Commonwealth Department of
Health and
Aged Care

DISCUSSION DOCUMENT TOWARDS A FOURTH NATIONAL HIV/AIDS STRATEGY

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This paper is a discussion document provided for comment and consultation. The development of a fourth National HIV/AIDS Strategy will involve extensive consultation, which will take place around Australia during the second quarter of 1999.

CHAPTER ONE: INTRODUCTION

The HIV/AIDS epidemic in Australia is now fifteen years old. It has cost us dearly. Approximately 5,700 Australians have died, and a further 11,000 currently live with chronic HIV infection.

Evidence has emerged recently to suggest that the stubborn plateau of around 500 HIV infections per year, which was reached at the beginning of the 1990s, may at last be declining. While our understanding of HIV/AIDS has increased dramatically, new challenges in prevention, treatment and care continue to emerge.

The most significant development in recent years has been the improved efficacy of treatments, both of anti-retroviral therapies and prophylaxis against opportunistic infections.

As well as ensuring that scientific advancement and its benefits are maximised, the fourth National Strategy must encourage all participants in Australia's partnership to recognise and respond to the challenges created by new treatments.

A fourth National HIV/AIDS Strategy should aim to continue and enhance Australia's success, by building on the sound public policy foundations of earlier strategies, and by rising to the new and emerging challenges posed by changing conditions.

A fourth National HIV/AIDS Strategy should maintain and reinforce the vital elements of previous National Strategies. It also incorporates the principal recommendations put forward in the ANCARD Review of the third National HIV/AIDS Strategy (ANCARD Review).

The fourth National HIV/AIDS Strategy will be designed to complement the first National Hepatitis C Strategy, due for release by early 2000. The first National Hepatitis C Strategy will aim to build on the successes of the National Hepatitis C Action Plan, the recommendations of the review of that plan and the third National HIV/AIDS Strategy under the auspices of which Australia's public health response to Hepatitis C has developed over the last three years.

The fourth National HIV/AIDS Strategy should also aim to capitalise on the knowledge and experience accumulated over the last fifteen years and provide the guidance necessary to ensure the continued success of a nationally coordinated response.

HIV/AIDS IN AUSTRALIA

Based on sound epidemiological and social data homosexually active men, Indigenous Australians, people who inject drugs, sex workers, prisoners and young people are most affected by or at most risk of HIV/AIDS.

CHAPTER TWO: KEY CHARACTERISTICS OF AUSTRALIA'S RESPONSE

A National Strategy Approach to HIV/AIDS in Australia

The national strategy approach as a way of responding to the epidemic has been a consistent feature of the Australian response. Evaluations of the first, second and third national strategies have each found that a single strategic document of great assistance in providing the framework for a coordinated and coherent national response.

Non-partisan political support - The relative success of Australia's response to HIV/AIDS is widely acknowledged to have been founded on pragmatic social policy, innovative and sometimes bold interventions that seek to change behaviours among some of the more marginalised groups in the community. Without non-partisan political support for public health interventions that acknowledge the reality of risk behaviours, it is conceivable that the impact of HIV/AIDS on the Australian community as a whole could have been considerably greater.

The partnership approach – The partnership approach has been, and will continue to be, central to Australia's response to HIV/AIDS. The success of a fourth National HIV/AIDS Strategy will depend on the continuation of cooperation between and within a wide range of sectors of Australian society. The partnership is based on a commitment to consultation and joint decision making in all aspects of the response.

The involvement of affected communities –A cornerstone of Australia's preventive approach has been the principle that, for responses to HIV/AIDS to be successful, affected communities themselves must adopt the challenges posed by HIV and work together to find solutions and approaches that are appropriate to them.

An enabling environment – Another key characteristic has been the capacity to implement broader social policy as an integral part of the national public health response. In keeping with a broader contemporary definition of health, Australia has sought to encourage a supportive social and legal environment that encourages HIV-positive people and people whose behaviours might put them at risk, to respond to health promotion campaigns and resources and make use of services such as voluntary testing. A fourth National Strategy will rely on State and Territory governments to provide further leadership in this area.

Harm minimisation – The philosophy of harm minimisation has been the basis of Australia's education and prevention strategies to reduce the transmission of HIV. This philosophy encompasses a variety of harm-reduction strategies appropriate to particular environments and target groups. Harm minimisation seeks to balance both the costs to the community and to individuals when participating in illegal behaviours.

Whole of Government approach – While HIV/AIDS manifests itself most acutely in individuals, the virus has also had a profound impact on society as a whole, including public and private institutions with the responsibility for providing services to people living with HIV/AIDs. While responsibility for implementing a fourth National HIV/AIDS Strategy lies primarily with departments responsible for health, elements of the Strategy will continue to involve cooperation and coordination between Commonwealth agencies as diverse as Attorney-General's, AusAID and Family and Community Services as well as equivalent agencies at the State and Territory level.

CHAPTER THREE: KEY ELEMENTS

Goals

A fourth National HIV/AIDS Strategy should recognise the broader communicable disease and sexual health context of HIV/AIDS and have as its two overarching goals:

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

Guiding principles

- Transmission of HIV is preventable through sustained changes in individual behaviour. Health promotion programs are important mechanisms for bringing about such changes.
- The community as a whole has the right to appropriate protection against infection.
- The law should assist the elimination of discrimination against HIV-positive people.
- Public health objectives will be realised if effective partnerships are implemented with affected people and communities.
- Except in circumstances where the health and well being of others is considered to be at risk, specific informed consent should be obtained before any test is performed to diagnose a person's HIV infection status. The result should remain confidential, and appropriate pre- and post-test counselling should be provided.[1]
- Professional caregivers have a duty to care for infected individuals. Governments, employers and unions have a responsibility to provide working conditions and training programs that minimise the risk of occupational transmission.
- Research into the epidemic is essential to the epidemic's management. Up-to-date knowledge of epidemiology and the mechanisms of pathogenesis must continue to guide the implementation of a fourth National HIV/AIDS Strategy.
- The role of community based organisations and other sexual health service providers in delivering recognised HIV/AIDS primary health care services should be recognised. Options for the sharing of skills and expertise in the areas of training, education and support for workers (both paid and unpaid) that already reside in HIV/AIDS organisations should be explored further.
- Aspects of sexual health and communicable diseases that have an obvious and direct relationship to HIV/AIDS should be dealt with in a complementary and, where appropriate, integrated way in terms of policy frameworks, funding arrangements and service delivery structures, while maintaining the partnership approach.
- Programs and services specific to HIV/AIDS will continue to be provided within the continuum of specialist-to-general services. The balance of specialist and generalist service provision will overtime vary between States and Territories.
- A fourth National HIV/AIDS Strategy should recognise that in order for health promotion material to be properly targeted on occasion explicit materials in both image and language must be used.
- Better coordination of services for people living with HIV/AIDS across the health care sector should be developed in order to ensure the availability of an effective continuum of care.
- Prisoners should have the right to similar access to health care initiatives as the rest of the community.

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[1] *HIV Testing Policy.* ANCARD/IGCARD, September 1998.

CHAPTER FOUR: PRIORITY AREAS

A fourth National HIV/AIDS Strategy should identify priority areas for activities to be undertaken. These could include health promotion, treatment and care, research, international assistance and cooperation and an enabling environment.

Health Promotion

The principles of the 1986 *Ottawa Charter for Health Promotion* have underpinned Australia's successive national HIV/AIDS strategies.

Health promotion activities include 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 place emphasis on the local needs as well as the differing social, cultural and economic conditions within Australia's wider society.

Overall objectives of Health Promotion in relation to HIV/AIDS

- To reduce the overall numbers of HIV infections.
- To reduce the transmission of sexually transmissible diseases.
- To reduce the personal impacts of HIV infection and sexually transmissible diseases, including reducing levels of discrimination, prejudice and violence directed at people infected with and affected by these diseases.
- To develop community capacity to respond most effectively to the HIV epidemic.
- To maintain awareness of HIV/AIDS within the Australian community.

Guiding principles for health promotion

- Health promotion programs for specific communities are best delivered by the communities involved, in partnership with governments, health professionals and researchers.
- The participation of HIV-positive people is central to any HIV health promotion program.
- People with HIV/AIDS and gay men and their communities must remain central to the planning, delivery and evaluation of HIV/AIDS programs, services and policies.
- Links between HIV/AIDS health promotion activities and those of other public health strategies should be identified and strengthened to improve their combined efficiency and effectiveness.
- Health promotion initiatives should be founded on sound social, behavioural and epidemiological research.
- Health promotion initiatives must take into account diversities in cultural and linguistic backgrounds, gender, age, sexual orientation, different standards of literacy, disability and geographical location.
- Material designed to aid prevention of HIV must be presented in such a way as to have maximum effect on intended target groups, including groups best reached by the use of more direct educational messages.
- Prisoners have the right to similar access to health promotion education and prevention initiatives as the rest of the community.
- A supportive legal and policy environment forms an integral part of health promotion efforts for HIV, STDs and related communicable diseases.

- General community awareness in connection with discrimination and HIV/AIDS must continue to be promoted.
- All health care workers, carers and educators should have access to appropriate HIV/AIDS workforce development programs.

Priorities for Health Promotion

Gay and Homosexually Active Men

With approximately 85% of new infections occurring amongst gay and other homosexually active men, health promotion efforts aimed at this population continue to be a priority. The nature of the HIV epidemic has changed over time - both in an epidemiological and cultural sense. This has given rise to shifts in the safe sex culture of gay communities across the country. Health promotion efforts under a fourth National HIV/AIDS Strategy should continue to focus on sustaining and developing the safe sex culture of gay and other homosexually active men through the three approaches of education, social mobilisation and advocacy. These approaches must include both HIV positive and HIV negative men.

People living with HIV/AIDS

Combination therapies have been a highly effective treatment tool for many people living with HIV/AIDS. Some, however, have been disappointed by the relatively small changes in their prognoses and others have found the side effects uncomfortable or even intolerable.

Health promotion efforts should aim to:

- improve knowledge, choice and understanding of treatment options;
- encourage compliance to treatment regimes, where appropriate;
- facilitate life re-engagement on the part of people living with HIV/AIDS.

People Who Inject Drugs

Health promotion programs for people who inject drugs will continue to be a high priority under the fourth National HIV/AIDS Strategy. A number of factors impact on health promotion efforts for people who inject drugs. These all occur within a context in which the number of people injecting drugs continues to rise significantly[2]. These factors should include:

- the level of commitment to the principle and practise of harm minimisation;
- the changing patterns of injecting drug use as different drugs are used (such as cocaine and steroids); and
- the use of injection as a mode of administration.

Support for needle and syringe programs in the context of the spectrum of harm minimisation interventions, will continue under a fourth National HIV/AIDS Strategy.

Aboriginal and Torres Strait Islander people

The National Indigenous Australians' Sexual Health Strategy (NIASHS) will continue to form an integral part of a fourth National HIV/AIDS Strategy. Health promotion efforts targeting Aboriginal and Torres Strait Islander homosexually active men and injecting drug users should receive continued emphasis under a fourth National Strategy. Emphasis will also

[2] *Estimates and Projections of the HCV Epidemic in Australia*: ANCARD HCV Subcommittee. August 1998.

be given to increasing the capacity of different Aboriginal and Torres Strait Islander communities to control, develop and monitor prevention and education programs, using and building on culturally appropriate models of best practice.

Prisoners

Primary responsibility for determining policy in this regard lies with the States and Territories. From a national perspective however, the fundamental principles of harm minimisation, the reduction of unsafe sexual and injecting drug behaviours, and a focus on peer education should remain central to efforts aimed at curbing the spread of these infections in prisons.

There is also a continuing need for activities directed at the inmates and staff of correctional institutions. To prevent communicable diseases spreading into the wider Australian community, inmate's partners should have access to specific education and prevention education regard to HIV, hepatitis C and other blood borne viruses.

Sex Workers

Seroprevalence amongst men and women identifying as sex workers remains low. This indicates the efficacy of having prioritised sex workers from the early stages of the response to the epidemic. It also shows the success of health promotion interventions in the context of holistic sexual health. A fourth National HIV/AIDS Strategy should support the continuation of this approach. The ministerial advisory committee should continue to advocate for reform of the legislative frameworks and law enforcement practices which impact negatively on the health of sex workers or the implementation of health promotion measures.

Youth

Young people who can be classified as members of the above priority groups are particularly vulnerable in terms of the risk of HIV transmission. There is an ongoing need to provide education about HIV in the context of broader sex education.

More general health promotion aimed at youth should also aim to reduce discrimination, prejudice and violence perpetrated against gay men, lesbians, and transgender people living with HIV/AIDS. This will ideally occur within education programs about sexuality.

Treatment, care and support

The objective of the treatment, care and support programs should be to:

- identify and provide access to systems of care and support that will promote health; and
- maintain quality of life for people living with HIV/AIDS.

Guiding principles

Eight principles should guide the treatment, care and support effort:

- People living with HIV/AIDS have the same rights to comprehensive and appropriate health care as other members of the community, without fear of discrimination.
- The needs of groups of people living with HIV/AIDS who may experience particular difficulty in gaining access to appropriate services, such as Aboriginal and Torres Strait Islander people and women, should be met.
- People living with HIV/AIDS should be involved in the planning and implementation of treatment, care and support programs. This should include representation on relevant bodies.

- The balance between general and HIV-specific services should continue to provide high-quality treatment, care and support for people living with HIV/AIDS.
- Early intervention and health maintenance and monitoring should be the basis of best practice guidelines.
- Training of health care workers, both professional and volunteer, should continue: HIV-related conditions and treatments are very specialised and developments are proceeding rapidly.
- Community-based volunteer services need to be encouraged and supported as they are integral to the community care network.
- The model of HIV treatment, care and support should be a model for related communicable diseases, sexually transmissible diseases and other serious chronic conditions.

Changing needs

The efficacy of combination therapy has resulted in a decline in the level of demand for acute care or in-patient care services. To date there has been an increase in the level of demand for ambulatory services. A significant amount of structural adjustment continues to be required to adequately address these needs. There is also is an ongoing need to support community-based services, as they are integral to addressing the needs of ambulatory care for people living with HIV/AIDS.

The broad range of psychosocial impacts of combination therapy requires coordination across a number of sectors and health care service providers. With many people living with HIV/AIDS living far longer than previously expected, a number of life re-engagement issues have emerged and need addressing.

Towards a coordinated continuum of care

An effective model of coordinated care for HIV should be developed to address the needs of people living with HIV/AIDS as well as effectively maintain networks of expertise that had previously been concentrated in large city teaching hospitals.

<u>Providing a continuum of care</u>

The coordinated continuum of care that is required, can be defined as:

> *an integrated, client-oriented system of care composed of both services and integrating mechanisms that supports clients over time and across a comprehensive array of health and social services spanning all levels of intensity of care.*

One way of ensuring a coordinated continuum of care for people living with HIV/AIDS is for the States and Territories to develop action plans for HIV treatment and care. These plans should be developed in consultation with all relevant stakeholders.

Conclusion

Under a fourth National Strategy, the Commonwealth's responsibility for HIV/AIDS treatment and care within the broader context of Medicare and the Pharmaceutical Benefits Program should continue. The Commonwealth should retain responsibility for the provision of accessible general practitioner services through the Medicare system. It should also continue to have a role in establishing and monitoring standards of care, in facilitating

communication and exchange of skills, and in seeing that a full range of appropriate services are made available.

Research
Research in the various aspects of the HIV/AIDS epidemic will continue to play a critical role under a fourth National HIV/AIDS Strategy.

The objective of the Research Program should be:

> *to increase knowledge about ways of eliminating or limiting 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. It does this by supporting a comprehensive research program and ensuring that wherever possible research results are acted upon.*

Guiding principles for the Research Program
The five suggested guiding principles for the research program are as follows:

- to undertake research within the framework of the Ottawa Charter for Health Promotion;
- to allocate resources according to identified priorities, to areas lacking data, and where the greatest public health benefit can result;
- to concentrate research efforts on providing information about the replication, pathogenesis and transmission of HIV and blood-borne viruses that have a clear and direct impact on HIV progression or transmission so as to facilitate the development of vaccines, immuno-modulatory agents and anti-retroviral drug treatments;
- to give priority to social and behavioural research which has a direct bearing on program and policy planning and management, and where appropriate involving a partnership approach with the relevant community concerned; and
- to use methods appropriate to the area or population under investigation.

5.3.2 Management
Under a fourth National Strategy the National Health and Medical Research Council (NHMRC) should continue to administer the project grants and training award aspects of the research program. The ministerial advisory committee should continue to liaise with the NHMRC to ensure that the aims and principles of the research program are met.

The approach taken to HIV/AIDS research in Australia recognises that:

- most scientific knowledge relating to health has come from fundamental research;
- the needs of society create a demand for strategic research, which may be directed, to address identified public health problems;
- interventions need to be based on evidence gained from research;
- a balance is needed between fundamental and strategic research and a recognition of the need to invest in intervention development and implementation;
- social research plays a vital role in informing strategic policy development as well as increasing basic knowledge about behaviour and culture; and
- Australia has the intellectual potential to make a sizeable contribution to world knowledge aimed at the development of new treatments and vaccines.

International Assistance and Cooperation.
While the strategies deployed to counter the spread and effects of HIV/AIDS in Australia have been relatively successful in terms of reducing transmission and minimising impacts there has been a steady and significant increase in the scale of the epidemic in the surrounding region.

South and SouthEast Asia has been identified as a region with the second highest prevalence of HIV/AIDS in the world. UNAIDS and WHO estimate that there are currently around 6.7 million adults and children living with HIV/AIDS in South and SouthEast Asia. [3]

Partnerships with developing countries form the basis of Australia's international aid program, thus ensuring that assistance is directed to the development priorities of recipient countries.

Guiding Principles
The international assistance and cooperation efforts, in regards to HIV/AIDS, has adopted the following guiding principles:

- to contribute to better management and coordination of the response to the HIV/AIDS pandemic at global, regional, national and community levels—including in collaboration with people living with HIV/AIDS, sex workers, people who injecting drugs, and the communities most affected by the epidemic;
- to recognise that programs are generally most effective and sustainable when those affected are involved through all stages of project design, development, implementation and monitoring;
- to work, both in Australia and overseas, in a manner compatible with the underlying principles of Australia's National Strategy on HIV/AIDS and, where applicable, the needs and priorities identified by the national HIV/AIDS plans of recipient countries;
- to focus chiefly on the SouthEast Asia and Pacific regions and to provide expertise and products in which Australia has particular technical strengths;
- to recognise that the status of women in some societies may make it very difficult for them to take measures to protect themselves from HIV infection;
- to provide assistance in HIV/AIDS program planning and the development of national staff skills, particularly to nations in South-East Asia and the Pacific region, in such a way as to strengthen the national capacity for coordination and to encourage collaboration with people living with HIV/AIDS and the communities most affected by the disease;
- to recognise that an effective response to HIV/AIDS calls for taking up the dual challenges of health and development, that an integrated approach to treatment and care, health promotion and a supportive social and legal environment for individual and community behaviour change are essential, and that the potential impact of the epidemic on social and economic development is considered through all sectors of Australian international development policy;
- to act in keeping with the policies of UNAIDS.

The objective of the international assistance and cooperation efforts remains

> *to contribute to limiting the incidence and impact of HIV/AIDS globally, with a particular focus on the Asia-Pacific region, through participating in international policy development and implementation and assisting in policy and program development at a country level, drawing on the broad range of expertise, commodities*

[3] UNAIDS. *AIDS Epidemic Update*, December 1998.

and services that are available in Australia and are suited to the needs of developing countries.

An Enabling Environment
Implementation of the principles contained in previous national HIV/AIDS strategies has been, to a large part, determined by the existence of supportive legal environments at the State and Territory level.

The recent reforms to the administration of public health programs have seen an increase in the role of State and Territory governments in determining priorities and ensuring the maintenance of legal frameworks that, in turn, support those priorities. Liaison between various agencies and government departments at both the Commonwealth and the State and Territory level is necessary to ensure that the identification of priorities in the legal reform arena is responsive to the changing nature of the epidemic.

Guiding Principles
The following six principles are suggested to assist with the establishment and maintenance of an enabling environment:

- Principles of access, equity, participation and equality for individuals, a client focus, and a supportive legislative environment, are integral to Australia's success in responding to HIV/AIDS and related communicable diseases.
- People living with HIV/AIDS have the same rights to accessible, quality and confidential legal information and advice as other members of the community, without fear of discrimination.
- Law reform should take a rational, humane and responsive approach to the significant issues that are presented by HIV/AIDS and related communicable diseases.
- Laws specifically created to deal with HIV/AIDS alone require particular justification.
- Reform measures should be as uniform as possible across jurisdictions.
- Policies designed to eliminate continuing patterns of discrimination and to reduce prejudice and violence directed against homosexual or transgender people, people living with HIV/AIDS, and people who inject drugs should be promoted by all governments.

The ministerial advisory committee should continue to play a central role in identifying and advocating for law reform. Governments at all levels must ensure that law reform is consistent with the aims and principles of a fourth National HIV/AIDS Strategy.

CHAPTER FIVE: ROLES AND RESPONSIBILITIES

A partnership approach will continue to be central to Australia’s response to HIV/AIDS. To be effective a fourth National HIV/AIDS Strategy should depend on the continuation of cooperation between and within a wide range of sectors of Australian society.

The Commonwealth Government
The Department of Health and Aged Care will continue to be the principal Commonwealth government agency with responsibility for coordination of the national response to HIV/AIDS and other communicable diseases.

The Public Health Outcome Funding Arrangements (PHOFAs) will continue as the primary mechanism by which the Commonwealth funds health promotion and treatment and care activities. The principles and priorities of a fourth National HIV/AIDS Strategy will be

reflected in the PHOFA agreements and each State and Territory will be required to endorse the Strategy as a condition of their PHOFA funding.

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

- national policy formulation in conjunction with the ministerial advisory committee, the Commonwealth–State–Territory government forum, and the National Health and Medical Research Council, peak community organisations as well as coordinating policies with other Commonwealth and State and Territory government agencies;
- national leadership and coordination in education, including public education about the policies being adopted to control HIV/AIDS, STDs and related communicable diseases such as hepatitis C;
- in conjunction with the Office of the National Health and Medical Research Council, administer funding for the three National HIV Research Centres;
- providing funding for the States and Territories and national community-based organisations;
- developing standards and benchmarks for performance in public health;
- assist with the monitoring and evaluation of the impact of a fourth National HIV/AIDS Strategy and any changing trends to ensure a rapid response;
- in response to identified areas of need, commissioning initiatives that are most appropriately undertaken on a national basis;
- advising on Australia's international assistance and cooperation efforts in relation to HIV/AIDS, sexual health and related communicable diseases;
- providing secretariat, policy assistance and support functions for national committees.

The Division will work with the ministerial advisory committee to set clear directions for the implementation of a fourth National HIV/AIDS Strategy, develop and review policy, evaluate progress in implementation of the Strategy, monitor trends in the epidemic and generate rapid and appropriate responses to emerging changes in understanding of HIV/AIDS, STDs and related communicable diseases. This will occur in close collaboration with the Commonwealth–State–Territory government forum.

The Ministerial Advisory Committee

The ministerial advisory committee should continue to be responsible for providing the Commonwealth Minister for Health and Aged Care with independent and expert advice on the implementation of the fourth National HIV/AIDS Strategy and the first National Hepatitis C Strategy. It should be principally concerned with identifying national needs, priorities and providing public information in order to increase community understanding of HIV/AIDS and hepatitis C.

The committee will report annually to the Minister for Health and Aged Care on aspects of the implementation of a fourth National HIV/AIDS Strategy and recommend ways to remedy areas of concern.

The Commonwealth Minister for Health and Aged Care will appoint the members of a new ministerial advisory committee on the basis of individual expertise from a range of relevant areas in the HIV/AIDS and Hepatitis C partnership. Establishment of an appropriate structure for the ministerial advisory committee will be the responsibility of the new Chairperson and the Department.

As with the previous National HIV/AIDS Strategies, the Clinical Trials and Treatments Advisory Committee will continue as a subcommittee of the ministerial advisory committee. Because of the highly specialised nature of its work, the Committee should continue to advise government decision-making bodies directly on the availability of HIV and hepatitis C treatments.

The new ministerial advisory committee should also continue to be responsible for liaising with the National Health and Medical Research Council on the management of project grants and training awards to ensure consistency with the priorities of the Research Program.

The States and Territories

Broadly, the State and Territory governments should continue to be responsible for providing leadership at the level of their jurisdiction. Particular responsibilities should include:

- establishing their own advisory forums with appropriate representation from all members of the partnership;
- establishing an appropriate public policy framework—dealing with, for example, housing, institutional care, adoption and school-based education—and legislation covering areas such as discrimination, prisons, homosexuality, drug use and the sex industry;
- investigating, analysing and monitoring the epidemiology of the epidemic within their jurisdictions;
- developing, delivering and evaluating a range of services—such as disease control, health promotion and treatment and care—which reflect the prevalence of risk groups and the settings in which services are delivered;
- ensuring that resources are allocated broadly in line with the priorities identified in a fourth National HIV/AIDS Strategy;
- provision of workforce infrastructure and training; and
- measuring and reporting on the outputs and outcomes of the fourth National HIV/AIDS Strategy within their jurisdiction.

The Commonwealth–State–Territory Government Forum

During the transition to separate national strategies for HIV/AIDS and hepatitis C, the composition and terms of reference of IGCARD should continue to reflect the underlying principles of both strategies, including ensuring active community representation at all levels of the policy-making process. Moves to give the States and Territories greater responsibility and flexibility in program delivery, including through the development of the PHOFAs now require greater emphasis on the role of this forum to ensure national consistency and coordination. In addition, the States and Territories are accountable to their jurisdictions for the funding and performance of services and should develop satisfactory performance-information regimes for this purpose.

The ministerial advisory committee and the Commonwealth–State–Territory Government forum should continue to collaborate on important aspects of the management of HIV/AIDS and hepatitis C. This will be facilitated by cross-membership between the two bodies. The ministerial advisory committee should advise on national policy matters; the Commonwealth–State–Territory Government forum should make these policy matters operational.

Parliamentary liaison groups
The Commonwealth Parliamentary Liaison Group has ensured that the Commonwealth Parliament is regularly informed about the latest HIV-related developments and has provided a non-partisan forum for policy discussion. The Group will continue to be convened by the Commonwealth Minister for Health and Aged Care. All jurisdictions will be encouraged to develop similar mechanisms for fostering a non-partisan approach through building consensus on policy responses to matters relating to HIV and other public health threats such as hepatitis C.

Local Government
Local government, having responsibility for issues such as urban planning and development, will continue to play a role in the implementation of aspects of the fourth National HIV/AIDS Strategy. These jurisdictions should be involved in the planning and implementation of direct service delivery.

Research, Medical, Scientific and Health Care Professionals
The research, medical, scientific and health care professions should continue to play an essential role in training, research and policy development and implementation.

The Community Sector
The contribution of the community sector will continue to be fundamental to the success of the a fourth National HIV/AIDS Strategy.

The community sector should have a role in three principal areas:
- health promotion (including peer education, social mobilisation and advocacy);
- counselling, support and care for and by infected people and their partners, carers, families and friends through networks of volunteers and staff; and
- developing, delivering and evaluating policies and programs.

Among such organisations, the following should have specific roles in the development and implementation of the Strategy:
- The Australian Federation of AIDS Organisations;
- National Aboriginal Community Controlled Health Organisations;
- Haemophilia Foundation Australia; and
- Family Planning Organisations.

CHAPTER SIX: LINKS

Australia's nationally coordinated response to HIV/AIDS will continue to be framed within the context of a broader strategic response to sexual health and related communicable diseases. During the fourth National HIV/AIDS Strategy a communicable diseases framework will be formalised to incorporate HIV/AIDS and hepatitis C. This will allow for improved coordination and cooperation across public health strategies.

Implementation of a fourth National HIV/AIDS Strategy will occur in the context of an environment that will continue to change in response to developments in national public health policy. The links with other public health efforts should be complementary and located within the broader public health agenda.

The following are examples of where clear and direct links with the fourth National HIV/AIDS Strategy will be needed:

- National Communicable Diseases Surveillance Strategy, which is to become part of the National Communicable Diseases Strategy;
- The First National Hepatitis C Strategy;
- National Sexual Health Strategy, which is yet to be developed;
- National Communicable Diseases Strategic Framework, also to be developed;
- National Drug Strategy;
- Aboriginal and Torres Strait Islander Health Framework Agreements;
- National Indigenous Australians' Sexual Health Strategy; and
- National Public Health Partnership.

Under the auspices of the National Public Health Partnership, the National Sexual Health Strategy is currently being developed. The development of future strategies will involve wide consultation with interested individuals and organisations.

CHAPTER SEVEN: MONITORING STRATEGY AND EVALUATION

Monitoring and evaluation mechanisms are needed to ensure that current policy is based on the best available evidence and information. The following are the objectives of monitoring and evaluation in a fourth National HIV/AIDS Strategy:

- *to measure a Strategy's performance with reference to its stated objectives and priorities, at both the national and state and territory levels, with particular reference to the Strategy's effectiveness and cost-effectiveness as measured in terms of health outputs and outcomes;*
- *to provide a mechanism for accountability to all levels of government and other stakeholders;*
- *to provide a means of communicating to the wider community the successes of the Strategy and the problems and challenges that need to be taken up;*
- *to ensure the objectives and priorities of the Strategy are continually informed by the best available social and epidemiological data;*
- *to meet program managers' and policy makers' need for timely and accurate information on program performance, especially in the context of Commonwealth, State and Territory planning and program management.*

Monitoring and evaluation activities under this Strategy will occur in the following contexts:

- An annual report to the Commonwealth Minister for Health and Aged Care by the ministerial advisory committee. This report will include reporting against agreed performance indicators to be developed in time for the first annual report of the new ministerial advisory body.
- State and Territory governments' monitoring and evaluation of a fourth National HIV/AIDS Strategy's implementation in their respective jurisdictions, including through reporting mechanisms attached to Commonwealth/State funding mechanisms.
- National monitoring activities conducted by, agencies including, the National Centres in HIV Research, and the Population Health Division of the Department of Health and Aged Care.