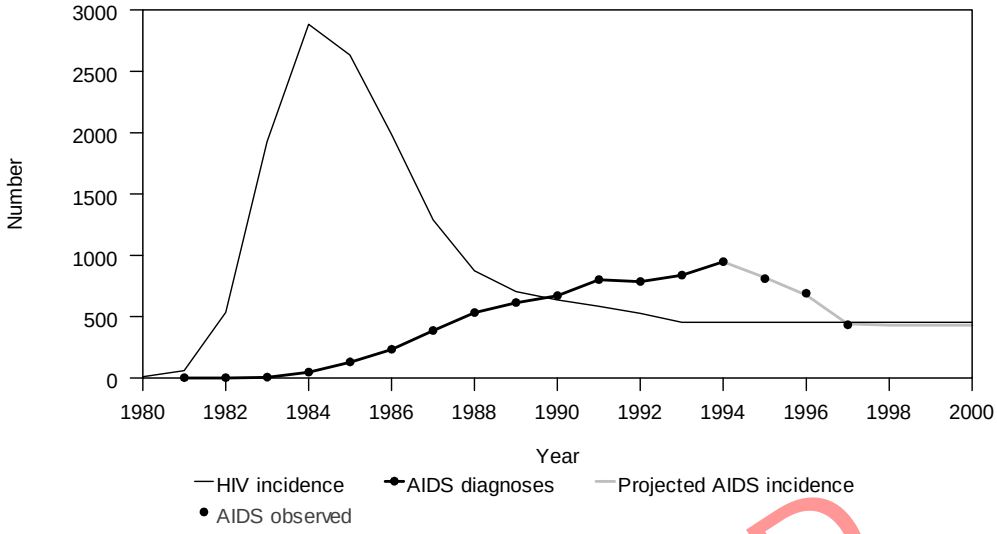
The following three figures present a picture of the HIV/AIDS epidemic in Australia.

Figure A.1 Number of diagnoses of HIV infection and AIDS in Australia, 1981 to 1997



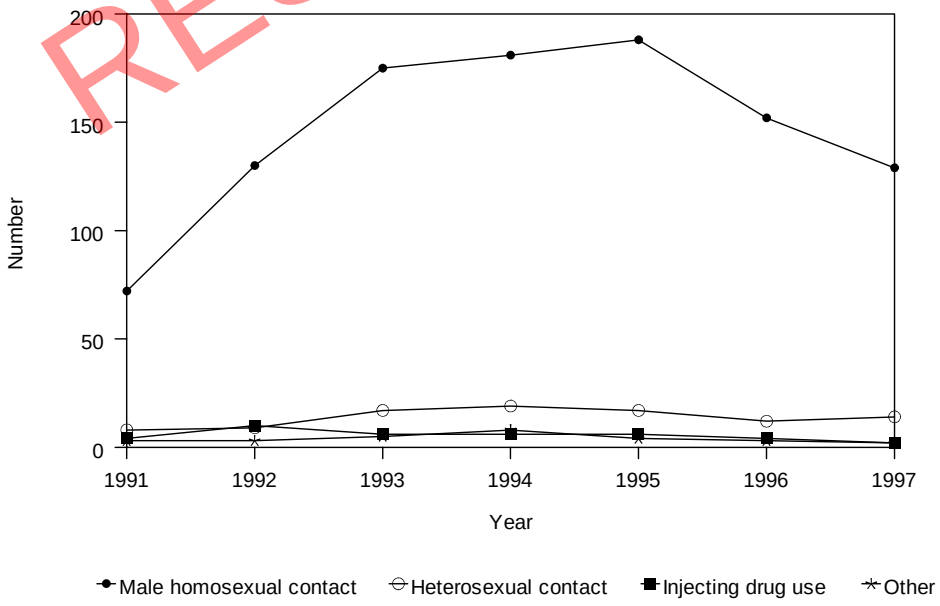
Note: HIV diagnoses adjusted for multiple reporting; AIDS diagnoses adjusted for reporting delays.
Source: NCHECR (1998).

Figure A.2 Estimated HIV incidence, observed AIDS diagnoses and projected AIDS incidence, 1980 to 2000



Note: Observed AIDS diagnoses adjusted for reporting delay; HIV and projected AIDS incidence estimated by back projection.
Source: NCHECR (1998).

Figure A.3 Number of diagnoses of newly acquired HIV infection, by HIV exposure category, 1991 to 1997



Source: NCHECR (1998).

Glossary

Aboriginal and Torres Strait Islander Commission

an independent statutory authority established by the Commonwealth government as the national policy-making and service-delivery agency for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander health framework agreements

agreements between the Commonwealth Government and the various State and Territory governments, with the purpose of improving cooperation and collaboration between interested parties—the Commonwealth, the Aboriginal and Torres Strait Islander Commission, the State or Territory health authority, and the State- or Territory-based affiliate of the National Aboriginal Community Controlled Health Organisation.

acquired immuno-deficiency syndrome

a syndrome defined by the development of serious opportunistic infections, neoplasms or other life-threatening manifestations resulting from progressive HIV-induced immuno-suppression.

antiretroviral

an agent that is active against a retrovirus. In this context, any medication that is designed to inhibit the process by which HIV replicates.

Australian National Council on AIDS, Hepatitis C and Related Diseases

The Commonwealth Government's key advisory body on HIV/AIDS and Hepatitis C, established to provide independent and expert advice to the Minister for Health on the implementation of the National HIV Strategy. It is principally concerned with the identification of national needs, objectives and priorities and takes a public information role on HIV/AIDS and hpatitis C issues.

blood-borne virus

a virus that may be transmitted via blood or body fluids that contain blood. Such transmission can result from sharing injecting equipment.

capacity building

an approach to working with the community that aims not only to involve the community in dealing with the problem at hand but also to increase

the community's capacity to deal with any future problems that arise. In the context of HIV/AIDS, such an approach is used to establish community norms and standards that support health-enhancing behaviours.

co-infection

In this context, the term used to describe the circumstance in which a person is concurrently infected with HIV and another blood-borne virus such as the hepatitis C virus.

Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases

a forum for regular Commonwealth and State and Territory liaison and coordination on policy, finance, programs and activities related to HIV/AIDS and hepatitis C. Membership comprises of an independent chairperson nominated by the Australian Health Ministers Advisory Council, two representatives of each of the Commonwealth, State and Territory departments responsible for health, and one representative of each of the departments responsible for health in Papua New Guinea and New Zealand.

complementary therapies

therapies that are provided by a naturopath, a herbalist or someone practising Chinese medicine. In the context of HIV/AIDS, the treatments provided may be used against the virus itself or to lessen the side effects of antiretroviral drugs.

continuum of care

defined as an integrated, client-oriented system of care consisting of services and integrating mechanisms that support clients over time, across a comprehensive array of health and social services, and spanning all levels of intensity of care.

culturally appropriate

a term used to describe activities and programs that take into account the practices and beliefs of a particular social group, so that the programs and activities are acceptable, accessible, persuasive and meaningful.

custodial setting

refers to the various settings in which adults and juveniles can be detained or imprisoned.

discrimination, HIV/AIDS-related

any unfavourable treatment on the basis of known or imputed HIV status; any action or inaction that results in a person being denied full or partial access to otherwise generally available services or opportunities because of known or imputed HIV status. The definition includes discrimination

on the grounds of known or imputed membership of particular groups that are commonly associated with HIV and AIDS.

early intervention

an approach to treatment characterised by action in the early stages of a condition; for example, treatment designed to delay the onset of AIDS in a HIV-positive patient.

epidemiology

the study of the distribution and determinants of health-related states or events in specified populations and the application of the knowledge thus gained to deal with health problems.

gay man

a homosexually active man who identifies himself as gay or is attached to the gay community, or both. Individuals can alter both their self-definition and the level of their community attachment over time. Education and prevention programs typically distinguish between gay men and other homosexually active men.

harm minimisation

the primary principle underpinning the National Drug Strategic Framework; the term refers to policies and programs aimed at reducing drug-related harm. Underlying the principle is the intention to improve health, social and economic outcomes for both the community and the individual. A wide range of approaches are involved, including abstinence-oriented strategies. Both licit and illicit drugs are the focus of Australia's harm-minimisation strategy. Harm minimisation includes preventing anticipated harm and reducing actual harm. It is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction.

hepatitis C virus

an RNA virus transmitted through blood-to-blood contact.

homosexually active man

a man who engages in male-to-male sexual behaviour, regardless of whether he identifies himself as gay, heterosexual or bisexual.

human immuno-deficiency virus

a human retrovirus that leads to AIDS.

incidence

the number of new cases of a disease in a defined population within a defined period.

National Aboriginal Community Controlled Health Organisation

the peak body representing Aboriginal community–controlled primary health care services.

needle and syringe programs

programs authorised to distribute, dispose of or sell needles and syringes.

opportunistic infection

infection caused by an organism or organisms that are normally innocuous but that become pathogenic when the body's immune system is compromised, as happens with AIDS.

Parliamentary Liaison Group

a non-partisan forum through which information is provided to members of the Commonwealth Parliament and in which policy discussion can occur.

peer education

any education process devised and implemented by members of a population subgroup specifically to alter the behaviours and attitudes of other members of that subgroup; for example, gay men delivering education programs relating to gay men's sexual health.

pharmacotherapy

the use of pharmacological agents to treat disease. In this context, the use of HIV antiretrovirals.

prevalence rate

the total number of all individuals who have an attribute or disease at a particular time or period divided by the population risks of having the attribute or disease at this time or midway through the period.

prophylaxis

any measure taken to prevent an adverse outcome from occurring. In this context, prescribing medication that is known to prevent an infection from taking hold at a time when a person may not be infected or ill but is at risk of developing that infection or illness.

retrovirus

a virus that inserts a DNA copy of its genome into the host cell in order to replicate. HIV is a retrovirus.

safe sex, safe sexual practice

sexual activity in which there is no exchange of body fluids such as semen, vaginal fluids or blood.

sexually transmissible infection

an infection—such as gonorrhoea, syphilis or chlamydia—that is transmitted through sexual contact.

viral load

the amount of virus present per cubic millilitre of blood, as measured by a viral-load test.

Abbreviations

AIDS	acquired immuno-deficiency syndrome
ANCARD	Australian National Council on AIDS and Related Diseases
ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases
AusAID	Australian Agency for International Development
DHFS	Department of Health and Family Services
DNA	deoxyribonucleic acid
HIV	human immuno-deficiency virus
IGCARD	Intergovernmental Committee on AIDS and Related Diseases
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NHMRC	National Health and Medical Research Council
RNA	ribonucleic acid
UNAIDS	United Nations World Program on AIDS
WHO	World Health Organization

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