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# The Third National HIV/AIDS Strategy: Final Analysis

## Background

The Third National HIV/AIDS Strategy will be launched by the Health Minister, Dr Michael Wooldridge, in Sydney on 18 December 1996. It follows a period of some consultation and extensive redrafting. Each successive draft has seen improvements, but some areas of concern still exist for AFAO and its constituent members. These are:

- Financing of the Strategy
- Treatments
- Broadening of the Strategy to include other Blood Borne Communicable Diseases (BBCD) such as Hepatitis C
- Broad Sexual Health Focus
- Viral Load Testing

**AFAO endorses the Third National Strategy. AFAO remains concerned about some aspects of the Strategy and will monitor the implementation of the Strategy in the new public health environment.**

## General Comments on the Third National HIV/AIDS Strategy

- the positioning of positive people in the Strategy is a welcome improvement
- consultation and development processes could have been much better
- shifts from the old ANCA to the new MAC/ANCA must be monitored, and the process of defining the new committee's role will require input from the community sector
- the Legal and Law Reform Section of the Strategy now provides a good framework for legal policy, but the commitment of the states and territories to enact law reform is yet to be seen.

## Financing

The 1996 federal budget indicated that the Third National AIDS Strategy will be funded at the same level as the second. While this was a relief, the Strategy's broadened brief into some Hepatitis C and sexual health areas means that this same amount of money will be expected to go further and accomplish more.

The broadening of health arrangements between the Commonwealth and the states will mean less control by the Commonwealth of the way that the states and territories spend their health dollars. AFAO remains concerned that some jurisdictions will not spend funds intended for HIV/AIDS on AIDS-related initiatives, but will, rather, redirect these funds into other health areas in accordance with their own priority perceptions.

The Commonwealth plans on developing Public Health Agreements to include HIV outcome focussed performance indicators which will be used to assess whether states are appropriately addressing HIV issues through Commonwealth public health funds. Unfortunately, the committee established to develop these indicators (which includes an AFAO representative) will not meet until next year. In the absence of performance indicators,



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the community sector must monitor the expenditure of health dollars to ensure that HIV gets an appropriate allocation by states. This may be unlikely in some jurisdictions, particularly those where the HIV community lacks influence with government.

### **Education/prevention priorities**

The Strategy identifies gay men and indigenous people as the key priority groups for education and prevention. AFAO welcomes this clear identification of priority areas for education/prevention.

The guiding principles acknowledge the central role of people most affected by the epidemic in developing Australia's response.: "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". Whilst there remains some concern over the potential impact of the broadening of the Strategy to include Hepatitis C and sexual health, the principles also state the "integration of HIV/AIDS services must not dilute or make irrelevant HIV/AIDS programs to their target populations".

These and the other guiding principles go a long way to establishing a workable framework for further negotiation of the relationship between HIV/AIDS programs, services and policies and those for Hepatitis C and sexual health.

### **Viral Load Testing**

Viral load testing has been identified as a crucial clinical tool in monitoring HIV disease progression. Viral load indicates optimum times for the commencement and alteration of treatments. The Strategy notes that: "Viral load testing has the potential to ensure the most cost effective and clinically appropriate use of combination therapies." It is significant to note that references to the key role of viral load testing in HIV management and the need to establish funding mechanisms for it which appeared in earlier drafts have been removed from the final version.

At present viral load testing is being made available through compassionate access programs conducted by pharmaceutical companies. Some hospitals in some states are now also providing free viral load testing, but viral load testing is still not consistently and widely available. Individuals who cannot access free viral load testing must pay \$140 per test. The Minister has requested that AHTAC (the Australian Health Technology Assessment Committee) provide its report on viral load testing to him by the end of February. He will then move to establish a funding mechanism. AFAO and NAPWA will be approaching the drug companies to request that compassionate access schemes are extended to fill the gap.

### **HIV Treatments and Treatment Drugs**

The treatments section of the strategy has improved since Draft Four, and now includes some of the points made by the community sector. The section is far from perfect, and there is no formula or clear commitment in the Strategy to address serious delays in the approval and financing of new HIV treatments. National leadership is needed given plans to abandon the AIDS Medicare allocation and to increase the responsibility on states and territories for financial control of health service provision. This may lead to a capping of pharmaceutical budgets at State and Territory level and inconsistencies in the availability of HIV treatments from state to state.

This section has been improved by incorporating a better overall objective, naming access to treatments as crucial, noting the importance of affordable housing close to treatment centres and of the resourcing of CBOs to provided home based care.

### **Broadening of the Strategy to include other BBBD/Hepatitis C/sexual health**

While efforts have been made through the drafting process to clearly link the HIV strategy to other strategies and plans such as the National Hepatitis Action Plan and the National Drug

Strategy, how this will occur is unclear. There is no National Sexual Health Strategy and the Third National HIV/AIDS Strategy cannot fill this void. A Sexual Health Strategy would establish targets for the reduction of sexually transmissible diseases and provide leadership in the development and co-ordination of best practice initiatives to improve the sexual health of communities at risk.

It has always been AFAO's position that there needs to be separate but linked Strategies for HIV/AIDS, Hepatitis C and sexual health. The nature of these links is unclear from the Strategy and AFAO is concerned that the broadening of the HIV/AIDS Strategy is likely to have unfunded resource implications for the community sector. The role of the Hepatitis C Councils is not described in the strategy.

**Suggested position and actions for member organisations:**

- That the Strategy be endorsed;
- That member organisations speak positively to the media about the continuation of a non-partisan partnership approach to HIV/AIDS;
- That concerns about broader public health financing and the broadening into Hepatitis C and sexual health be couched in terms of a need for increased accountability for AIDS spending to ensure that the HIV sero-conversion rate continues to drop and that people with HIV receive high quality education, treatment and care services;
- That AIDS Council's signal to their state and territory governments their enthusiasm to monitor the implementation of the Strategy at local level.
- That the AFAO/NAPWA call for approval and financing of viral load testing be endorsed.