
Implementation Plan
INTRODUCTION

BACKGROUND

This implementation plan for the National HIV/AIDS Strategy 2005-2008 (the Strategy) was developed by the Department of Health and Ageing in consultation with the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH), the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases (IGCAHRD), and other key stakeholders.

In August 2005, MACASHH and IGCAHRD members together with other stakeholders, including key advisory bodies, State and Territory Governments, researchers, community based organisations, experts from relevant medical specialities, general practitioners, and people living with HIV/AIDS, convened for a joint MACASHH and IGCAHRD Strategy Implementation Forum (the Forum). Comments received during the consultation process have guided the development of the implementation plan. The agreed implementation plan was endorsed by MACASHH in December 2005.

Purpose of the Implementation Plan

Performance measures and targets are essential for evaluation of this Strategy. Systematic monitoring and evaluation across all jurisdictions will ensure that activity contributes to the overall objectives and priorities of the Strategy and will provide an accountability mechanism for use by all levels of government. The implementation plan will assist with the monitoring and evaluation of the effectiveness of the Strategy to ensure activities are informed by the best available social and epidemiological evidence.

In particular the implementation plan will:

- Assign clear responsibility to lead and partner agencies;
- Define key performance indicators to measure the success of the Strategy; and
- Identify linkages among related implementation plans.

The implementation plan is a national document with shared ownership between State and Territory Governments, the Australian Government, the community sector, the research sector and other organisations. It is sufficiently specific to enable identification of the outcomes to be achieved, but broad enough to accommodate local differences in implementation.
The Department of Health and Ageing is responsible for developing and coordinating the evaluation of the actions identified in the implementation plan. The IGCAHRD and MACASHH are responsible for guiding and informing the development of the implementation plan, as well as completing a number of activities associated with it.

Community based organisations represent priority target groups, and are responsible for input into policy and education program development. These organisations also deliver peer support services and education initiatives to priority target populations.

Other organisations may be involved in various aspects of the implementation of the Strategy. Such organisations often have a specific role to play in implementation, whether with a priority target group, service delivery or development of policies and programs.

GUIDING PRINCIPLES

The guiding principles underlying the Strategy are intended to provide a framework for collaborative consensus building, focusing on common goals, a shared commitment to evidence-based policy and programming, and role delineation based on strategic planning. The principles enable policies and programs to adapt effectively to changing social and policy contexts and improve the reach of these policies and programs. Australia’s approach to HIV/AIDS will continue to reflect the UN Declaration of Commitment which commits government to strengthening national strategies through participatory approaches that promote the health of the communities and support efforts to prevent and minimise harm related to drug use.

Leadership and Non-Partisan Response

- The MACASHH and its Subcommittees should meet three to four times per year, in order to progress items on their workplans as well as advise the Australian Government Minister for Health and Ageing on all aspects of the response to HIV/AIDS, including the implementation of the HIV/AIDS Strategy.
- The Parliamentary Liaison Group (PLG) should be re-established, and should meet quarterly.

The HIV/AIDS Partnership

- The HIV/AIDS partnership should continue to be strengthened in all areas. All partners have a responsibility for ensuring this occurs.
- Build the capacity of community based organisations to continue their key leadership responsibilities, and ensure involvement in decision making and policy formulation.
- Make use of the HIV Partnership Scorecard to ensure the partnership is maintained in a constructive way. This assessment tool could be used in a review of the HIV/AIDS partnership in Australia.
Centrality of people living with HIV/AIDS (PLWHA)

- The overriding importance of the participation of PLWHA in policy and program development should continue to be ensured, in all aspects of implementation. This includes in the development of prevention education programs, the development of policy addressing changing care and support needs and approaches aimed at improving the health of PLWHA.

The Enabling Environment

- Work to reduce discrimination against PLWHA and affected communities.
- Consult with community organisations to ensure comprehensive involvement in sustaining a supportive social and policy environment.
- Maintain the whole of government response through mechanisms such as the re-establishment of the PLG and regular updates between Australian Government agencies.
- Support a social, legal and policy environment that encourages health education and promotes access to appropriate health services.

Health Promotion and Harm Minimisation

- Australia’s approach to HIV/AIDS will also continue to be set within the overall framework of the Ottawa Charter for Health Promotion. The Charter defines health promotion as the process of enabling people to increase control over, and improve their health.
- Harm minimisation will continue to be the basis of Australia’s public health response to the transmission of HIV (and other blood borne viruses) through injecting drug use. The principle of harm minimisation supports access to any necessary and proven technologies, including new and safer injecting equipment and condoms.

THE ROLE OF LEAD AND PARTNER AGENCIES

The Implementation Plan assigns responsibility for action by both lead agencies and partners. For the purposes of this plan a ‘lead’ agency has a leadership role and is responsible for initiating, coordinating and progressing action. The lead agency may not necessarily be the funding body. In some cases they may be responsible for undertaking the majority of the action. A ‘partner’ agency is responsible for assisting and supporting the lead agency to achieve the outcomes of the Strategy. Responsibility is generally assigned to national organisations unless a jurisdictional agency has whole or part responsibility for action.

Community Based Organisations

The Implementation Plan frequently lists community based organisations as partners or lead agencies. When used, the term ‘community based organisation’ refers to national or State and Territory based bodies representing priority target groups. Including the term ‘community based organisations’ does not exclude other organisations from being involved in and contributing to the implementation of the Strategy.
Involvement of Other Organisations

Other agencies not already involved in the Partnership may be engaged in the implementation of the Strategy. Other agencies include Commonwealth/State/Territory Departments other than Health Departments, community based organisations and professional organisations. Responsibility is generally assigned to national organisations unless a jurisdictional agency has whole or part responsibility for action. It is also acknowledged that there may be other organisations that are not listed in the implementation plan that may be involved in implementation.

Monitoring and Evaluation

It is intended that progress with the implementation of the Strategy be reviewed 18 months after release of the Strategy, as well as at the conclusion of the term of the Strategy. The Department of Health and Ageing will oversee the mid-term review, and it is intended IGCAHRD will have significant input into this review. It is expected that through IGCAHRD, all States and Territories will participate in the mid-term review, as well as at the conclusion of the term of the Strategy. MACASHH and its Subcommittees will also be involved in the approval processes for the reviews. All other members of the HIV partnership will be invited to contribute to both reviews.

From the mid term review of the implementation of the Strategy, new and existing priorities will be assessed and the implementation plan adjusted accordingly, as required.

Broad Performance Indicators

An agreed set of broad performance indicators will be used to measure the achievements of the Strategy:

- The number of notifications of newly acquired HIV infection, including exposure category, age, gender and Aboriginal and Torres Strait Islander status, as well as co-infection with an STI. Also, country of birth/language spoken at home, collected where possible.
- The number of new diagnoses of AIDS, including by Aboriginal and Torres Strait Islander status.
- Decreased rates of unprotected anal intercourse reported by gay and other homosexually active men, by casual relationship status.
- Monitor the rates of unprotected anal intercourse reported by gay and other homosexually active men, by regular relationship status.
- Increase in the percentage of needle and syringe program attendees who report having been tested for HIV within the last 12 months.
- Decreasing rates of STIs: chlamydia, gonorrhoea and infectious syphilis.
- An increase in the number of gay and other homosexually active men who have been tested for STIs.
- An increase in the number of gay and other homosexually active men who have been tested for HIV.
- Development of a national minimum data set and data dictionary for HIV/AIDS and Sexual Health Ambulatory Care, for use in States and Territories, to assist in the collection of epidemiological and risk factor data on identified populations such as gay men, sex workers etc.
- Continuous mapping of education activities conducted.
• Decreased number of people with a late HIV diagnosis, including by exposure category, age, gender, and Aboriginal and Torres Strait Islander status. Also, country of birth/language spoken at home, collected where possible.
• Decrease in AIDS diagnosis, including by exposure category, age, gender, Aboriginal and Torres Strait Islander status and country of birth/language spoken at home where possible.
• Decreased rates of late HIV and AIDS diagnoses among people from priority culturally and linguistically diverse backgrounds.
1 A PROGRAM OF TARGETED PREVENTION EDUCATION

Priority Action Area:
- Developing a culturally appropriate targeted national education and health promotion program aimed at prevention of HIV infection in priority groups, especially gay and other homosexually active men.
  - Ensure current education and prevention messages are refocused to address the rises in HIV and STIs (specifically bacterial STIs, such as chlamydia, gonorrhoea and syphilis, and as outlined in the National STIs Strategy)
  - Achieve the early and comprehensive involvement of community organisations (such as gay, injecting drug user and sex worker organisations) and the Aboriginal and Torres Strait Islander community to ensure that programs are appropriately designed and delivered.
  - Identify specific initiatives for each of the priority target populations.
  - Ensure the continued involvement of PLWHA as key partners in prevention education.

Responsibility:
Lead: Department of Health and Ageing; AFAO; NAPWA; AIVL; Scarlet Alliance.
Partners: MACASHH; IGCARHD; State and Territory Government Departments; NACCHO/ACCHOs and affiliates.

By When: Progressive over the life of the Strategy.

Approach to Achieve Outcomes:
- Australian Government or State and Territory Government support to community based and professional organisations.
- Decrease risk taking behaviour and promote healthy living amongst priority groups (particularly gay and other homosexually active men, including HIV positive men) by improving access to education and prevention programs.
- Develop detailed HIV prevention and education strategies at jurisdictional level, with an increased focus on mechanisms to meet the needs of priority groups, and ensure proven successful mechanisms for HIV prevention are sustained, including peer education in priority groups and harm minimisation measures – such as those used by injecting drug user organisations and sex workers.
- Increase awareness amongst priority groups of the health consequences of HIV infection, and the links between STIs and HIV acquisition. This should include HIV and STI testing, to support a reduction in prevalence of STIs.
- Ensure the research program continues to address emerging and agreed priority social and behavioural issues to provide an evidence-base for program development and adjustment.
- PREP – monitor international trials and facilitate dialogue within the partnership.
- Implement the inclusion of education around PEP in any health promotion program, targeting high risk groups.
- Consider the changing nature of the gay community, including the impact of the internet on the lives and sexual practices of gay men.
1 A PROGRAM OF TARGETED PREVENTION EDUCATION (CONT…)

- Build the capacity of community based organisations to address and inclusively respond to the needs of Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds. This could include workforce training.
- Assess needs, identify gaps and provide analysis in relation to the availability of education resources for priority groups.
- Establish a mechanism to effectively assess resource needs for education of priority groups, such as a pilot mapping project to identify gaps and provide analysis.
- IGCAHRD to provide a collation of jurisdictional activities and strategies (twice yearly); the Australian Government to include in a template.
- Establish a mechanism to effectively link the HIV/AIDS Strategy with other National Strategies (i.e. with the NATSISH&BBV Strategy and Hepatitis C Strategy) in relation to appropriate priority populations, especially Aboriginal and Torres Strait Islander people, people who inject drugs and people in custodial settings.
- Identify specific initiatives and education needs for priority groups – these may include peer education; outreach; harm reduction; workforce development in community based services and organisations, and health promotion strategies, including the provision of culturally appropriate education.
- Investigate strategies to support the role of GP S100 prescribers and other sexual health physicians to undertake opportunistic prevention education, and upskilling of those with priority population caseloads.
- Increase GP and primary care practitioner awareness and training opportunities to reduce the rate of late presentation.
- Ensure previously successful methods of HIV prevention are maintained, including needle and syringe programs, access to treatments and PEP, and an enabling environment.
- Identify specific initiatives in response to the HIV education needs of people from priority CALD backgrounds.

Outcomes:
- A decline in the number of cases of newly acquired HIV infection, achieved within existing resources.
- Decreased number of late HIV presentations.
- Decreased prevalence of STIs.
- Increase in safe sex practices across priority groups.
- Decreased rates of unprotected anal intercourse among gay and other homosexually active men, especially with casual partners.
- Development and implementation of comprehensive jurisdictional HIV/AIDS strategies and guidelines.
- Increased capacity in community based organisations to address and inclusively respond to the needs of Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds.
- Increase in regular, appropriate HIV and STI testing among gay men.
- Appropriate HIV education programs delivered to affected people from CALD backgrounds.
1 A PROGRAM OF TARGETED PREVENTION EDUCATION (CONT…)

Measures of Achievement:
- Number of cases of newly acquired HIV infections.
- Number of late diagnoses of HIV reported across all priority target populations.
- Rates of gonorrhoea, anal gonorrhoea and the number of notified cases of syphilis in homosexually active men.
- Percentage of people from priority groups particularly gay and other homosexually active men who report safe sex practices.
- Increased HIV and STI testing among gay men.
2 IMPROVING THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS

Priority Action Area:
- Updating of the “Models of Care for HIV Management in Adults” including allied health support and a specific focus on the psychosocial and physical wellbeing of PLWHA.

Responsibility:
Lead: ASHM Clinical Subcommittee.
Partners: HASTI and MACASHH; Department of Health and Ageing; AFAO; NAPWA.

By When: December 2005.

Approach to Achieve Outcomes:
- Provision of recommendations by Models of Care Panel on how models of care can be progressed.
- Provision of and regular updating of commentary on the USA DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents.
- Regular consideration of Models of Care, Guidelines and Standards, via an annual consensus conference adjacent to the ASHM Conference.

Outcome:
- Models of Care developed to reflect current requirements of HIV positive adults in Australia and complexity of HIV clinical management.
- Adoption of recommendations for progressing models of care standards and resources, including the Australian Commentary on the USA Guidelines.

Measures of Achievement:
- Report provided to MACASHH and HASTI for consideration by December 2005.

Priority Action Areas:
- The MACASHH to continue to play a central role in monitoring and advocating for best practice standards of care for PLWHA in prisons.
- Establish a collaboration of State and Territory Governments to develop and implement HIV/AIDS education and prevention in custodial settings and to encourage sharing models of care between jurisdictions.
- Consider the possibility of a national summit of all involved parties and stakeholders to discuss approaches to ensuring quality treatment and care in correctional facilities.
2 IMPROVING THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS (CONT...)

Responsibility:
Lead: MACASHH; Australian Government Departments; IGCAHRD; State and Territory Governments.
Partners: Other State and Territory Government Departments, including Corrective Services Departments; NACCHO/ACCHOs and affiliates; ASHM; AFAO; NAPWA; AIVL.

By When: Convene summit during life of the Strategy.
Establish collaboration during the first year of the Strategy.

Approach to Achieve Outcomes:
• To establish a mechanism to engage with Corrective Service Departments; and the Corrective Services Administrators Conference/the Australasian Council of Prison Health Services. This should involve liaising with IGCAHRD in order to develop a working relationship and promote appropriate ownership.
• Examine the systemic and clinical impediments to obtaining best practice standards of care in custodial settings, including young people in detention, and consider processes required for the removal of these impediments.
• Examine the issues of payment for medications.
• IGCAHRD to discuss the establishment and support of a collaboration of State and Territory Governments regarding HIV education and prevention in custodial settings.
• Arrange a summit of relevant stakeholders.

Outcomes:
• Collaborative mechanism/s established and strengthened.
• Summit convened.
• HIV/AIDS in custodial settings included as regular agenda items for MACASHH and its Subcommittees.
• An increase in the number of jurisdictions having considered education and prevention programs for custodial settings.
• Models of Care shared between jurisdictions.
• Clinical outcomes for PLWHA in custodial settings are improved.

Measures of Achievement:
• Summit convened within expected timeframe, outcomes or recommendations circulated to partners for comment.
• Standards of care for people with HIV in custodial settings considered by MACASHH during the life of the Strategy.
2 IMPROVING THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS (CONT...)

Priority Action Areas:
- Ensuring that there is an appropriate level of dialogue and consultation between the MACASHH, the TGA and the PBAC in regard to the approval and listing of advantageous new technologies.
- Ensuring that important new diagnostic and management tools can be incorporated into routine clinical care, with appropriate national clinical management guidelines for their use.

Responsibility:
Lead: MACASHH and HASTI; Department of Health and Ageing
Partners: TGA; National Research Centres in HIV/AIDS, Hepatitis C and STIs; IGCAHRD; State and Territory Governments; ASHM; NAPWA; AFAO; PBAC; MSAC.

By When: As required

Approach to Achieve Outcomes:
- MACASHH and HASTI to liaise with TGA, PBAC and MSAC where necessary, as well as the Pharmaceutical Benefits Branch of DoHA.
- Establish a mechanism for consultation between partners and the Department of Health and Ageing on the introduction of new diagnostic and management tools for routine clinical care.
- Expert evaluation, including the cost effectiveness of new diagnostic and management tools; timely introduction of these tools; and development of relevant guidelines for their use.
- Consultation between HIV/AIDS Section and the Pharmaceutical Benefits Branch of DoHA, and TGA in relation to release of diagnostic and management tools.

Outcomes:
- Consultation between MACASHH and HASTI, the Pharmaceutical Benefits Branch, TGA and/or PBAC and MSAC where necessary.
- Guidelines developed to support approval of new diagnostic tools and treatments.

Measures of Achievement:
- Record maintained of all consultations between MACASHH and HASTI and TGA, PBAC and MSAC.
- Guidelines developed for all new diagnostic tools and treatments as they are approved.
2 IMPROVING THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS (CONT…)

Priority Action Areas:
- Strengthening current training programs and continuing medical education in HIV/AIDS for general practitioners, recognising the differing needs of general practitioners with low and high caseloads.
- Ensuring that HIV practitioners delivering complex care are appropriately supported.

Responsibility:
Lead: Department of Health and Ageing; ASHM.
Partners: State and Territory Government Departments; relevant medical colleges and divisions; medical education institutions; MACASHH.

By When: Progressively

Approach to Achieve Outcomes:
- Ensure these actions are linked with other workforce development actions in this and other implementation plans.
- Facilitate and support use of the EPC items by S100 prescribing GPs and evaluate their effectiveness in improving the health of PLWHA.
- Establish a mechanism to ensure sexual health content and skill development are included across the undergraduate medical curricula.
- Develop models to increase coordination between specialist tertiary care centres and S100 prescribing GPs.
- Ensure appropriate support is available to allow S100 prescribing GPs with low caseloads to maintain their skills in HIV management.
- Promote teamwork i.e. support quality and safety in HIV management, especially so that S100 prescribing GPs can be involved in care planning/case conferencing.

Outcomes:
- An increase in the number of GPs with S100 prescribing rights (per capita) accessing EPC arrangements.
- Integrated coordinated care, improved effectiveness and improved quality of care.
- An assessment of which EPC items are most useful/relevant to HIV patient care, and in what ways.
- Increasing care planning and use of the EPC items by S100 prescribing GPs with low caseloads, to ensure best practice and multi-disciplinary care, and improved health outcomes for HIV positive patients with complex care needs.
- Improved clinical outcomes for people living with HIV/AIDS.

Measures of Achievement:
- Number of S100 prescribing GPs using EPC items and/or other models of shared care.
- Effectiveness of EPC items for care of people with HIV/AIDS assessed.
- Feedback from S100 prescribing GPs and specialist physicians and HIV positive patients.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS

Priority Action Areas:

• Ensure that PLWHA can access appropriate treatments, care and support, including appropriate income support, disability support and carer allowances.
• Improve collaboration between mental health, clinical and welfare services to address the care and support needs of PLWHA with cognitive illness and drug and alcohol dependency issues.
• Develop long term support for PLWHA who are ageing or have chronic disabilities.

Responsibility:
Lead: Department of Health and Ageing; State and Territory Governments.
Partners: Aust Govt Dept of Human Services (Centrelink); IGCAHRD; AFAO; NAPWA; AIVL; Scarlet Alliance; State and Territory Government Departments; ASHM.

By When: Continuous

Approach to Achieve Outcomes:

• Australian Government provision of national HIV/AIDS grants to community-based organisations.
• Ensure PLWHA are able to access and negotiate appropriate treatment, care and support entitlements, such as Medicare and income support entitlements.
• Consider and implement ways of raising awareness among service delivery agencies of the needs of PLWHA.
• Ensure PLWHA have adequate access to mental health services, and that mental health workers have appropriate training and awareness of HIV treatment and care issues.
• Increase access to related health services such as drug and alcohol services and counselling services and assist them to build the capacity of these services to respond to HIV, and develop and maintain links with key organisations in these areas.
• Utilise the National Mental Health Action Plan and Better Outcomes in Mental Health Care Initiative linkages.
• Include consideration of the needs of PLWHA who are co infected with hepatitis B and/or C when determining treatment options.
• Develop links with Australian Government initiatives to better respond to the needs of young people requiring nursing home care and/or people who require long-term supported care and accommodation for chronic illness.

Outcomes:

• Evidence of appropriate coordination and access to entitlements among PLWHA.
• Evidence that PLWHA are accessing mental health services.
• Increased awareness of issues for people living with HIV/AIDS among a range of service providers.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS (CONT…)

- Equitable access to treatments, care and support services among PLWHA.
- Improved health outcomes for PLWHA.

**Measures of Achievement:**
- Feedback from PLWHA via community organisations on access to, understanding of and uptake of allowances.
- Results of qualitative and quantitative research, such as HIV Futures.
- NAPWA’s map/audit of HIV care and support issues/needs for people living with HIV/AIDS and prioritisation activities.
- Number of initiatives to improve awareness among mental health care agencies and other service providers; number of mental health care workers reporting increased knowledge and awareness of HIV.
- Strategies delivered to inform PLWHAs of service entitlements and support processes (including negotiation and appeal mechanisms).
- MACASHH receives a report on progress of outcomes.

**Priority Action Areas:**
- Appropriate training and skills development for staff of HIV/AIDS health services to improve service accessibility for people from CALD backgrounds.
- Support for the HIV/AIDS community sector to improve its capacity to work with people from CALD backgrounds.
- Sharing of innovative strategies, across jurisdictions, to provide support to gay and other homosexually active men from CALD backgrounds.

**Responsibility:**
Lead: Department of Health and Ageing; IGCAHRD; AFAO; NAPWA.
Partners: ASHM; State and Territory Governments; MACASHH and HASTI.

**By When:** Progressively

**Approach to Achieve Outcomes:**
- Refocus current training programs to improve access to HIV services for people from CALD backgrounds.
- Improved mechanisms for contact between jurisdictions, and with community based stakeholders to facilitate optimum service delivery for gay and other homosexually active men from CALD backgrounds who are HIV positive or are affected by HIV/AIDS.
- Innovative strategies shared across jurisdiction in all States and Territories.
- Undertake an assessment to determine HIV/AIDS service providers’ needs in relation to access by people from priority CALD backgrounds.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS (CONT…)

Outcomes:
- Decreased proportion of late diagnoses of HIV infection among people from CALD backgrounds.
- Consideration of a training and skills development program that could be applied nationally or jurisdictionally.

Measures of Achievement:
- Increased utilisation of HIV/AIDS health services by affected people from CALD backgrounds.
- Evidence of increased sharing/utilisation of innovative strategies across jurisdictions.

Priority Action Areas:
- Development of culturally effective health promotion programs to increase the awareness of HIV/AIDS risk among Aboriginal and Torres Strait Islander people in rural/remote and urban settings, including specific programs focused on gay and other homosexually active men, women and people who inject drugs.
- HIV-positive peer support for Aboriginal and Torres Strait Islander PLWHA.
- Recognition of the importance of Aboriginal and Torres Strait Islander input and the role of Australian Government organisations, in advocating for improved health services for HIV/AIDS appropriate to Aboriginal and Torres Strait Islander communities and frameworks.
- Access to appropriate HIV health care for Aboriginal and Torres Strait Islander people.

Responsibility:
Lead: Department of Health and Ageing; NACCHO/ACCHOs and affiliates; State and Territory Governments
Partners: AFAO; NAPWA; AIVL; DEST; IGCAHRD; ASHM; IASHC; SCATSIH.

By When: Continuous

Approach to Achieve Outcomes:
- Support community-based programs providing HIV health promotion and awareness among Aboriginal and Torres Strait Islander people.
- Address high levels of stigma and discrimination around disclosure of HIV status.
- Increase the number of Aboriginal health care workers with HIV/AIDS training.
- Maintain linkages between the National HIV/AIDS Strategy, the National STIs Strategy and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy.
- Support Aboriginal and Torres Strait Islander PLWHA to adhere to treatment combinations.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS (CONT…)

- Facilitate attendance of people from Aboriginal and Torres Strait Islander backgrounds at sexual health and HIV/AIDS clinics.
- Facilitate communication between Aboriginal and Torres Strait Islander communities and community based organisations.
- Ensure cultural responsiveness of all HIV/AIDS related health care settings, including ensuring they are designed to meet the needs of Aboriginal and Torres Strait Islander PLWHA.
- Ensure access to best practice HIV/AIDS health care, especially in rural and remote settings.
- Develop and offer training in HIV/AIDS and STI issues to Aboriginal and Torres Strait Islander health care workers employed outside of the HIV/AIDS sector.
- Improve linkages between service providers, including between ACCHOs and mainstream services.

Outcomes:
- Incorporation of needs specific to Aboriginal and Torres Strait Islander people into consultative processes and programs of community-based organisations.
- People from Aboriginal and Torres Strait Islander backgrounds and those who work with them have knowledge of HIV prevention and the broader context of sexual health including issues related to stigma and discrimination.
- Increased number of people from Aboriginal and Torres Strait Islander backgrounds reporting knowledge of HIV prevention and access to appropriate care and treatment.
- Increased number of trained Aboriginal and Torres Strait Islander health care workers who have completed training in HIV/AIDS and STI issues.
- Promotion of treatments and compliance packages for Aboriginal and Torres Strait Islander positive people in adverse environments.
- Consideration of initiatives to combat stigma and discrimination around sexual behaviour, HIV/AIDS and STIs in Aboriginal and Torres Strait Islander communities.
- Improved health outcomes for Aboriginal and Torres Strait Islander PLWHA.

Measures of Achievement:
- Increased numbers of Aboriginal health care workers with training in HIV/AIDS and all aspects of sexual health.
- Increased numbers of people involved with Aboriginal and Torres Strait Islander peer support.
- Increased numbers of HIV positive people from Aboriginal and Torres Strait Islander backgrounds reporting access to appropriate HIV care and treatment.
- Decrease in AIDS diagnoses in HIV positive Aboriginal and Torres Strait Islander people.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS (CONT...)

Priority Action Area:
- The development of mechanisms to enable cohesive work across State and Territory jurisdictions as well as international borders in relation to the Torres Strait.

Responsibility:
Lead: Department of Health and Ageing; Queensland Health; AusAID.
Partners: IGCAHRD; State and Territory Governments; IASHC; SCATSIH; Torres Strait Regional Authority; Queensland AIDS Council.

By When: Continuous over the life of the Strategy.

Approach to Achieve Outcomes:
- Consider implications of the Torres Strait Treaty Health Initiative, and consult with all relevant agencies to develop a comprehensive approach for prevention of rises in HIV infections in the Torres Strait region, northern Queensland and other regions.

Outcomes:
- Increased rates of safe sex reported by Torres Strait Islander people.
- Decline in the number of newly diagnosed HIV infections in Aboriginal and Torres Strait Islander communities.
- The existence of cross border treatment and care mechanisms.

Measures of Achievement:
- Number of cases of newly diagnosed HIV infection in Aboriginal and Torres Strait Islander peoples.
- The implementation of treatment and care programs in HIV for Aboriginal and Torres Strait Islander peoples.

Priority Action Area:
- Workforce development for health care workers and other services with the particular aim of maintaining high quality expert knowledge and skills in relation to HIV/AIDS and STIs in both government and non-government health and community services.

Responsibility:
Lead: Department of Health and Ageing; ASHM
Partners: State and Territory Governments; DEST; AFAO; NAPWA; IGCAHRD; NACCHO and affiliates.
3. RESPONDING TO CHANGING CARE AND SUPPORT NEEDS (CONT…)

By When: Progressively

Approach to Achieve Outcomes:
- Increase capacity of health care services in relation to the recognition, diagnosis and treatment of HIV, through education and training.
- Improve access to HIV/AIDS and STIs education and accredited training programs for medical and allied healthcare workers and health care students as appropriate.

Outcomes:
- Increased number of health care service providers and community based workers receiving accredited HIV education including people from CALD backgrounds and Aboriginal and Torres Strait Islander workers.
- Use of HIV positive people’s perspectives, and/or broader PLWHA issues in training sessions.
- Decrease in number of late HIV/AIDS diagnosis.
- Improved clinical outcomes for PLWHA through improved clinical management, including at the point of HIV diagnosis.

Measures of Achievement:
- Increased numbers of health care workers and health care students receiving HIV/AIDS and STIs education.
- Proportion of health care service providers and community based workers accessing accredited HIV education training programs.
- Ongoing accreditation (eg continuing medical education) for HIV prescribers monitored.
4. HIV TESTING

Priority Action Areas:
• The 1998 HIV Testing Policy will be reviewed and revised in accordance with the changing epidemiology, technology and social context of the HIV epidemic in Australia
• Strengthen existing programs to encourage HIV testing for people from CALD backgrounds who may be or have been at risk of exposure to HIV.

Responsibility:
Lead: Department of Health and Ageing; HASTI; IGCAHRD; NPAAC
Partners: State and Territory Governments; AFAO; NAPWA; AIVL; Scarlet Alliance; community based organisations; other Government agencies; NACCHO and affiliates; health professional groups; ASHM; sexual health clinics.

By When: Updated policy released in July 2006
HIV testing listed on MBS by November 2005
Continuously strengthen programs around awareness of HIV testing.

Approach to Achieve Outcomes:
• Examine the mechanism for maintaining the capacity for free and anonymous tests.
• Examine pre- and post-test information procedures; examine the clinical role of new rapid testing technologies, and formal guidelines for use.
• Examine antenatal testing protocols.
• Examine the possibility of non-blood tests for HIV.
• Examine ways to improve access to testing for priority populations.
• Consider targeted testing, within a broad health promotion framework, in priority groups with higher rates of late HIV presentation.
• Consider targeted testing for people presenting with an STI.
• Consider ways to strengthen access by priority groups to anonymous HIV testing available at sexual health clinics in all jurisdictions.
• Ensure that levels of confidentiality in HIV testing are maintained.
• Implement standards framework for laboratory testing.

Outcomes:
• Updated Policy.
• Reduced number of late presentations for HIV infection.
• Increased number of people from CALD communities accessing HIV testing.
4. HIV TESTING (CONT…)

- Access to free and anonymous testing maintained.

**Measures of Achievement:**
- Updated policy completed and distributed within specified timeframe.
- Listing of HIV testing on the MBS within specified timeframe.
- Evidence of targeted initiatives to raise awareness and promote appropriate testing.
- Decrease in the proportion of people from CALD backgrounds presenting with late HIV diagnoses.
5. A CLEARER DIRECTION FOR HIV/AIDS RESEARCH

*Priority Action Areas:*
- Establish consultative mechanisms and processes to set the agenda for the National Centres in HIV Research.
- An annual roundtable consultation on research priorities for HIV/AIDS, STIs and hepatitis C. This will be facilitated by the MACASHH and will occur early each year to allow the roundtable to inform the National Centres’ workplans.
- Identify priority areas for the research agenda including ordering priority areas according to greatest need.

*Responsibility:*
Lead: Department of Health and Ageing; AFAO; NAPWA; AIVL; Scarlet Alliance.
Partners: States and Territories; National Centres in HIV/AIDS, Hepatitis C and STIs Research; ASHM; NHMRC; IGCAHRD.

*By When:*
Roundtable held annually
Other actions continuous.

*Approach to Achieve Outcomes:*
- Identify priorities for research and advise on whether the National Centres’ proposed workplans adequately address issues of strategic priority.
- Ensure working groups are made up of representatives from all areas of the partnership as well as people with research expertise.
- Consider mechanisms to engage the Scientific Advisory Committees of each National Centre.
- Ensure interaction and collaboration with representation from target population groups when determining research priorities.
- Integration of research funded by States and Territories with national research activities and priorities.
- Negotiation with National Centres to ensure their workplans appropriately reflect strategic research priorities for HIV/AIDS.

*Outcomes:*
- Annual Roundtables convened and research priorities identified.
- National Centres’ workplans reflect discussions on identified research priorities.
- Comprehensive stakeholder involvement in the research roundtable and prioritisation of the research agenda.
- States and Territories and national research activities and priorities integrated – in accordance with agreed strategic priorities.

*Measures of Achievement:*
- Research Roundtable held annually, with comprehensive involvement of stakeholders.
- Items on National Centres workplans completed (as appropriate) and contribute to policy development.
5. A CLEARER DIRECTION FOR HIV/AIDS RESEARCH (CONT…)

Priority Action Areas:
- Maximising opportunities for HIV strategic research to devise better ways to use current therapies, and better options for side effects management.
- Ongoing research into adherence strategies, treatment breaks and the role of treatments in the lives of PLWHA.

Responsibility:
Lead: Department of Health and Ageing (including TGA and PBAC); National Centres in HIV/AIDS, Hepatitis C and STIs Research; NAPWA Partners: ASHM; GP Organisations; MACASHH and Subcommittees; pharmaceutical industry; community based organisations.

By When: Progressively

Approach to Achieve Outcomes:
- Facilitate rapid and appropriate uptake of evidence-based therapies.
- Include research on toxicity management.
- Further investigate the use of genotypic resistance testing and its application for specific PLWHA populations.
- Research addressing way to minimise possible negative impacts of treatment breaks through careful planning, education and monitoring of clinical outcomes.
- Ensure research on issues of adherence, treatment breaks and the role of treatments in the lives of PLWHA is conducted and used to inform policy.
- Ensure the research program continues to address emerging and agreed priority social and behavioural issues to provide an evidence-base for program development and adjustment.

Outcomes:
- Relevant research conducted and this research is used to inform policy.
- Evidence of appropriate uptake of evidence-based therapies.
- Health and wellbeing of people living with HIV/AIDS optimised by new initiatives.
- Minimise negative impacts of treatment breaks.
- Increased research and consideration of clinical trials and programs to support side effects management of toxicities, side effects and adverse events for PLWHAs.
5. A CLEARER DIRECTION FOR HIV/AIDS RESEARCH (CONT…)

Measures of Achievement:
- Relevant research published to enable it to be used to inform policy development.
- Evidence of effective access for new diagnostic and monitoring tests, treatments and therapies.
- Feedback to PLWHA describing reduced side effects from treatments.
- Investigate the design and implementation of clinical trials and programs that deliver further data related to management of drug related events for HIV positive people.

Priority Action Area:
- Consider ways to build capacity to analyse the economic costs and benefits to government and the community of HIV programs.

Responsibility:
Lead: Department of Health and Ageing.
Partners: States and Territories; National Centres in HIV/AIDS, Hepatitis C and STIs Research; AFAO; NAPWA; AIVL; Scarlet Alliance; IGCAHRD.

By When: Completed by end of the life of the Strategy.

Approach to Achieve Outcomes:
- Investigate and commission cost-benefit research for HIV programs including return on investment analysis.
- All partners to evaluate their input to programs according to their capacity and ensure resources are appropriately directed.

Outcomes:
- Research completed and published/distributed to all stakeholders in the partnership.

Measures of Achievement:
- The costs and benefits to government and the community of HIV programs are reviewed and are measurable.

Priority Action Area:
- Consider ways to create opportunities for increased interaction between the national centres, and between each of the national centres and researchers in Aboriginal and Torres Strait Islander health.
5. A CLEARER DIRECTION FOR HIV/AIDS RESEARCH (CONT…)

**Responsibility:**
Lead: Department of Health and Ageing.
Partners: National Centres in HIV/AIDS, Hepatitis C and STIs Research; Aboriginal and Torres Strait Islander researchers; NACCHO/ACCHOs and affiliates.

**By When:** Continuous

**Approach to Achieve Outcomes:**
- Further develop the skills base among researchers and identify ways to engage Aboriginal and Torres Strait Islander researchers in community-related research.

**Outcomes:**
- Evidence of increased interaction and collaboration eg regular meetings, increased research published with Aboriginal and Torres Strait Islander researchers’ partnership/input.
- Increased research contributing directly (through collaboration or otherwise) to development of policy relating to reduction of HIV/AIDS, STIs and blood borne viruses in Aboriginal and Torres Strait Islander communities.

**Measures of Achievement:**
- Number of interactions between the National Centres and researchers involved in Aboriginal and Torres Strait Islander health.
- Evidence of collaboration of research between National Centres and researchers involved in Aboriginal and Torres Strait Islander health.

**Priority Action Area:**
- Review of the criteria and constituencies of the Scientific Advisory Committees for the national centres.

**Responsibility:**
Lead: Department of Health and Ageing.
Partners: National Centres in HIV/AIDS, Hepatitis C and STIs Research.

**By When:** June 2006

**Approach to Achieve Outcomes:**
- The Department to consider, in partnership with the National Centres, the role of the SACs to better reflect the requirements of strategic research.
6. IMPLEMENTATION, MONITORING AND EVALUATION

Outcomes:
• Review undertaken.

Measures of Achievement:
• SACs are engaged to input into research agenda for the National Centres.

Action Areas:
• Development of action or implementation plans by all levels of the partnership to ensure that the priority action areas in the Strategy are addressed.
• A comprehensive review of the Strategy.

Responsibility:
Lead: Department of Health and Ageing; State and Territory Governments.
Partners: IGCAHRD; National Centres in HIV/AIDS, Hepatitis C and STIs Research; AFAO; NAPWA; AIVL; Scarlet Alliance; community based organisations.

By When: Development of implementation plans by December 2005.
  Other actions continuous.

Approach to Achieve Outcomes:
• Implementation to be monitored jointly by the HIV Partnership.
• Performance against all plans appropriately monitored.
• Conduct a mid-term review; and hold a forum for the partnership at which to discuss the mid-term review and draft review report.
• Evaluate individual programs within the Strategy (NB: to be led and coordinated by the Department of Health and Ageing).
• The review should take account of reports on implementation that will occur during the life of the Strategy – to MACASHH, it’s Subcommittees, IGCAHRD and other relevant bodies at the jurisdictional level.
• Commence the collection of standardised national data on HIV/AIDS and STI ambulatory care activity by establishing agreement on a minimum data set of the data items to be collated and produce standardised data definitions for all items within the data set.
• Mapping of education activities.
• Identify the resources, products and outcomes from investment in prevention programs for HIV/AIDS.
6. IMPLEMENTATION, MONITORING AND EVALUATION (CONT…)

Outcomes:
• Successes and failings of the Strategy identified by the Partnership and reviews.
• Resources, products and outcomes identified.
• Plans developed and review undertaken within specified timeframe.

Measures of Achievement:
• Mid-term review undertaken.
• Review undertaken at the conclusion of the term of the Strategy.
• Written report of the Review completed and distributed.
• A minimum data set of agree data collection items is developed and a Data Dictionary that standardises definitions for all data items is published.
• Mapping exercise of education activities conducted on an ongoing basis.
ACRONYMS:

ACCHOs  Aboriginal Community Controlled Health Organisations
AFAO   Australian Federation of AIDS Organisations
AIVL   Australian Injecting and Illicit Drug Users’ League
ASHM   Australasian Society for HIV Medicine
AusAID  Australian Agency for International Development
CALD   Culturally and Linguistically Diverse
DEST   Australian Government Department of Education, Science and Training
DFAT   Australian Government Department of Foreign Affairs and Trade
DoHA   Department of Health and Ageing
EPC    Enhanced Primary Care
FACS   Australian Government Department of Family and Community Services
HASTI  HIV/AIDS and STIs Subcommittee
IASHC  Indigenous Australians’ Sexual Health Committee
IGCAHRD Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases
MACASHH Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
MBS    Medicare Benefits Schedule
MSAC   Medical Services Advisory Committee
NACCHO National Aboriginal Community Controlled Health Organisation
NATSISH&BBV National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy
NAPWA  National Association of People Living with HIV/AIDS
NHMRC  National Health and Medical Research Council
PBAC   Pharmaceutical Benefits Advisory Committee
PEP    Post-Exposure Prophylaxis
PHAEDRA Primary HIV and Early Disease Research: Australian Cohort Study
PREP   Pre-Exposure Prophylaxis
PLWHA  People Living With HIV/AIDS
SACs   Scientific Advisory Committees
SCATSIH Standing Committee on Aboriginal and Torres Strait Islander Health
STIs   sexually transmissible infections
TGA    Therapeutic Goods Administration