Survey Response Details

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Response Details

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1) Country

Australia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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7) Describe the process used for NCPI data gathering and validation:

Stakeholders completed the questionnaire structured by UNAIDS for the National Composite Policy Index (NCPI) Parts A&B. The Australian Government consolidated the information, entered and then submitted information via www.unaids.org/UNGASS2010

8) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Not applicable

9)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

No concerns regarding any data submitted.

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10)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Department of Health and Ageing	Ms Megan Parrish, Director, BBVSS Policy Section	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Department of Defence	Brigadier Stephen Rudzki, Director, General Strategic Health Coordination Joint Health Command	A.I, A.III
Respondent 3	Department of Education, Employment and Workplace Relations	Ms Anne Healy, Student Engagement Section, Inclusive Education Strategies Branch	A.III
Respondent 4	Attorney Generals Department	Principal Legal Officer, Discrimination Law Unit, Human Rights Branch	A.I
Respondent 5	Australian Federal Police	Dr Klaus Czoban, Head, Medical Services	A.I
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			

Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

12)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	National Association of People Living with HIV/AIDS	Mr John Rule. Deputy Director	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	AIDS Council of New South Wales	Ms Karen Price, Director, Policy, Strategy & Research Division	B.I, B.II, B.III, B.IV
Respondent 3	Scarlet Alliance, Australian Sex Workers Association	Ms Janelle Fawkes, Chief Executive Officer	B.I, B.II, B.III, B.IV
Respondent 4	Australian Federation of AIDS Organisations	Mr Don Baxter, Executive Director	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			

Respondent 11
Respondent 12
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Respondent 15
Respondent 16
Respondent 17
Respondent 18
Respondent 19
Respondent 20
Respondent 21
Respondent 22
Respondent 23
Respondent 24
Respondent 25

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14)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

15) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2005-to date. A new strategy has been developed and will be launched in 2010.

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

20

17)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	Yes	No
Young people	Yes	No
Other*		

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18)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Both broadbanded and allocated funds for HIV/AIDS activities are provided by the Australian Government. There is an annual allocation for community based and research organisations that contribute to the development of policies and programs under the National HIV/AIDS Strategy. Funded community-based organisations include the Australian Federation of AIDS Organisations, the National Association of People living with HIV/AIDS, Scarlet Alliance (representing Australian sex workers), the Australian Injecting and Illicit Drug Users' League and the Australasian Society for HIV Medicine. Funding is also allocated annually to four national research centres to provide epidemiological data and undertake HIV clinical and social research, HIV and hepatitis virology research, and research focusing on sex, health an society. Broadbanded funding is provided to states and territories through the Australian National Healthcare Agreement administered through the Australian Government Department of Health and Ageing. These are five year agreements that focus on the primary health care needs of all Australians, access to support and education for health life style choices, an emphasis on patient experience, social inclusion, Indigenous health and sustainability. Current agreements are for the period 2008-2009 to 2012-2013 for the total amount of $64.4 billion over 5 years. Education authorities use a wide range of programs and resources to deliver HIV/AIDS education, including resources they develop themselves.

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2005

Page 11

22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

People living with HIV, gay men and other men who have sex with men, Aboriginal and Torres Strait Islander people, people from (or who travel to) high prevalence countries, sex workers, people in custodial settings and people who inject drugs.

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

25)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

The national HIV/AIDS Strategy accords priority to strengthening partnerships between the Australian, state and territory governments and community-based organisations that represent people living with HIV/AIDS, gay and other homosexually active men, drug users, sex workers and Aboriginal and Torres Strait Islander populations. The strategy emphasises a partnership approach in decision making and policy formulation, which ensure that policies and programs are informed by the experiences of people living with HIV/AIDS, are responsive to need and take adequate account of the full range of personal and community effects of policy. The government recognises the significant involvement of community based organisations such as the Australian Federation of AIDS Organisation, the National Association of People Living with HIV/AIDS, the Australian Injecting and Illicit Drug User's League, and the Scarlet Alliance (representing Australian sex workers) in shaping the national response. These organisations are funded by the Australian Government to deliver education, prevention and support services to specific target groups.

27)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

No (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

No (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Australia does not have external development partners involved in its national HIV/AIDS response.

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30)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

N/A (0)

Page 16

31)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

N/A (0)

Page 17

32)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

33)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes

Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

The Australian Defence Force aims to prevent blood borne virus infection in its personnel through minimising the risk of infection and by ensuring appropriate screening and, on occasion, testing of personnel. Enlistment into the Australian Defence Force is subject to HIV/AIDS testing. Those with personal objections to HIV testing have the right to withdraw their application at anytime prior to being appointed or enlisted. The legal basis for this policy is contained in the Disability Discrimination Act 1991. Counselling occurs prior to testing and when testing is conducted. Serving personnel are required to be tested where there is: a clinical indication for testing; contact tracing has identified the need; where occupational or non-occupational exposure may have occured; pre and post deployment screening when indicated by the operation; health support plan; personnel proceeding overseas where testing is an immigration entry requirement for the country being visited; and as directed by single service requirements. The Australian Federal Police (AFP) does not routinely screen for HIV on entry to recruitment training (to be a police officer). Each case is considered individually, based on risk assessment with respect to intended employment/deployment. Employees found to be HIV-positive are supported in the workplace. Every employee travelling overseas on deployment is tested for HIV. Post-deployment testing is also available and in 2008 was part of the routine post-deployment medical screen. Education and training in blood borne viral conditions, particularly HIV, is given to all recruits and those personnel deploying overseas on UN and related missions.

35)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

36)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes

c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

37)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Anti-discrimination/equal opportunity laws are enforced by the respective national and sub-national governments through the funding of independent bodies with conciliation and, in some cases, arbitral powers in regard to complaints of discrimination. Should conciliation or arbitration fail, the matters may be pursued through court litigation for remedial orders and damages. The Australian Human Rights Commission also provides enforcement (by conciliation) in relation to International Labour Organization 111 which mentions HIV/AIDS specifically as a condition that may not be discriminated against in work and employment.

38)

Briefly comment on the degree to which these laws are currently implemented:

The anti-discrimination laws are vigorously and fairly enforced and the funding provided to support them is adequate. There is general social adherence to the principle of non-discrimination including against people with HIV/AIDS. In the last financial year (2008-2009) the Australian Human Rights Commission received 15 complaints of discrimination either involving a person with HIV/AIDS or concerning HIV/AIDS representing approximately 1% of the total number of complaints.

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39)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

42)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current needs only (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

46)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Injecting drug users, men who have sex with men, sex workers, people living with HIV/AIDS, culturally and linguistically diverse populations, people in correctional facilities and Aboriginal and Torres Strait Islander people.

48)

Briefly explain how this information is used:

The information is used by state and territory governments and community-based organisations to develop future policies and to plan programs for activities.

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49) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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50)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Coverage is monitored by state and territory and, for activities relating to Aboriginal and Torres Strait Islander populations, by region, for example, 'Major City', 'Inner Regional', 'Outer Regional' and Very Remote'.

51)

Briefly explain how this information is used:

The information is being used for developing policies and program activities to address HIV issues in their jurisdictions.

52)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

54)

Since 2007, what have been key achievements in this area:

The wide availability of effective antiretroviral therapies in Australia has been credited with keeping new AIDS diagnoses steady at approximately 230 new cases each year since 2000, and an age standardised incidence of approximately 1.0 per 100,000. The prevalence of HIV infection in people aged 15-49 in Australia is very low by international standards - half that of the United Kingdom and ten times lower than in the United States.

55)

What are remaining challenges in this area:

The challenges are to reduce the impact of HIV through: • generating innovative responses to persistent epidemics • responding to and anticipating new, emerging or potential epidemics • maintaining vigilance in the areas where we have had success • reinvigorating those prevention areas where there have been successes but where efforts are waning.

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56)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	No

57)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2009

59)

2.2 IF YES, who is the Chair?

Name	Professor Michael Kidd AM
Position/title	Chair of Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS)

60)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

15

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

4

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63)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV

strategies/programmes?

Yes (0)

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64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Australia promotes interaction between governments and community based organisations through a partnership approach and collaboration between the Australian and state and territory governments, community based organisations, clinicians, researchers and workforce professionals. The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections(MACBBVS)and the Blood Borne Viruses and Sexually Transmissible Infections Subcommittee (BBVSS)are both platforms for collaborative participation in HIV policy and programs.

65)

Briefly describe the main challenges:

One of the roles is to look at ways to build better connections between the Government and particular population groups on sexual health issues and blood-borne viruses, including gay and bisexual men, injecting drug users, sex workers, Indigenous Australians, people from culturally and linguistically-diverse backgrounds, and young people. Identifying research priorities to support the national framework will be identified along with appropriate policy responses to emerging trends and changes in the epidemiology of blood borne viruses and STIs. The Committees will work with public health, research and community groups and develop a three year work plan.

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

67)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

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68)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

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69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

70)

Since 2007, what have been key achievements in this area:

In 2009 the evaluation of the National HIV/AIDS Strategy 2005-2008 was completed. The Government, in partnership with stakeholders, which included significant consultation with community based organisations, developed the new national HIV strategy for the period 2010-2013 which included performance indicators against which improvements in education, prevention, treatment and support activities can be measured.

71)

What are remaining challenges in this area:

The Government is committed to revitalising its national response to blood borne viruses and sexually transmissible infections including HIV. The new national HIV Strategy will: - strengthen the HIV partnership; - reinvigorate prevention as a cornerstone of the national response; - emphasise monitoring and accountability; - address key workforce development needs; and - provide a renewed focus on law reform to ensure an enabling human rights-based environment for the response.

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72)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

73)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)

74)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

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75)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

76)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

77)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

78)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

79)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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80)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Needle & syringe exchange	Injecting drug user, Men having sex with men, Sex workers, Other populations

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81) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

*The National HIV/AIDS Strategy identifies priority population groups detailed below and are not mutually exculsive. Members of one priority population may also be members of another or a range

of other priority populations. These are: - People living with HIV - Aboriginal and Torres Strait Islander people; and - People from (or who travel to) high prevalence countries.

Page 44

82)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

83)

Since 2007, what have been key achievements in this area:

The following achievement were: - HIV testing was included in the Medicare Benefits Schedule (MBS, together with various improvements in HIV testing policy, eg for pregnant women; - Requirement for pre and post HIV test counselling, which had proved a barrier or deterrent for some members of the medical profession, has been replaced by a system based on consent. - Recognition in the Aboriginal and Torres Strait Islander Strategy need to address the Indigenous gay men, transgender and HIV-positive people, and of the importance of Needle and Syringe Program access for Indigenous Australians. - Rates of AIDS diagnosis in Australia has stabilised for a substantial period.

84)

What are remaining challenges in this area:

The remaining challenges are: - reduction of new HIV/AIDS infections nationally through health promotion, harm minimisation, education and improved awareness of transmission and trends in infections; - improvement on the overall health and wellbeing of people living with HIV/AIDS in Australia through equitable access to treatment and improved continuum of care in health and human services; - reduction of HIV-related discrimination that impacts upon people living with HIV/AIDS and affected communities; and - linkages with other related national strategies.

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85)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

86)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Through the following needs analyses: - The Final Report into the Economic and Process Evaluation of Funding for HIV/AIDS, Hepatitis C and STI Reserach and HIV/AIDS and STI Education 2007; - Report on the Mid-Term Stock-take Forum for the National HIV/AIDS Strategy 2007.

87)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	
HIV prevention in the workplace	Agree
Other: please specify	

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88)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

89)

Since 2007, what have been key achievements in this area:

Overall, the Australian response to HIV/AIDS has undoubtedly contributed to the comparatively low rates of disease in Australia. Prevention programs would appear however, to have had varied success across jurisdictions and target populations. For example, differences between Australian states and territories have been observed in recent trends of newly diagnosed HIV infection.

90)

What are remaining challenges in this area:

The challenges are: - to develop and implement an expanded and comprehensive national HIV prevention program aimed at reversing the resurgent epidemic among gay men through new communication technologies and other relevant strategies; and maintaining low rates of HIV among priority groups (such as MSM, Aborigiginal and Torres Strait Islander peoples, people from, or who travel to high prevalence countries, sex workers, and drug users) through the implementation of peer education and community led health promotion; - to continue investing in and monitoring prevention programs for priority risk groups; - to monitor research developments to inform policy and program development on new prevention technologies; - to continue investing in a new generation of peer education and prevention workers; and - to invest in evaluation and evidence-building approaches to support evidence-based and innovative policy and program decisions.

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91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

93)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

94)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

Through broad consultation with people living with HIV, through advocacy and with the relevant

Australian, state and territory government departments.

96)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

98)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

Access to antiretroviral therapy drugs and condoms are available Australia wide.

Page 53

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

101)

Since 2007, what have been key achievements in this area:

Clinical management of HIV is now focused on monitoring and treating other co-morbidities - both associated with HIV and those other conditions occurring as the population is ageing. The approach has contributed to an evidence based response to guide where HIV treatment and care is shared across sectors. During the life of the current strategy, implementation of the recommendations of the 'Models of Access and Clinical Service Delivery for HIV Positive People Living in Australia' has been considered as a priority. It also identified linkages between the 2005-2008 National HIV/AIDS Strategy and other health reform initiatives in the development of an integrated approach to HIV specialised care in parallel with chronic illness management approaches.

102)

What are remaining challenges in this area:

The remaining challenges are as follows: - improving models of care by adapting chronic disease models to the HIV context; - continuing investigation of new laboratory technologies with benefits for individual patients and/or applications that improve broader population surveillance and data collection; - health technology assessments that allow for the best use of drugs to patient populations as well as diagnostic and screening tools for best practice in clinical management; and - investigating the changing needs of a significant population of people living with HIV, on treatments, living longer and ageing with HIV.

Page 54

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)

Page 57

104)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

105)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2005

106)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2013

107)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

108)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

109)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

110)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes

guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

111)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

112)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

113)

3.2 IF YES, has full funding been secured?

Yes (0)

114)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

115)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

116)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Based on reporting against indicators in the National HIV Strategy 2005-2008 there was a mid-cycle and final report. An independent evaluation of the strategy was completed in 2009. Yearly surveillance reporting is also carried out.

117)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

118)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	

Page 68

119)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

120) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

The HIV/AIDS Surveillance Program monitors the pattern of transmission of HIV, viral hepatitis, and specific sexually transmissible infections in Australia, in collaboration with the Australian Government Department of Health and Ageing, state and territory health authorities and collaborating networks. Detailed analyses and interpretation of recent trends in new diagnoses of HIV/AIDS, viral hepatitis and sexually transmissible infections, and estimates of HIV and hepatitis C prevalence and incidence in population subgroups of lower and higher risk of infection are published in the HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report. The figures published in each issue of the Annual Surveillance Report are available as a downloadable file. Public release datasets on new HIV and AIDS diagnoses are also available for download. The Australian Public Access Datasets on cases of newly diagnosed HIV

infection and AIDS are made available to Australian and international health professionals, to facilitate the analysis and interpretation of the occurrence of HIV infection and AIDS in Australia.

121)

What are the major challenges?

The major challenges are: - to review the national HIV surveillance framework to ensure epidemic trends and population priorities are being consistently and appropriately measured and reported and national and state and territory levels; - to enhance surveillance capacity to improve measure of HIV transmission, HIV sub-types, and patterns of treatments used and resistence across populations; - to refine behavioural surveillance including unsafe injecting and sexual behaviour; - require expert advice when developing national surveillance programs; and - extend evaluation and secondary analyses of surveillance data, including elucidation of how behavioural trends influence epidemics.

Page 70

122)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

123)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

124) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

The representatives are from the National Centre in HIV Epidemiology and Clinical Research, the National Centre for HIV Social Research, the Australian Research Centre for Sex, Health and Society and the Australian Centre for HIV and Hepatitis Virology Research. The Australian Government funds these national centres to provide epidemiological data and undertake HIV clinical and social research. Each centre develops workplans for the consideration of Biomedical and Social Behavioural working groups that ensure the proposed activities are appropriate and will meet the needs of government and community groups involved in the HIV/AIDS response. Each working group has representation from community-based organisations and people living with HIV/AIDS who contribute both personal knowledge and experience to the assessment of the research centres' workplans.

125)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

126)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The national surveillance body for Australia is the National Centre in HIV Epidemiology and Clinical Research (NCHECR) who are responsible for an annual HIV/AIDS surveillance report as well as the monitoring and updating of our Public Access Dataset on newly diagnosed HIV infection and AIDS. The Australian Public Access Datasets on cases of newly diagnosed HIV infection and AIDS are made available to Australian and international health professionals, to facilitate the analysis and interpretation of the occurrence of HIV infection and AIDS in Australia. The datasets are provided in spreadsheet format and include the following information: Australian HIV Public Access Dataset • State (because of the small annual number of diagnoses, HIV notifications from the Australian Capital Territory have been grouped with New South Wales, notifications from Tasmania have been grouped with Victoria, and notifications from Northern Territory have been grouped with South Australia) • Sex • Year of HIV diagnosis • HIV exposure category • 5 year age group at HIV diagnosis • Year of last negative HIV antibody test (if available) • Year of HIV seroconversion illness (if available) • CD4 Count at HIV diagnosis

127)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

128)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

129) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

The National Centre for HIV Epidemiology and Research Centre collects information from state and territory governments and analyses and collates the data into the Annual Surveillance

Report.

130)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

131)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

132)

Provide a specific example:

The collected surveillance and behavioural data is used in national strategy reviews, STI prevention campaigns, implementing policy, development of education campaigns and identifies areas of need.

133)

What are the main challenges, if any?

Some challenges are faced when interpreting data and analysisng prevalence of HIV/AIDS in some sub-populations.

Page 75

134) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

135)

Provide a specific example:

Both surveillance and behavioural data are used in national strategy views, to inform STI education prevention campaigns, for resource allocation, and to identify priority groups for targeted programs.

136)

What are the main challenges, if any?

Ongoing problems with surveillance data in Australia include incomplete reporting of Aboriginal and Torres Strait Islander status and low levels of reporting in remote and very remote areas.

Page 76

137)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

138)

Provide a specific example:

Both surveillance and behavioural data are used in national strategy reviews, to inform STI education prevention campaigns, for resource allocation, and to identify priority groups for targeted programs.

139)

What are the main challenges, if any?

Ongoing problems with surveillance data in Australia include incomplete reporting of Aboriginal and Torres Strait Islander status and low-levels of reporting in remote and very remote areas. In addition, the at-risk and affected populations in Australia are diversifying and ageing, which means the patterns of disease and chronic disease management become more complex.

Page 77

140) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 82

141) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

8 (8)

142)

Since 2007, what have been key achievements in this area:

Australia has benefited from a well developed and resourced surveillance and monitoring environment since the earliest years of the epidemic.

143)

What are remaining challenges in this area:

Ongoing challenges are: - Greater attention in the analysis of surveillance data to assist in the planning and implementation of population based health promotion programs to plan for change in service delivery; - HIV surveillance will be reviewed to ensure data are being collected which best

inform targeted prevention with priorty populations; - new technolgies will be assessed to identify the proportion of HIV diagnoses that are newly acquired; - refinements to behavioural surveillance of unprotected anal intercourse to determine trends in high risk behaviours; and - improvements to measuring testing rates among priority populations.

Page 83

144)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

145)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The Disability Discrimination Act 1992 (Commonwealth) provides protection from discrimination for people living with HIV/AIDS. The Act prohibits discrimination in areas of work, accommodation, education, access to premises, clubs and sport; the provision of goods, facilities, services and land; existing laws, the administration of Commonwealth laws and programs. There are also a number of state anti-discrimination laws and regulations that prohibit discrimination against someone on the basis of their HIV status. In New South Wales, for example, the Anti-Discrimination Act 1977 prohibits discrimination againist someone on the basis of disability, which includes having HIV. The Act also specifically prohibits vilification against someone who is, or is perceived to be, HIV positive.

146)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

147)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

148)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The Australian Human Rights Commission oversees the implementation of the Federal Disability Discrimination Act (DDA). The Act seeks to promote equal opportunity, including issue of access - so that disability discrimination under the Act would be seen as unlawful against people with disabilitities.

149)

Briefly describe the content of these laws:

The Commonwealth Disability Discrimination Act 1992 provides protection from discrimination for people living with HIV. The Act prohibits discrimination in areas of work, accommodation, education, access to premises, clubs and sport; the provision of goods, facilities, services and land; existing laws; the administration of Commonwealth laws and programs. There are also a number of state anti-discrimination laws and regulations that prohibit discrimination against someone on the basis of their HIV status. In NSW, for example, the Anti-Discrimination Act 1977 prohibits discrimination against someone on the basis of disability, which includes having HIV. The Act also specifically prohibits vilification against someone who is, or is perceived to be, HIV positive. Australia has anti-discrimination legislation aimed at protecting some of the vulnerable sub-populations. For example, the Commonwealth Sex Discrimination Act 1984 prohibits discrimination on the basis of sex, marital status, pregnancy and family responsibilities. Its aim is to ensure that women do not face discrimination in the public sphere. The Age Discrimination Act 2004 (Commonwealth) aims to eliminate discrimination on the basis of age in a variety of areas of public life. While introduced in order to respond to the ageing of Australia's population, some provisions can also be applied to protect young people from discrimination. The Racial Discrimination Act 1975 (Commonwealth) prohibits discrimination on the basis of race in Australia. It has been used for a number of decades as a means of ensuring that both Indigenous Australians and migrants are protected from discrimination.

150)

Briefly comment on the degree to which they are currently implemented:

There is no legislation at either the federal or state level that explicitly prohibits discrimination againist someone on the basis that they engage in sex work or that they are an injecting drug user. Some states do have legislation that prohibits discrimination on the grounds of occupation; this legislation may be used to protect sex workers.

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151)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

152)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

153)

IF YES, briefly describe the content of these laws, regulations or policies:

In Australia, criminal law is under state and territory jurisdiction and criminal laws relating to illicit drug use and sex work vary considerably between jurisdictions. All states and territories apply criminal penalties to some forms of drug use. Although Australia has been at the forefront of harm reduction strategies for injecting drug use, these criminal penalties sometimes present significant obstacles in the provision of treatment, care and support for people who use illicit drugs. Similarly, while regulation of sex industry varies considerably between jurisdictions, most states and territories still apply criminal sanctions to at least some forms of sex work (eg. street based sex work).

154)

Briefly comment on how they pose barriers:

As mentioned above, these criminal penalties create barriers to engagement of street based sex workers in HIV/AIDS prevention. The criminalisation of street based sex work has increased the vulnerability for stigma and discrimination, police corruption, and has reduced access to HIV prevention services. While shared responsibility is a fundamental part of HIV prevention for gay and other homosexually active men, the current criminalisation of HIV transmission in New South Wales places full liability on the positive sexual partner when transmission occurs. This acts as a disincentive for men who have sex with men to undergo regular testing for HIV status and engage with HIV service providers. Prison inmates have limited or restricted access to prevention technologies such as condoms, lubrication and injecting equipment. Australia has a publicly funded health care scheme (Medicare) that provides free or subsidised health care. However, migrants in certain visa categories (particularly asylum seekers)are not eligible for Medicare. This presents a significant barrier for this group in accessing health services, including HIV treatment and care.

Page 88

155) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

156) **Part B, Section I. HUMAN RIGHTS**

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Australia takes a human rights approach to HIV. This means creating a supportive social and legal environment where rights are respected and protected and the equitable right to health is fulfilled. Australia's commitment by governments to human rights is particularly important in seeking to establish the cooperation and trust of communities that are marginalised and disadvantaged and that may be subject to legal sanction.

157) **5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

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158) **Part B, Section I. HUMAN RIGHTS**

Question 5 (continued)
IF YES, briefly describe this mechanism:

The Australian Human Rights Commission (AHRC) has a comprehensive complaints process for documenting and responding to disability related complaints, including individual human rights complaints. In addition, state based anti-discrimination and human rights agencies have established complaints provision.

159) **6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

Page 91

160)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

The Australian response to HIV/AIDS has long been shaped by effective partnerships between all levels of government and most at risk populations. The new national HIV/AIDS strategy soon to be launched in 2010 expressly provides a policy framework to address the needs of people living with HIV/AIDS and most at risk populations, for example, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, injecting drug users and sex workers. The Australian, state and territory governments provide for HIV prevention, treatment and support targeted towards most at risk populations through the funding of community organisations that work with and are representatives of these populations. Australian Government funding is provided to the Australian Federation of AIDS Organisations, the National Association of People Living with HIV/AIDS, the Australian Injecting and Illicit Drug Users' League and Scarlet Alliance (representing Australian sex workers).

161)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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162)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Access to free and confidential testing services has been an important feature of Australia's approach to HIV prevention services. National HIV Testing Policy (2006) provides for free HIV antibody testing, routine antenatal testing and pre and post test discussions. Other steps taken include free access to condoms, lubrication and needle/syringe programs. The government also subsidises the cost of antiretroviral treatments through the Pharmaceutical Benefits Scheme. In addition, hospital based clinics/outpatient centres provide a range of free services. The provision of free prophylaxis, particularly for marginalised sex workers, for example, from culturally and linguistically diverse backgrounds, Indigenous and street-based, is of concern.

163)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

164)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

165)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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166)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

HIV-positive women have specific care and support needs. Access to appropriate services for women is a priority. Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse (CALD) communities, such as sub-Saharan Africa and South East Asia, have specific needs. Challenges that will be addressed include: - decreasing the isolation experienced by HIV-positive women; - promoting opportunities for peer support; - increasing the visibility of HIV-positive women; and - encouraging the involvement of women and HIV in the development and delivery of HIV service, educational interventions and policy. HIV-positive women will be provided support in their decision making with appropriate counselling and treatment in the ante, intra and post partum periods. This support is provided in a timely manner when women are diagnosed during pregnancy.

167)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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168)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Most services for people living with HIV/AIDS are funded by the Commonwealth and state and territory governments through community based organisations and include specific programs for different communities. In most cases these programs have been developed in consultation with the affected communities to meet their specific needs. For example, sex worker organisations are resourced to run their own peer education programs specific to and responsive of the needs of their local communities. Peer education between sex workers has proven highly successful in raising awareness, promoting a culture of condom use and engaging sex workers in a sustained response to HIV prevention. For men, who have sex with men, prevention education strategies provide for the use of explicit materials. For people from culturally and liguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples, culturally appropriate material is required.

169)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

170)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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171)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

172)

IF YES, describe the approach and effectiveness of this review committee:

The ethical review committee responsible for ensuring AIDS research protocols involving human subjects meet ethical standards include representatives from civil society and people living with HIV/AIDS where possible. In Australia, review committees are guided by the highest standards of integrity and governed by the principles outlined in the National Statement of Ethical Conduct in Research involving Humans made in accordance with the National Health and Medical Research Council Act 1992.

Page 97

173)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

174)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

175)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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176)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

Australia has a framework of effective institutions that protect human rights. The Human Rights and Equal Opportunity Commission (HREOC) is the peak body for monitoring human rights in Australia. The states and territories also have equivalent bodies. Law reforms and ombudsman at both the national and state level also consider HIV related issues within their work.

Page 99

177)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

178)

– Legal aid systems for HIV casework

Yes (0)

179)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

180)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

181)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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182)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify	

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183)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

184)

Since 2007, what have been key achievements in this area:

Programs of this kind are currently operating, for example, community based organisations are playing a role in providing education and promoting awareness of HIV/AIDS issues, including stigma and discrimination.

185)

What are remaining challenges in this area:

The remaining challenges are: - identify and work to address legal barriers to evidence-based prevention strategies across jurisdictions; - promote programs to challenge stigma and discrimination including education, compliance and measurement (such as attitude surveys), support for advocacy, and improved access to effective complaint systems; and - monitor the implementation of the National Guidelines for the "Management of People with HIV Who Place Others at Risk".

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186)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

7 (7)

187)

Since 2007, what have been key achievements in this area:

Improved leadership at the national level.

188)

What are remaining challenges in this area:

The challenges are: - application of criminal and public health law to HIV transmission and/or exposure offences; - the impact of drug control laws of efforts to prevent HIV; and - sex work law; and - immigration law.

Page 103

189)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

190)

Comments and examples:

Civil society has a long history of advocacy and lobbying in this country and has contributed to the review of the National HIV/AIDS Strategy 2005-2008, drafting of the new HIV/AIDS Strategy 2010-2013, in the Implementation Strategy Plan, and participating in advisory meetings and workshops.

Page 104

191)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

192)

Comments and examples:

Civil society has participated on a range of Australian Government Committee meetings, for example, the review of the national HIV strategy and the development of the new HIV strategy 2010 to 2013.

Page 105

193)

a. the national AIDS strategy?

4 (4)

194)

b. the national AIDS budget?

3 (3)

195)

c. national AIDS reports?

4 (4)

196)

Comments and examples:

Australia has a number of peak bodies that work with state based organisations, an in partnership with Australian and State and Territory governments to implement and deliver educational services around HIV/AIDS. These include the Australian Federation of AIDS Organisations (AFAO), the National Association of People Living with HIV/AIDS (NAPWA), the Scarlet Alliance, the Australian Sex Workers Association, the Australian Injecting and Illicit Drug Users' League.

Page 106

197)

a. developing the national M&E plan?

4 (4)

198)

b. participating in the national M&E committee / working group responsible for

coordination of M&E activities?

4 (4)

199)

c. M&E efforts at local level?

4 (4)

200)

Comments and examples:

Representatives of Australian sex workers have increased their participation at the national level. However, their capacity to maintain involvement is often stretched as the majority of their work is done on a voluntary basis.

Page 107

201) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

202)

Comments and examples:

Australia has a number of peak bodies that work with state based organisations to implement and deliver educational services around HIV/AIDS. These include the Australian Federation of AIDS Organisations (AFAO), the National Association of People Living with HIV/AIDS (NAPWA), the Scarlet Alliance, the Australian Sex Workers Association, the Australian Injecting and Illicit Drug Users' League.

Page 108

203)

a. adequate financial support to implement its HIV activities?

3 (3)

204)

b. adequate technical support to implement its HIV activities?

4 (4)

205)

Comments and examples:

The Australian Government and state and territory governments provide funding annually to national research centres and community-based organisations to undertake HIV clinical, social and virology research, and to develop and implement prevention programs aimed at reducing transmission of HIV and other STIs.

Page 109

206) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	>75%
Home-based care	25-50%
Programmes for OVC**	<25%

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207)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

9 (9)

208)

Since 2007, what have been key achievements in this area:

Australia's HIV response continues to be recognised globably as a sophisticated, systematic and successful partnership approach. National HIV prevalence continues to remain lower than in most other comparable high income countries. Australian gay communities, sex workers, and people who inject drugs, including from within Aboriginal and Torres Strait Islander communities have responded to emerging issues in the epidemic. Government and health care professionals have shown strong leadership in sustaining engagement with affected communities.

209)

What are remaining challenges in this area:

One of the key challenges is the ageing of the population of people living with HIV. The average age of people with HIV is increasing as the cohort ages, with implications for aged care services and their capacity to respond to the increasingly complex needs of this group. The complex needs of clients with mental health or drug and alcohol issues, or both, are key issue for HIV care and support services. These groups are intensive users of services, have the highest level of need, and

are at greatest risk. There is a need for increasingly specialised and coordinated services to respond to their needs.

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210)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

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211)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

National and state based strategies and implementation plans were developed with significant input from all partners to the responses, including people with HIV and other civil society sectors.

212)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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213)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

214)

Since 2007, what have been key achievements in this area:

There has been a reinvigorated effort in HIV prevention education aimed at halting the rise in new infections. Targets have in some states been written in state strategies and implementation plans. There is now clear acknowledgement of the role that effective HIV ARV treatment plays in prevention - decreasing infectiousness, mortality and morbidity.

215)

What are remaining challenges in this area:

Early intervention efforts aimed at the management of premature ageing in HIV positive populations now ageing; on treatments; and living longer with HIV and treatment. In addition, the increasing complexities associated with the impacts of HIV on the major body systems - heart, liver, kidney and brain.

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216)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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217)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

The HIV national strategy implementation included dedicated work aimed at improving understanding of these needs through the Models of Access and Clinical Service delivery Project (MACSD). In addition Australia has produced published research reports by the Australian Research Centre in Sex. Health and Society (ARCSHS) - 'HIV Futures 6' which provided comment on HIV treatment, care and support services and needs. In addition, the Australian HIV Observational Database (AHOD) provides analysis on mortality and ARV usage from a cohort of HIV positive patients on HIV ARV treatment.

218)

1.1 To what extent have the following HIV treatment, care and support services been

implemented?

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

220)

Since 2007, what have been key achievements in this area:

Since 2007 there has been progress aimed at addressing the changing care and support needs of HIV positive people rising from the effective treatment and management of HIV. This has been national work, involving the Models of Access and Clinical Services Delivery (MACSD) project undertaken by the Australasian Society for HIV Medicine (ASHM) and the National Association of People Living with HIV/AIDS (NAPWA). It was work funded by the Australian Government and administered by the Blood Borne Viruses &STI sub-committee. This work has published and recommended additional work to be progressed thorough the implementation plan of the next national HIV stragies.

221)

What are remaining challenges in this area:

Addressing long term integration of HIV into the mainstream health services, whilst maintaining some dedicated HIV specific responses. Meeting specialist clinical service needs related to HIV and Ageing associated morbidities.

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222)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)