

# Meeting The Challenge

**Fourth South Australian  
HIV Strategy 2002-2005**

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## Message from the Chair of SAACHARD

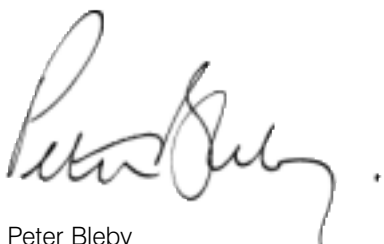
I am pleased to endorse the Fourth South Australian HIV Strategy 2002 to 2005. This Strategy has been developed by the HIV, Hepatitis C and Related Programs Unit of the Department of Human Services in partnership with the South Australian Advisory Committee on HIV, Hepatitis C, and Related Diseases and in consultation with community groups and individuals.

This partnership approach is the hallmark of the success of this and all South Australian HIV strategies. The South Australian Advisory Committee on HIV, Hepatitis C, and Related Diseases acknowledges the many community groups and individuals who took part in the consultation processes that were a part of the development of this strategy. In particular the participation and contribution of people who are living with HIV is central to the development of a South Australian response to the epidemic.

A community should never be constrained by the confines of a strategy, and must be ever alert to think beyond its boundaries as circumstances change, as they inevitably will in the progress of this epidemic. This strategy is therefore intended to be flexible, so that progress can be monitored, and change responded to in a timely and appropriate manner. The HIV epidemic continues worldwide. In South Australia we have been fortunate to not only have one of the lowest notification rates in the nation, but also reducing numbers of people who have been diagnosed with HIV infection. The implications of either increasing notifications or the incidence of late diagnoses will need constant monitoring and an appropriate response from the Department of Human Services.

HIV is an issue for the whole community. The social contexts of positive people, their education and support, and the education of the wider community are features of this strategy as much as the issues of infection control, treatment, care and management.

This Fourth South Australian HIV Strategy 2002 to 2005 is a document, which allows us as a community to evaluate our progress with regard to South Australia's response to the HIV epidemic.



Peter Bleby

Chair

South Australian Advisory Committee On HIV, Hepatitis C And Related Diseases

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## Foreword

South Australia has recognised the need for a coordinated flexible response to HIV infection in the endorsement of three successive State HIV Strategies. In this Fourth South Australian HIV Strategy 2002 to 2005 the Department of Human Services and the South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases (SAACHHARD) has responded to the challenges that HIV presents in 2002 and beyond by providing strategic direction for South Australia's continuing response to this epidemic.

This Strategy complements and builds on the successes of the previous State Strategies and acknowledges the importance of the partnership between the government and the affected communities that continues to characterise the response to HIV infection in South Australia.

The changing nature of the HIV epidemic in Australia has raised new challenges in the treatment and care needs of people living with HIV infection. New treatments have improved the health of many people living with HIV infection yet have raised even more complex issues such as emerging resistance profiles, adherence difficulties and treatment fatigue.

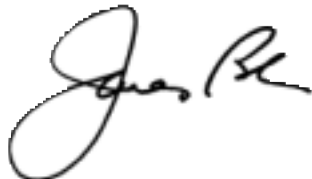
An ongoing challenge is the prevention of further transmissions of HIV in the priority populations named in the Strategy and awareness of the potential for the emergence of HIV in the wider community.

Opportunities for a coordinated health effort in these populations must include attention to education, prevention, treatment, support and research. This Strategy has been constructed as a flexible framework that will address the current challenges posed by HIV infection as well as those which will emerge during its term. In doing so it will embrace the strategies of health promotion and treatment and care as well as paying attention to relevant research and workforce development.

The South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases will continue to advise the Department of Human Services on the implementation of this Strategy its successes and challenges.

The Department of Human Services will also continue to take a robust leadership role in the South Australian response to HIV infection.

I commend to you this Fourth South Australian HIV Strategy 2002 to 2005.



JIM BIRCH  
Chief Executive  
DEPARTMENT OF HUMAN SERVICES

## Acknowledgements

Many people contributed to the production of this Strategy. Thank you to the following:

- Members of the communities of people living with, affected by and at increased risk of HIV infection and their representative organisations who provided input into the process of review of the previous Strategy and feedback on various draft versions of this Strategy
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- Members of the South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases (SAACHHARD)
- Staff of the HIV Hepatitis C and Related Programs Unit, Department of Human Services with special thanks to Mr David Waterford for writing and preparation of draft documents
- Staff of the Communicable Disease Control Branch, Department of Human Services

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# 1. Introduction

This Strategy is a plan for an integrated and coordinated public health response to the presence of HIV in South Australia according to a partnership approach. Public health is a process of mobilising local, state and national resources to ensure the conditions in which people can improve and maintain health. From its inception public health has embraced both social action and scientific knowledge in a partnership to combat disease and ill health. Public health seeks to influence health by: preventing disease and promoting health; improving medical care; promoting health enhancing behaviour; and addressing the determinants of health (Detels et al, 1997).

To date, the commitment of South Australian governments to a statewide, coordinated response to HIV has found expression in three successive state strategy documents. Cabinet approved the first South Australian AIDS Strategy in 1987, two years before the development of the first National HIV/AIDS Strategy. The South Australian HIV/AIDS Strategy 1994-1996 and the South Australian HIV/AIDS Strategy 1997-1999 followed this original Strategy. These two strategies were developed to be consistent with the concurrent National Strategies so as to contribute to a coherent National response to the presence of HIV infection in the Australian community.

## 1.1 Context

Australia has been responding to HIV for nearly twenty years. Its human cost nationally and in South Australia has been high: as at 30 June 2002, 823 individuals have been diagnosed with HIV in South Australia. (STD Services,

2002a). Surveillance data and behavioural research continue to show that most people living with or at increased risk of HIV infection are gay and other homosexually active men. This information is an important guide to the development of priorities in the continuing strategic response to HIV. However, this strategic response must also acknowledge other populations and communities as being significantly affected by HIV, among them Aboriginal and Torres Strait Islander people, people from countries with high HIV prevalence, people who inject drugs, prisoners, sex workers, as well as male, female and transgender sex partners of these people. There is a continuing risk for the emergence or re-emergence of an accelerated epidemic among these populations. In addition, the South Australian response must attend to the particular needs of certain groups who do not fit within these priority populations.

The South Australian response to HIV has been characterised by a partnership involving governments, affected communities, researchers, educators and health care professionals. The success of this partnership-based response, together with the prompt implementation of sound strategies, has ensured South Australia's on-going commitment and contribution to Australia's best practice response to HIV.

Although our understanding of HIV has increased dramatically, challenges in prevention, treatment, care and support continue to emerge. Indeed, treatment of HIV infection has become increasingly complex over the past 3-4 years with the availability of a range of new

## 1. Introduction

anti-retroviral drugs used in combination. The introduction of highly active anti-retroviral therapies has had dramatic and positive effects for many people living with HIV, including prolongation of life and increase in its quality. However the long-term prognosis remains uncertain and, with the prolonging of life, new needs have emerged for HIV positive people. In addition, not everyone has benefited from treatment development to the same extent, and some people have experienced treatment failure and clinically intolerable side effects. The potential for serious long-term side effects and the lack of certainty concerning long-term efficacy of anti-retroviral treatment is a cause of serious concern.

From the outset, South Australia's HIV education and prevention strategies have been based on the concept of health promotion. Building on Success-1 (1998) defines health promotion as "the combination of education and environmental supports for actions and conditions of living which are conducive to health." Health promotion begins with the recognition that our non-achievement of certain important health gains is substantially due to socio-economic factors. Health promotion seeks to change public policy and to implement programs which:

- address the social and economic determinants of illness
- create "reoriented" services (i.e. make them accessible and responsive); and
- empower users of health services so as to end unjustified inequalities in the distribution of disease

In the area of prevention, a key challenge is to develop health promotion programs that effectively speak to South Australians who have lived through seventeen years since the first AIDS diagnosis in this State, where the disease has gone from being an epidemic to being endemic among gay and other homosexually active men. To add to the challenge, health promotion programs must also speak to young people and people newly at risk. The epidemiological picture of HIV in South Australia between 1995 and 2002 is of low and stable numbers of notifications for newly acquired infections (STD Services, 2002b). There are indicators, however, that the culture of "safe sex" among gay men in Adelaide may now involve a higher degree of risk taking than was the case earlier in the epidemic stage of the disease (NCHSR, 2000) and that some gay men are constructing risk differently (Couch et al, 2000). Further, maintaining access to preventative measures for people who inject drugs faces new challenges, both financial and social. In the areas of prisons and Aboriginal health many of the challenges named in the previous Strategy are still to be addressed.

The local epidemic sits in the context of a broader global epidemic and as such, the Strategy needs to be flexible enough to respond to the potential for changes to the patterns of HIV epidemiology in South Australia. Not only do South Australians regularly travel to countries of high HIV prevalence but South Australia is currently the host to students, visitors and people wishing to take up residence who arrive from countries with high HIV prevalence. Prevention efforts need to accommodate issues which may arise from these links to the global community.

## 1. Introduction

In the face of such challenges, as well as the demands of emerging treatments and preventative approaches, it is essential that South Australia maintains flexibility in its strategic response to HIV. The maintenance of this flexibility will rely upon improved information gathering, sharing of this information across the partnership and the redistribution of resources in response to the changing profile of HIV in our community. The collaboration of all partners will be essential to this process of planned for and managed change, which is responsive to emerging challenges. Further, South Australia must maintain general community awareness of HIV and HIV related issues, with a particular emphasis on young South Australians.

### 1.2 The South Australian HIV Strategy 2002 to 2005

This Strategy provides a framework for South Australia's response to the challenges envisaged for the next three years, but with sufficient flexibility to be able to address unexpected developments. It will be implemented in the context of a communicable diseases framework and the National HIV/AIDS Strategy 1999-2000 to 2003-04. It will also operate alongside other separate, but linked, National and State strategies in the areas of hepatitis C, Indigenous sexual health and illicit drugs.

Based on epidemiology, social research and psychological research, this Strategy proposes a population health approach. Such an approach seeks to target interventions at the level of whole populations, or sub-populations, rather than just individuals. In so doing, South Australia relies on a partnership between governments, service

providers, the non-government sector and community, especially through the community groups of those populations living with, affected by and at increased risk of HIV infection.

This Strategy is outcome focused and concentrates on five broad areas of action:

- Creation of an enabling environment
- Promotion of health
- Treatment, care and support
- Testing, surveillance and disease control
- Research

It is proposed that this Strategy serve as a guide for the implementation, and a framework for monitoring on-going improvement in South Australia's response to HIV. Given the complex, specialist and sensitive nature of the issues involved, successful implementation of this Strategy will require effective working relationships among parties involved in the response and with a growing range of sectors. It is recognised that the achievement and maintenance of such relationships will be supported through research, and the development of capacity to identify and document best practice models, as well as through training and support of workers in both HIV projects and services and other health sector agencies

To support these research, identification and documentation processes, it will be essential to collect a range of relevant data to build an

## 1. Introduction

evidence base. This data collection activity will need to be resourced appropriately and must be conducted in a sensitive manner, both respectful toward and protective of the privacy and confidentiality of people living with, affected by and at increased risk of HIV. At all times adherence to the principles of ethical research established by the National Health and Medical Research Council is fundamental.

Throughout this Strategy reference will be made to collection and sharing of data in support of the research and best practice objectives referred to above. Collection of data must be with the knowledge and consent of

people living with, affected by and at increased risk of HIV. In the context of service delivery, any information collected about a client should only be shared with another service provider when it is in the clients best interests (for example to facilitate coordination of care), and then the consent of the client is always required. For research and evaluation purposes, only de-identified, unlinked data should be shared among services and programs or reported to funding bodies; that is, aggregated data that does not identify individuals and which cannot be linked with other data to identify individuals.

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## 2. Goals

The long-term goals of the South Australian strategic response to HIV are:

- To eliminate the transmission of HIV in South Australia
- To improve the quality of life and life expectancy for people with HIV infection.

In support of these goals, activity under the South Australian HIV Strategy 2002-2005 will focus on contributing to:

1. The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable gains in health and well-being
2. Improved health and well-being of people living with, affected by and at increased risk of HIV infection
3. Improved capacity among people living with, affected by and at increased risk of HIV infection to maintain health and well-being

4. The universal adoption of behaviours associated with lower risk of HIV infection

5. An integrated and coordinated response to HIV which is evidence based

To achieve these goals, this South Australian HIV Strategy adopts proven population health interventions, including those that focus on identified priority areas and specific populations. In so doing, this South Australian strategic response is guided by our experience over the past seventeen years and the leadership provided by the National HIV/AIDS Strategy 1999-2000 to 2003-2004. These goals set the framework for an integrated response to HIV and the bases for action across a range of policy and program areas. By targeting the response using a population health approach, the Strategy will ultimately safeguard the health of all South Australians.

## 3. Priority Populations

Epidemiological information is vital to the determination of priorities for prevention programs, as well as the targeting of some treatment, care and support initiatives. Based on epidemiology and social and behavioural research at the time of writing, this South Australian HIV Strategy identifies three populations as having highest priority for education, prevention and health promotion initiatives. They are:

- People living with HIV
- Gay and other homosexually active men
- Aboriginal and Torres Strait Islander people

Epidemiology and social and behavioural research are relied upon to identify other priority populations for education, prevention and health promotion initiatives under this Strategy as:

- People in custodial settings
- Sex workers
- People who inject drugs

While adopting this priority population approach, this strategic response to HIV seeks to maintain flexibility and inclusiveness in the implementation and ongoing development of programs. Accordingly, efforts will be made to monitor issues such as travel by South Australians to countries of high HIV prevalence, people residing temporarily or permanently from countries with high HIV prevalence, socio-economic disadvantage; stigma, discrimination, marginalisation; geographic isolation and/or dislocation for their effect on risk of HIV transmission.

The identified priority populations are not mutually exclusive as their membership overlaps. Further, within these priority populations there will be differences based on gender, age, sexuality, abilities, cultural and linguistic background, socio-economic status and geographic location. Accordingly, in planning for interventions with the named priority populations it is essential that programs under this Strategy are responsive to these differences. In some circumstances it will be necessary to develop programs targeted on the basis of these differences. In addition, support for and care of the significant others of people living with HIV, especially their children, partners, families and friends, will be an important secondary intervention in the care of the HIV positive person.

It is also recognised that a number of other South Australian and National health-related strategies include some of these priority populations. The implementation of this HIV Strategy must take account of these other strategies if optimal health outcomes are to be achieved for these populations. Among the other strategies to be considered are the:

Human Services Portfolio Strategic Plan  
1999 to 2002

National Drug Strategic Framework  
1998-99 to 2002-03

National Hepatitis C Strategy  
1999-2000 to 2003-2004

National HIV Testing Policy

National HIV/AIDS Strategy  
1999-2000 to 2003-2004

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### 3. Priority Populations

National Indigenous Australian's Sexual Health Strategy 1996-97 to 1998-99

National Medicines Policy 2000

National Mental Health Strategy

National Suicide Prevention Strategy

National Women's Health Strategy

South Australian Drug Strategic Framework 2001-2003

The First South Australian Hepatitis C Strategy (forthcoming)

## 4. Characteristics of the South Australian Response

“Primary health care” denotes an approach to health care which takes as its underlying principles community participation, a population as well as an individual focus, inter-sectoral cooperation and action, and the use of multiple strategies to promote health (Centre for Primary Health Care, 1998; South Australian Health Commission, 1989). As noted by Raftery (1995), according to such an understanding the key objectives of primary health care include diminution of health inequalities, equity of access to health services, a greater emphasis on prevention, and improved coordination within the health care system. Additionally, primary health care presumes a “social view of health”. That is, one which recognises the impact of social, economic and cultural (as well as physical) aspects of the environment on health. At the service delivery level, the characteristics of primary health care can be summarised as accessibility, continuity, coordination and comprehensiveness.

Tarimo and Webster (1997) discuss a number of incomplete and sometimes erroneous views of primary health care. Included among these are the views that “primary health care is only community based care” and “primary health care is the first level of contact with the health system”. Indeed, as an approach, primary health care can be applied at all levels of care and all levels of contact with the health system – community, primary (frontline clinical care), secondary (care requiring attention of a special nature, usually more sophisticated or complicated) and tertiary (hospital based, acute care).

The South Australian response to HIV will be a primary health care response characterised by:

- A commitment to the creation of a supportive environment
- Encouragement of community participation
- Acceptance of personal responsibility
- Respect for diversity
- A partnership approach
- Integration of prevention and care
- Continuous improvement

### 4.1 Supportive Environment

To achieve sustainable health gains, action is required to create living and working environments that are safe, stimulating, enjoyable and supportive of good health. This means the development of education, prevention, treatment, care and support activities that are embedded in the contexts of the lives of people living with, affected by and at increased risk of HIV. It also means that effort needs to be directed towards changing those aspects of the socio-economic environment which are not yet supportive of the diversity of people living with, affected by and at increased risk of HIV, and of their health. Examples of such changes include reductions in discrimination, removal of legal barriers to access to harm minimisation programs and removal of social, cultural and economic barriers to equal access to services.

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## 4. Characteristics of the South Australian Response

### 4.2 Community Participation

In order for them to achieve better health, people living with, affected by and at increased risk of HIV must be central to priority setting, decision-making, planning and implementation of health promotion and health care strategies. This Strategy recognises that HIV infected and affected people are central to its effective development and implementation. Maintaining this centrality requires full and continuous access to information, learning opportunities and support for a community-based response to HIV, leading to strengthened participation of HIV-affected communities in decision-making about their health.

### 4.3 Personal Responsibility

In the context of a supportive environment, people living with, affected by and at increased risk of HIV infection have a need to be enabled to make choices conducive to good health and supported to accept responsibility for and exert control over their own health. Personal responsibility for health requires knowledge and skill, and relies upon the existence of a supportive environment. Health promotion supports individual and social development through providing information, health education and enhancing life skills. In this context, each person needs to accept responsibility for preventing him or herself from becoming infected with, and for preventing further transmission of HIV.

### 4.4 Diversity

People living with, affected by and at increased risk of HIV infection are diverse in the cultural, educational, economic and social characteristics of their lives, their abilities, their genders and their sexualities, as well as in the geographic locations in which they live. Within the priority population approach, this diversity must be acknowledged through the programs developed by all projects receiving funding from the Department of Human Services for HIV health promotion, treatment, care and support services. These programs should seek to work, where appropriate, with the broadest variety of people possible. In addition, discrete and targeted programs are required, especially for groups for whom access to general HIV programs is difficult.

### 4.5 Partnership

A transparent and accountable partnership within and between all levels of government, different professional disciplines, service provision organisations, community based organisations and with people living with, affected by and at increased risk of HIV infection remains critical to an effective response to HIV in South Australia. The parties to the partnership must remain committed to maintaining, extending and strengthening the partnership to ensure a coherent and responsive approach to HIV prevention and HIV care and support.

## 4. Characteristics of the South Australian Response

### 4.6 Integration of Prevention and Care

Australia's successful approach to HIV to date has seen a separation of two dimensions of response, namely Education and Prevention on the one hand and Treatment and Care on the other. Sometimes, however, the transmission of HIV may be associated with periods of impairment of the health of the individuals involved. Further, by definition, one of these individuals will be HIV positive, the other HIV negative. In this context it has become clear that the separation of prevention effort from care may no longer be appropriate. Increasingly, the promotion and maintenance of the health of HIV positive people and HIV negative people affected by and at increased risk of HIV is being recognised as an important HIV prevention strategy. As well, education that addresses a range of health needs for HIV positive people is recognised as an important aspect of treatment, support and care.

### 4.7 Continuous Improvement

Individuals, community organisations, health professionals, health services and government must work together with people living with, affected by and at increased risk of HIV to improve collaboration in the planning and provision of human services for these priority populations. This requires strong attention to research as well as advocacy, professional development and training. Such attention can lead to evolution which is responsive to changing circumstances and needs, resulting in the continuous improvement of the services provided.

### 4.8 Privacy Protection

Service delivery, accountability mechanisms and research activity must be conducted in a manner sensitive to and to the benefit of people living with, affected by and at increased risk of HIV. As such, it must be respectful toward and protective of their privacy and confidentiality. At all times adherence to the ethical principles established by the National Health and Medical Research Council is fundamental.

## 5. Enabling Environment

### 5.1 Background

Successive National and South Australian HIV strategies have acknowledged that the development of an environment that respects and protects the rights of people living with, affected by and at increased risk of HIV infection is vital to achieving the goals set out in this Strategy. The successful development of such an environment requires not only supportive legislative and policy frameworks, but also community education and the strengthening of communities. In the context of a supportive environment individuals can develop and exercise the skills to manage their own health.

Community development has proved particularly important under successive HIV strategies in Australia. It is only when the places in which people live, work and recreate actively support health promotion messages that real progress is made towards good health and the prevention of disease. At the beginning of the HIV epidemic the gay community owned the reality of HIV and has shaped the way it is understood socially. Community development has been significant in supporting the gay community to promote appropriate health messages related to HIV prevention.

Within the Indigenous communities of South Australia important advances have been made in the area of sexual health. However it is essential that Aboriginal health and welfare organisations continue to fully incorporate HIV prevention programs in their health promotion activity. As noted in the Review of the South Australian HIV/AIDS Strategy, 1997-1999 (DHS, 2000),

such an outcome will require support for continued community-controlled effort. This will be particularly challenging in those regions which do not have a community-controlled Aboriginal Community Health Service. Also, in support of evidence-based practice, the Department of Human Services will need to facilitate improved data gathering, sharing and reportage of sexual health activities, testing and prevalence rates as they relate to Aboriginal people. Particular attention should be given to:

- Support for the development of capacity among Aboriginal health workers to provide sexual health services within a larger health promotion, monitoring and maintenance context
- Addressing the sexual health needs of Sistagirls (Indigenous transgender people) and Indigenous gay and other homosexually active men
- Addressing injecting drug use issues among Aboriginal people in South Australia

Likewise, the adoption of a whole of government perspective has been crucial to the success in South Australia's response to HIV to date. The South Australian Government has established key strategic priorities to be embraced by all portfolios to ensure a whole of government approach. The stated aim of these strategic priorities is to contribute to the provision of an environment conducive to high quality of life for all South Australians.

## 5. Enabling Environment

These priorities are:

- “A healthy, well educated community which feels secure, supports families and values family life
- A strong, independent and tolerant community
- Creation of business opportunities and a culture of achievement to build our society of the future – a society of which we can all feel proud and confident
- An employment strategy to focus on young people and to provide a vision for the regeneration and future prosperity of rural South Australia
- Protection, and where appropriate, enhancement of our natural, cultural and built environment and heritage”

In this context, and recognising that terms such as “family”, “community”, “culture” and “tolerance” must be understood in an affirming and inclusive manner, the Department of Human Services is committed to enhancing the quality of life of South Australians by promoting health and well-being, the development of a sustainable community and quality living standards, and doing so through government and community partnerships.

### 5.2 Target Populations

The target populations for activity in this strategic area are:

- General population

- Young South Australians, their educators and carers

- Policy makers for South Australia

- Community leaders in all sections of the South Australian community

### 5.3 Specific Goals

The goals for activity in this strategic area of creating an enabling environment are:

- The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable gains in health and well-being
- Provision of an integrated and coordinated response to HIV

### 5.4 Objectives for Creating an Enabling Environment

The objectives for activity in this strategic area are:

**Objective 1.** To provide a whole of government approach for the South Australian response to HIV

**Objective 2.** To maintain high levels of awareness of HIV within the South Australian community

**Objective 3.** To reduce the level of discrimination against, harassment of and violence against people living with, affected by or at increased risk of HIV infection

**Objective 4.** To maintain the capacity of the communities of people living with, affected by and at increased risk of HIV to mobilise and direct their responses to HIV

## 5. Enabling Environment

**Objective 5.** To increase the capacity of Aboriginal communities to mobilise and direct their response to HIV

**Objective 6.** To enhance the capacity of people living with HIV to participate fully in society

### 5.5 Strategies for Creating an Enabling Environment

To achieve these objectives, the Department of Human Services will implement the following strategies:

**Strategy 1.** Advocate for anti-discrimination legislation to be fully inclusive of people living with, affected by and at increased risk of HIV infection

**Strategy 2.** Promote across government and with the general community, ways to address the determinants of health for people living with, affected by and at increased risk of HIV infection

**Strategy 3.** Promote education on HIV and HIV related issues for all young South Australians, their educators and carers

**Strategy 4.** Promote community education to counter discrimination against, harassment

of and violence against people living with, affected by and at increased risk of HIV infection

**Strategy 5.** Continue to support community organisations which are able to advocate for those who have experienced discrimination as a result of their perceived or actual HIV status, sexuality, sex work history and/or injecting drug use history

**Strategy 6.** Encourage Aboriginal community networks and groups to promote sexual health, including the removal of the stigma associated with HIV and other sexually transmitted infections, and to promote harm minimisation strategies with regard to injecting drug use

**Strategy 7.** Encourage the promotion of healthy life-styles by networks and groups within the following communities:

- Gay and other homosexually active men
- People living with HIV
- People who inject drugs

## 6. HIV Related Health Promotion

### 6.1 Background

The NHMRC (1995) has defined Health Promotion as:

The mix of policies, methods and activities undertaken by government, health professionals and community members to change the determinants of health and disease in order to improve health.

As such, health promotion is the combination of education and environmental supports for actions and conditions of living which are conducive to health (Green and Kreuter, 1991). The primary focus of health promotion activities is “population health”, which has four main characteristics: a focus on prevention; an understanding of the causes and determinants of illnesses and other conditions; evidence based practice; and community participation in decisions which impact on their health.

As already noted, the epidemiology of HIV in South Australia indicates that certain populations are at greater risk of infection. The description of these populations is based on number of different criteria, including sexual practice (for example, male to male sexual activity), drug use practices (for example, injecting drugs), cultural background (for example, indigenous communities) and physical location (for example, prison). However, in all cases, the populations are identified through their increased risk of HIV infection, as well as of other blood-borne diseases or sexually transmitted infections. People living with HIV also constitute a specific population group whose health promotion needs include both education and prevention; and treatment, care and support issues.

This Strategy endorses the following guiding principles for health promotion, which are based on those outlined in the National HIV/AIDS Strategy 1999-2000 to 2003-2004. These are:

- Health promotion programs for specific communities are best delivered by the communities themselves, through peer-based initiatives and in partnership with governments, health professionals, researchers. In the case of this Strategy these are the communities of people living with, affected by and at increased risk of HIV infection
- Each person must take responsibility for preventing him or herself from becoming infected with HIV and for preventing further transmission of the virus
- Health promotion initiatives should be based on sound social, psychological, behavioural and epidemiological research, which should be conducted with due regard to cultural context
- Health promotion initiatives must take account of cultural and linguistic backgrounds, gender, age, sexual orientation, standards of literacy, socio-economic circumstances, disability and geographic location, with a view to ensuring access to such initiatives
- People in custodial settings should receive prevention and health education services that are equivalent to those applying to the broader population

## 6. HIV Related Health Promotion

- HIV related health promotion activities directed to specific priority populations should take into account the prevention and education needs of the sexual partners of people in these populations
- The control of sexually transmissible infections, particularly those that are markers of HIV risk behaviour, is an area for further action. Wherever appropriate, HIV health promotion activities should incorporate messages about other sexually transmissible infections
- The circumstances of women with regard to HIV transmission are in some respects different from those of men. The social and economic status of some women may make it difficult for them to protect themselves from HIV infection and should be taken into account
- Reproduction and the risk of vertical transmission are additional areas of concern for HIV positive women. For HIV negative women who have HIV positive male partners the issue for both is the potential for HIV transmission. Counselling, testing, support and care for all persons involved, both male and female, is crucial, as is consideration of the use of anti-retroviral drug therapy to prevent horizontal and vertical transmission, if indicated
- Materials designed to help prevent the transmission of HIV and sexually transmissible infections must be presented

so as to have maximum effect on the risk-related behaviours of target populations. At times the use of explicit language and images in health promotion programs may be appropriate for certain populations. Indeed, it may be the most effective educational strategy (Moore and Frost 1996). In such circumstances ANCAHRD's guide on the use of explicit material in health promotion initiatives (Leonard and Mitchell, 2000) is a useful resource

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

### 6.2 Target Populations

The target populations for activity in this strategic area are:

- People living with HIV
- Gay and other homosexually active men
- Aboriginal and Torres Strait Islander people
- People in custodial settings
- Sex workers
- People who inject drugs

As already noted, this priority population approach - based on the epidemiology and social and behavioural research at the time of writing - is intended to be implemented in a manner which is responsive to developments. Accordingly, efforts will be made to monitor the issues such as socio-economic disadvantage;

## 6. HIV Related Health Promotion

stigma, discrimination and marginalisation; and geographic isolation or dislocation for their effect on increased risk of HIV transmission. It should also be remembered that the identified priority populations are not mutually exclusive - their membership overlaps - and within these populations there will be differences based on a range of issues such as gender, age, sexuality, ability and cultural and linguistic background. Accordingly, in planning for interventions with the named priority populations it is essential that programs under this Strategy are responsive to these differences. In some circumstances it will be necessary to develop programs targeted on the basis of these differences.

### 6.3 Specific Goals

The goals for activity in this strategic area are:

- The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable gains in health and well-being
- Improve health and well-being of people living with, affected by and at increased risk of HIV infection
- Increased capacity of people living with, affected by and at increased risk of HIV infection to maintain health and well-being
- The universal adoption of behaviours associated with lower risk of HIV infection

### 6.4 HIV Related Health Promotion Objectives

The objectives for activity in this strategic area are:

**Objective 1.** To maintain high levels of knowledge and understanding about sexual health among people living with HIV, gay and other homosexually active men and sex workers

**Objective 2.** To increase the level of knowledge and understanding about sexual health among Aboriginal and Torres Strait Islander people

**Objective 3.** To increase the level of knowledge and understanding about general health among people living with HIV and among gay and other homosexually active men

**Objective 4.** To increase the knowledge about and skills for implementation of self directed health maintenance strategies among people living with HIV

**Objective 5.** To reduce the levels of depression among people living with HIV and among gay and other homosexually active men

**Objective 6.** To reduce the levels of problems with substance use among people living with HIV and among gay and other homosexually active men

**Objective 7.** To improve rates of adherence to HIV anti-retroviral treatment among people living with HIV

**Objective 8.** To reduce the incidence among gay and other homosexually active men of unprotected anal sex with casual partners and with regular partners of unknown or different serostatus

## 6. HIV Related Health Promotion

**Objective 9.** To reduce the level of sharing of injecting equipment among people who inject drugs, with particular focus on those who inject amphetamines

**Objective 10.** To maintain low rates of sexually transmissible infections among sex workers

**Objective 11.** To reduce the level of unsafe sex, unsafe sharing of injecting equipment, and unsafe tattooing and body piercing among people in custodial settings

### 6.5 HIV Related Health Promotion Strategies

To achieve these objectives, the Department of Human Services will provide funding for a range of projects to implement the following strategies:

**Strategy 1.** Increased research into the health promotion needs of the priority populations and the methodologies most likely to succeed with these populations

**Strategy 2.** Improved targeting of health promotion programs within the priority populations to ensure that those who are most at risk receive priority. Such programs use a variety of methodologies, for example peer education, campaigns and support groups

**Strategy 3.** Improved, targeted, primary health care programs for HIV positive people and for gay and other homosexually active men. These programs, provided across the levels of service delivery and using a variety of methodologies, should be delivered in an integrated manner

**Strategy 4.** Increased availability of appropriate sexual health programs and services for

Aboriginal communities in South Australia

**Strategy 5.** Increased education and support programs for people living with HIV

**Strategy 6.** Continuation of education, prevention and harm minimisation programs for injecting drug users, including clean needle and drug substitution programs. These programs should focus strongly on hepatitis C whilst remaining inclusive of HIV and other blood borne viruses

**Strategy 7.** Continuation of education, prevention and sexual health programs with those sex workers who are at increased risk of HIV infection

**Strategy 8.** A comprehensive approach to infection control, health promotion, primary care and harm minimisation in custodial settings to the same standard as is available in the general community

**Strategy 9.** Targeted HIV prevention programs delivered in a culturally appropriate manner to those with limited access to accurate information

**Strategy 10.** Encourage mainstream community health agencies' services to be inclusive of the priority populations named in this Strategy

### 6.6 Workforce Development Issues

The aim of the process of workforce development with HIV projects and services is to build capacity for an effective and efficient approach to the core functions of HIV health promotion. The National Public Health Partnership workforce development project is developing means to support the achievement

## 6. HIV Related Health Promotion

of this aim for the broader public health workforce. Any workforce development advancements for HIV projects and services should take account of the directions being suggested by this Project. In this regard, those with responsibilities for workforce development with HIV projects and services should consider:

1. The characteristics of the national public health workforce, with regard to core public health functions, evolving public health issues and the principles of integrated practice
2. Mechanisms for assessing and reporting on workforce capacity as established by the National Public Health Partnership workforce development project; and
3. The assessment of workforce development needs against current education and training opportunities

With this in mind, it is essential for workers in HIV projects and services – paid and volunteer – to remain abreast of changes in the profile of HIV infection and the perception of risk among the target populations. Based on this knowledge workers will need to continually develop their skills to be able to respond to the evolving profile of HIV infection. The Department of Human Services should continue to develop systems for the expeditious collection, analysis and sharing of de-identified epidemiological and risk related psychological, social and behavioural data. To ensure the effective implementation of such systems, it is essential that workers are provided with the necessary training and support in the collection and evaluation of data for inclusion in statewide databases, as well as in how to use reports on statewide data and integrate them

into health promotion programs. In addition, workers should be supported to reflect on practice, in the light of evidence, and to evolve new ways of working based on shared reflection.

In the course of their health promotion work, paid and volunteer workers may be called upon to advocate on behalf of individual clients or for the development or maintenance of a supportive legislative or policy framework. It is therefore essential that these workers have the knowledge and skills necessary to undertake such advocacy work.

Over the life of the Strategy it will also be important to ensure that workers who come into contact with people at risk of HIV infection are trained to develop the knowledge and skills to discuss life-style related health issues, HIV risk behaviours and harm minimisation strategies. The communities of people living with, affected by or at increased risk of HIV infection should be viewed as partners in this workforce development activity. Special attention should be given to the education and in-service training of targeted general practitioners, as well as targeted drug and alcohol workers, community health workers, mental health workers and youth workers. For those workers who come into contact with people living with, affected by or at increased risk of HIV infection, such education and training should cover issues relating to diversity, discrimination, “userphobia” and homophobia and health. Education and training related to these issues should include consideration of the ways people from marginalized groups can internalise society’s negative attitudes toward them with detrimental consequences for the management of their health.

## 7. Treatment, Care and Support

### 7.1 Background

The efficacy of anti-retroviral therapy for HIV has resulted in an increase in demand for ambulatory care services, community based care and support services and increased the complexity of providing treatment, care and support for people living with HIV. Significant structural adjustments have been required in response to these changes and further change will be necessary if South Australia is to continue to achieve improvements in the quality of life and life expectancy for people living with HIV.

Despite the continuing need to respond to the changing profile of HIV disease, the most appropriate model of treatment, care and support remains the continuum of care model. This model is:

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

This Strategy endorses the following guiding principles for treatment, care and support, which are based on those outlined in those in the National HIV/AIDS Strategy 1999-2000 to 2003-2004. These are:

- People living with HIV have the same right to comprehensive and appropriate health care as other members of the community, without fear of discrimination
- Particular attention should be paid to meeting the needs of people living with HIV who may

experience difficulty gaining access to appropriate services and treatments

- People living with HIV will be involved in the planning and implementation of treatment, care and support programs
- Early intervention and health maintenance and monitoring are the basis of best practice
- The access, quality, safety and efficacy principles of the National Medicines Policy should be observed in relation to the management of HIV medication
- Training of health care workers, both professional and volunteer, will continue to promote non-discriminatory behaviour and treatment, including adherence to infection-control procedures
- Community-based volunteer services will continue to be encouraged and supported; they are integral to the community care network
- HIV positive people in correctional facilities have the right to treatment and care services that are equivalent to those available to other people living with HIV

### 7.2 Target Populations

The primary target population for activity in this strategic area is people living with HIV. The significant others of people living with HIV (including their partners, children and family) are a secondary target population.

## 7. Treatment, Care and Support

### 7.3 Specific Goals

The goals for activity in this strategic area are:

- The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable gains in health and well-being
- The improved health and well-being of people living with HIV infection

### 7.4 HIV Treatment, Care and Support Objectives

The objectives for activity in this strategic area are:

**Objective 1.** To improve the emotional and physical health and well-being of people with HIV

**Objective 2.** To improve rates of adherence to HIV anti-retroviral treatment

**Objective 3.** To reduce the symptoms of HIV disease and the side-effects of HIV medication

**Objective 4.** To reduce the levels of depression and anxiety among people living with HIV

**Objective 5.** To reduce the levels of problems with substance use among people living with HIV

**Objective 6.** To improve the well-being of HIV positive people with mental health issues

**Objective 7.** To reduce the number and length of admissions for acute hospital care required by people with HIV

**Objective 8.** To reduce the number of HIV related crisis presentations to hospital emergency departments by people with HIV

**Objective 9.** To maintain access to high quality inpatient care for people with HIV in need of such care

**Objective 10.** To increase the ability of carers of people living with HIV to provide care and support without detriment to their own health and well-being

### 7.5 HIV Treatment, Care and Support Strategies

To achieve these objectives, the Department of Human Services will provide funding for a range of projects and services to implement the following strategies:

**Strategy 1.** Maintain and enhance the wide and comprehensive range of HIV treatment, care and support services, provided according to a continuum of care approach. This system of services should be:

- client-oriented
- integrated
- coordinated
- sustainable from a clinical, economic and community perspective; and
- respectful of the privacy and confidentiality of clients

**Strategy 2.** Encourage all HIV service delivery through general practices, sexual health services, public dental services and hospital outpatient services to adopt the characteristics of primary health care: accessibility, continuity, coordination and comprehensiveness

## 7. Treatment, Care and Support

**Strategy 3.** Maintain and enhance hospital outpatient services to meet increases in patient attendances and ensure such services can continue to manage the increased complexity of long-term HIV infection management

**Strategy 4.** Maintain and enhance hospital inpatient services through the linking of site-specific grants for HIV inpatient care with health outcomes, focusing particularly on the management of complex hospitalisations

**Strategy 5.** Increase access to mental health services for people with HIV who have neurological and psychiatric conditions, whether HIV related, medication related or pre-existing

**Strategy 6.** Ensure continued access to appropriate diagnostic methods, including those relying on new and emerging technologies, to monitor disease progression, drug toxicity, resistance and treatment outcomes

**Strategy 7.** Maintain and enhance community based support, care and counselling programs, including peer support programs, for people with HIV which recognise the diversity of people in this community

**Strategy 8.** Maintain resources to, and enhance support for, the involvement of volunteers in care programs for people with HIV

**Strategy 9.** Develop mechanisms to ensure that people with HIV with differing or more complex care and support needs are acknowledged and addressed across the continuum of care

**Strategy 10.** Develop mechanisms for improved collection, analysis and reporting de-identified data of HIV treatment, care and support

### 7.6 Workforce Development Issues

The aim of the process of workforce development with HIV sector is to build capacity for an effective and efficient approach to the core functions of HIV treatment, care and support. The National Public Health Partnership workforce development project is developing means to support the achievement of this aim for the broader public health workforce. Any workforce development advancements for HIV projects and services should take account of the directions being suggested by this Project. In this regard, those with responsibilities for workforce development with HIV projects and services should consider:

1. The characteristics of the national public health workforce, with regard to core public health functions, evolving public health issues and the principles of integrated practice
2. Mechanisms for assessing and reporting on workforce capacity as established by the National Public Health Partnership workforce development project; and
3. The assessment of workforce development needs against current education and training opportunities

With this in mind, it is essential for workers in HIV projects and services – paid and volunteer – to remain abreast of changes in the profile of HIV infection and in the required treatment, care and

## 7. Treatment, Care and Support

support response. Based on this knowledge workers will need to continually develop their skills to be able to respond to the evolving profile of need of people living with HIV.

The Department of Human Services should continue to develop systems for the expeditious collection, analysis and sharing of relevant, de-identified treatment, care and support data. To ensure the effective implementation of such systems, it is essential that workers are provided with the necessary training and support in the collection and evaluation of data for inclusion in statewide databases, as well as in how to use reports on statewide data and integrate them into treatment, care and support programs. In addition, workers should be supported to reflect on practice, in the light of evidence, and to evolve new ways of working based on shared reflection

Access to treatment, care and support services for people living with HIV in rural areas remains a challenge. Education, support and

resourcing is required for health care workers in these areas to increase access and improve the quality of treatment, care and support programs in these areas.

Further areas within the provision of treatment, care and support services which require workforce development are: assessment and intake procedures, and referral mechanisms across the continuum of care. The enhancement and effective implementation of such procedures and mechanisms is reliant on increasing the knowledge and skill of all workers in HIV projects and services – professional and volunteer – in the making of assessments and referrals.

Finally, in the course of their treatment, care and support work, paid and volunteer workers may be called upon to advocate on behalf of individual clients or for the development or maintenance of a supportive policy framework. It is therefore essential that these workers have the knowledge and skills necessary to undertake such advocacy work.

## 8. Testing, Surveillance and Disease Control

### 8.1 Background

The dual aim of diagnosing HIV infection is to contribute to the health of the individual and the protection of public health. Such diagnosing seeks to detect disease before symptoms appear. Surveillance involves the systematic collection, consolidation and evaluation of morbidity and mortality reports, together with other relevant data, so as to determine the distribution and trends of diseases for the purpose of disease control. Just as health promotion programs should be targeted at those who are at increased risk of HIV infection, HIV testing should be provided on the basis of a realistic assessment of the risk of having been exposed to the virus.

The advent of post-exposure prophylaxis for HIV for both occupational and non-occupational exposures provides the community with a potentially valuable second line of protection against transmission of HIV in certain circumstances. This imposes an obligation upon the Department of Human Services to develop and promote appropriate mechanisms for management of exposures to HIV. However, adherence to safe working practices, safe sex practices and safe injecting practices remain the first line of protection against occupational and non-occupational exposure to blood borne and sexually transmissible infections.

In the case of HIV, coded notification of test results is an integral part of the surveillance system. However it is essential that these data be augmented by de-identified social and psychological data relating to the risk behaviours

of the priority populations under this Strategy.

The strategic directions recommended in the areas of creating an enabling environment, health promotion and treatment, care and support all have a disease control aspect. In addition, the community has at its disposal certain public health powers conferred by legislation to facilitate disease control. The Department of Human Services has sought to achieve behaviour change through less coercive and punitive means wherever possible.

This Strategy endorses the following guiding principles for testing, surveillance and disease control, which are based on those outlined in the National HIV/AIDS Strategy 1999-2000 to 2003-2004. They are:

- The community as a whole has the right to appropriate protection from infection. Public health intervention initiated in support of this right must take account of individual rights
- Each person must take responsibility for preventing him or herself from becoming infected with HIV and for preventing further transmission of the virus
- The fundamental principles of voluntary testing and informed consent, as outlined in the HIV Testing Policy (ANCARD – IGCARD, 1998) must be maintained and promoted
- People in custodial settings should have access to HIV testing services that are equivalent to those available to the general population

## 8. Testing, Surveillance and Disease Control

### 8.2 Target Populations

The target populations for activity in this strategic area are:

- Medical practitioners who perform HIV testing
- People at increased risk of HIV infection
- People living with HIV
- Health-care workers
- General Community

### 8.3 Specific Goals

The goals for activity in this strategic area are:

- Protection of public health
- An integrated and coordinated response to HIV which is evidence based
- Improved health and well-being of people living with, affected by and at increased risk of HIV infection
- The universal adoption of behaviours associated with lower risk of HIV infection

### 8.4 Testing, Surveillance and Disease Control Objectives

The objectives for activity in this strategic area are:

**Objective 1.** To increase the proportion of people diagnosed in the early stages of HIV infection

**Objective 2.** To decrease the proportion of inappropriate HIV antibody testing

**Objective 3.** To improve the systems for surveillance of HIV and other blood-borne viruses

**Objective 4.** To improve the management of occupational and non-occupational incidents of potential exposure to HIV and other blood-borne viruses

**Objective 5.** To improve the public health management of people whose behaviour places others at risk of HIV infection

**Objective 6.** To improve the management of, and support for, health care workers infected with HIV

### 8.5 Testing, Surveillance and Disease Control Strategies

To achieve these objectives, the Department of Human Services will provide funding for a range of projects to implement the following strategies:

**Strategy 1.** Increase test counselling and testing among those populations known to be at increased risk of HIV infection

**Strategy 2.** Support the maintenance of a testing and coded notification system with mechanisms to ensure high levels of confidentiality and the protection of privacy

**Strategy 3.** Encourage all pregnant women to consider their need for HIV testing as part of their antenatal care. Reproduction and the risk of vertical transmission are areas of concern for HIV positive women. Test counselling should be provided and informed consent obtained if testing is undertaken. The use of antiretroviral drug therapy to prevent vertical transmission should be discussed

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## 8. Testing, Surveillance and Disease Control

**Strategy 4.** Discourage routine pre-operative screening for HIV

**Strategy 5.** Improve continuously the system for the management and support of people whose behaviour places others at risk of HIV infection

**Strategy 6.** Improve continuously the system for the management of, and support for, health care workers who are infected with HIV

**Strategy 7.** Maintain a system for post-exposure management

### **8.6 Workforce Development Issues**

In this area of testing, surveillance and disease control it is essential for workers in HIV projects and services to be provided with opportunities to improve their knowledge of,

and skill in implementing the Department of Human Services' "Guidelines for the Management of People Who Place Others at Risk of HIV Infection". It is also important to improve the skill of all health care workers who perform test counselling, take case histories (especially relating to sexual activity and drug use) and medical practitioners who give test results. This issue will be best addressed by advocating to health care worker organisations for the establishment and implementation of best practice guidelines. This again highlights the importance of paid and volunteer workers in HHARP funded organisations having the knowledge and skills necessary to undertake advocacy work.

## 9. Research

### 9.1 Background

Research into the various aspects of HIV continues to play a critical role under this State HIV Strategy. Nationally, the approach taken to HIV research in Australia recognises that most scientific knowledge relating to health has come from fundamental social, virological, clinical and epidemiological research. In this context, the achievement of the goals of this South Australian Strategy demands a strategic approach to research to ensure it plays a vital role in informing policy development, health promotion and health care programs.

This Strategy endorses the following guiding principles for research, which are based on those outlined in the National HIV/AIDS Strategy 1999-2000 to 2003-2004. These are:

- Research evidence will continue to guide South Australia's response to HIV
- Research is undertaken within a health promotion framework
- The community will continue to be involved in the determination of research priorities, including through the South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases
- Treatment and vaccine trials undertaken in South Australia will be continue to be conducted in an ethical manner that complements health promotion initiatives and continued access to treatment programs

- The Department of Human Services will promote and support innovative, interdisciplinary research
- Resources will be allocated, according to identified priorities, to areas lacking South Australian data and where the greatest population health benefit can be obtained
- Local research initiatives will be developed and implemented in the context of the national research agenda and appropriately linked to the national centres in HIV research
- Methods of research that are appropriate to the subject area or population under investigation will be deployed

### 9.2 Specific Goals

- An integrated and coordinated response to HIV which is evidence based

### 9.3 Research Objectives

The objectives for activity in this strategic area are:

**Objective 1.** To extend knowledge about local social, psychological and behavioural factors associated with the transmission of HIV

**Objective 2.** To identify practice in the HIV epidemiology, HIV health promotion and community based care and support, and clinical management of HIV, which provide greatest benefit to people living with, affected by and at increased risk of HIV

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## 9. Research

**Objective 3.** To improve the implementation of research findings into the practice of HIV health promotion activity and HIV treatment, care and support activity in South Australia

### 9.4 Research Strategies

To achieve these objectives, the Department of Human Services will implement the following strategies:

**Strategy 1.** Develop a HIV research agenda for South Australia

**Strategy 2.** Investigate the formation of a South Australian based interdisciplinary virtual research centre

**Strategy 3.** Encourage collaboration between South Australian academics, researchers and practitioners working in the areas of HIV health promotion and HIV treatment, care and support

**Strategy 4.** Encourage the development of partnerships between those funding research and practitioners working in the areas of HIV health promotion and HIV treatment, care and support

**Strategy 5.** Encourage an action research approach to evaluation

**Strategy 6.** Facilitate ethics committee approval process for HIV research projects as appropriate

**Strategy 7.** Establish a framework which will manage and reward innovation and improvement

**Strategy 8.** Ensure that all aspects of the South Australian research program continue to incorporate a partnership approach consistent with this Strategy

## 10. Roles and Responsibilities

### 10.1 The South Australian Government

In pursuit of the goals of this HIV Strategy the South Australian Government is responsible for providing State leadership in the response to HIV. This role extends to the promotion of best practice and integrated action across sectors and portfolios.

The Department of Human Services will continue to be the principal department responsible for coordination of the statewide response to HIV, within a whole of government response. Within the Department of Human Services, the HIV, Hepatitis C and Related Programs Unit (Communicable Disease Control Branch, Strategic Planning and Population Health) will have primary carriage of the South Australian HIV Strategy, with specific responsibility for:

- Overall implementation, monitoring and evaluation of the State HIV Strategy
- Development and implementation, in partnership with affected communities and key interested parties, of the HIV Strategy Implementation Plan
- Management of a funding process which supports the priorities outlined in the State HIV Strategy and the Implementation Plan
- Ensuring the efficient use of resources and the application of best practice standards for the implementation of the HIV Strategy
- Monitoring epidemiology in relation to HIV, and related diseases

- Commissioning research, health promotion and policy initiatives in response to emerging areas of need
- Development of policy concerning HIV and related diseases
- Linking HIV programs with other relevant public health initiatives and activities
- Contributing to a strong partnership with affected communities and the medical and scientific communities
- Ensuring state representation on national and inter-governmental committees dealing with HIV and related diseases and issues
- Providing secretariat and policy support functions for the South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases (SAACHHARD)
- Convening the Expert Panel on Infected Health Care Workers, Panels under the Guidelines for the Management of People Who Place others at Risk of HIV Infection and a range of working groups as required

### 10.2 SAACHHARD

The South Australian Advisory Committee on HIV, Hepatitis C and Related Diseases (SAACHHARD) will be responsible for providing independent and expert advice to the Human Services portfolio on the implementation of the South Australian HIV Strategy and the forthcoming South Australian Hepatitis C Strategy. The Chief Executive will appoint members of SAACHHARD on the basis of

## 10. Roles and Responsibilities

expertise relevant to HIV, hepatitis C and related issues.

SAACHHARD will provide its advice to the Chief Executive of the Department of Human Services and to the Minister for Health through the Chief Executive.

### (a) Responsibilities

The responsibilities of SAACHHARD are as follows:

- To report annually in writing on the implementation of the HIV Strategy and the appropriateness of current priorities and efforts. The performance indicators developed in the Strategy Implementation Plans will be used to guide this reporting task
- To provide advice to the Department of Human Services on the development of an HIV Strategy Implementation Plan
- To assist the Department of Human Services to monitor the progress of the South Australian HIV Strategy Implementation Plan and report its findings to the Department of Human Services
- To provide advice to Department of Human Services on the development of guidelines for the implementation of policy on HIV and related issues in South Australia
- To represent to the Department of Human Services a range of perspectives from communities most affected by HIV on key issues related HIV health promotion and HIV treatment, care and support

- To provide expert public commentary on HIV related issues where appropriate and as called upon to do so by the Chief Executive

SAACHHARD will develop biennial work-plans to assist it in planning for, and monitor its progress in, the fulfilment of its responsibilities.

### (b) Annual Consultation Forums

Each year, SAACHHARD will convene an HIV Consultation Forum to gather information from key members of the partnership on developments and emerging challenges in all relevant areas, including, but not limited to: An enabling environment; HIV health promotion; HIV treatment, care and support; and HIV testing, surveillance and disease control. With regard to each of these areas, SAACHHARD will also gather information at the Annual Consultation Forum on the associated research and workforce development issues.

Consultation Forums will be open to all who have an interest in the delivery of HIV health promotion services and treatment, care and support services. The participation of members of the communities of people living with, affected by and at risk of HIV will be especially important to the success of these forums. SAACHHARD will extend an open invitation to the members of these communities. Participation by interested members of the public will also be welcome.

SAACHHARD will also extend invitations for each Consultation Forum to senior members of funded HIV projects and services, HHARP staff members and representatives of other organisations with an interest in the HIV partnership. SAACHHARD will elect a convenor

## 10. Roles and Responsibilities

for each Consultation Forum from among its members.

The consultation forums will also be used by SAACHHARD to report to the HIV partnership on the activities and achievements of SAACHHARD over the previous twelve months. SAACHHARD will present to the partnership its annual report on this occasion.

### **(c) HIV Sub-Committee**

The existing HIV Task Forces (Treatment & Care Task Force and Education & Prevention Task Force), which report to the HIV, Hepatitis C and Related Programs Unit, will be replaced by an integrated HIV sub-committee.

SAACHHARD will have an HIV Sub-Committee whose purpose will be to provide advice to SAACHHARD on the development, implementation and monitoring of the HIV Strategy Implementation Plan. The goal is to ensure that the implementation of the South Australian HIV Strategy and the work of SAACHHARD remain focused on what is relevant and achievable.

Membership of the HIV Sub-Committee will be drawn from those with the interest and skill necessary to achieve this purpose and goal. SAACHHARD will develop terms of reference for the Sub-Committee. The Sub-Committee will meet at least six times each year and the Chair of the Sub-Committee will be an ex officio member of SAACHHARD. It will have a work-plan which reflects the SAACHHARD work-plan

### **(d) Working Groups**

SAACHHARD may also establish time-limited working groups to assist it in formulating advice

on specific issues, or to complete specific tasks. Membership of working groups can include persons who are not members of the SAACHHARD but who have expertise required to address the specific issue. When establishing a Working Group, SAACHHARD will elect a convenor for the Working Group from among its members.

### **10.3 The Inter-Governmental Committee on AIDS, Hepatitis C and Related Diseases**

The Inter-Governmental Committee on AIDS, Hepatitis C and Related Diseases (IGCAHRD) is responsible for coordinating efforts under both the National HIV/AIDS Strategy and the National Hepatitis C Strategy across jurisdictions. It is also responsible for developing nationally consistent reporting standards.

### **10.4 Local Government**

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

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## 10. Roles and Responsibilities

### **10.5 Research, Medical, Scientific and Health Care Professionals**

In the overall implementation of this Strategy the medical, other health care, research and scientific professionals play an essential role in treatment and care, health promotion, training, research and policy development and implementation. The contribution of professionals working in these areas should be maximised through intersectoral cooperation at all levels. These professionals also play a central role in developing and maintaining standards of workforce development and training – for both professional and volunteer health care workers – to ensure high-quality service provision.

### **10.6 The Community Sector**

The community sector brings specific expertise and values to the partnership response, and community involvement in all aspects of the response ensures, among other things, recognition of the knowledge and expertise of those most affected. In this regard, community based organisations with a HIV focus have a particular place and responsibility. People living with, affected by or at increased risk of HIV and their community organisations will continue to play a fundamental role in the development, implementation and evaluation of all aspects of South Australia's response to HIV. Further, the advocacy role of the community sector at all levels of the strategic response to HIV in South Australia is significant.

## 11. Coordination and Management

### 11.1 Background

The Department of Human Services will continue to be the principal department responsible for coordination of the statewide response to HIV, within a whole of government response. In fulfilling this responsibility, the Department of Human Services is committed to evidence based practice and the provision of sound management. Within the Department of Human Services, the HIV, Hepatitis C and Related Programs Unit (Communicable Disease Control Branch, Strategic Planning and Population Health) will have primary carriage of the South Australian HIV Strategy.

In its carriage of the coordination and management of the implementation of this strategic response, the Communicable Disease Control Branch will be guided by the principles articulated in the 2000-2001 Business Plan of the Statewide Division of the Department of Human Services:

- Accountable and transparent process – resulting in informed and appropriate decisions
  - A positive work environment – that values knowledge, expertise, innovation, creativity, teamwork and flexibility
  - Positive working relationships – with other Divisions of the Department of Human Services, service providers and other relevant members of the HIV partnership
  - Responsiveness to the views of the community – providing opportunities for consumers to be involved in relevant activities
- Change that is sustainable – from a clinical, economic and community perspective
  - Decision making based on the best available evidence – contributing to improved health outcomes
  - Integration and coordination of health care – reducing duplication and fragmentation in service delivery
  - Open and inclusive consultation – on key issues across Government and Non-Government sectors

### 11.2 Specific Goals

The goals for activity in this strategic area are:

- The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable gains in health and well-being
- The provision of an integrated and coordinated response to HIV, which is evidence based

### 11.3 Coordination and Management Objectives

The objectives for activity in this strategic area are:

- Objective 1.** To maintain a statewide response to HIV and related diseases, coordinated across all relevant portfolios
- Objective 2.** To improve consumer access to information and services
- Objective 3.** To increase collaboration across the continuum of care

## 11. Coordination and Management

**Objective 4** To improve the delivery of services

**Objective 5.** To provide balanced budgets

**Objective 6.** To improve relationships between the Communicable Disease Control Branch and internal and external parties with an interest in HIV related issues

**Objective 7.** To create a culture of continuous improvement among HIV projects and services

**Objective 8.** To ensure an appropriately skilled workforce

**Objective 9.** To improve the flow of information between members of the HIV partnership

### 11.4 Coordination and Management Strategies

To achieve these objectives, the Department of Human Services will provide funding for a range of projects to implement the following strategies:

**Strategy 1.** Promote the appropriate utilisation of health services

**Strategy 2.** Develop and implement an HIV Strategy Implementation Plan to be reviewed, and modified as necessary, at its mid-point

**Strategy 3.** Include a workforce development section in the HIV Strategy Implementation Plan

**Strategy 4.** Provide funding, within a balanced budget, for activities identified in the HIV Strategy Implementation Plan

**Strategy 5.** Distribute resources so as to manage demand in the context of an ever-evolving profile of HIV in the South Australian community

**Strategy 6.** Maintain and streamline advisory forums with representation from all members of the HIV partnership in South Australia

**Strategy 7.** Develop and implement minimum standards of service for the implementation of HIV services

**Strategy 8.** Maintain and enhance the wide and comprehensive range of HIV services, provided according to a continuum of care approach

**Strategy 9.** Ensure the improved collection, analysis and reporting of de-identified HIV health promotion data and HIV treatment, care and support data

### 11.5 Implementation

Implementation of this South Australian strategic response to HIV will take place at a number of levels, involving a range of organisations and mechanisms. Although implementation must be coordinated, it must also remain responsive to specific contexts at the local or community level and be sufficiently flexible to respond to future challenges. This responsiveness and flexibility must be reflected in the HIV Strategy Implementation Plan.

## 12. Performance Indicators

Integral to the Department of Human Services' commitment to evidence based practice and the provision of sound management is thorough evaluation of this strategic response, both in terms of the quality of the inputs and the impact and outcomes from the strategies implemented. Accordingly, the indicators below, which are based on those contained in the Public Health Outcomes Funding Agreements, are included in this

document. These indicators will be used by SAACHHARD to guide its fulfilment of its reporting responsibilities. They are designed as a measure of performance toward achievement of the goals and sub-goals of the South Australian response to HIV. The means for measurement of performance toward achievement of the Strategy's objectives and strategies will be determined in the course of developing the HIV Strategy Implementation Plan.

### 12.1 Goal Performance Indicators

Goal	Indicator (s)	Reporting Requirement
To eliminate the transmission of HIV in South Australia	Reduction in South Australia of the number of diagnoses of newly acquired HIV infection	HIV surveillance report prepared on the basis of HIV data collected under the <i>Public and Environmental Health Act (SA), 1987</i>
To improve the quality of life and life expectancy for people with HIV infection	1. An increased proportion of people living with HIV who rate their health positively	Periodic report on the findings of regularly undertaken activities to monitor health and self-assessed quality of life of people with HIV
	2. Increased average life expectancy for people living with HIV	Annual report on the number of new diagnoses of AIDS and the number of deaths with AIDS

## 12. Performance Indicators

### 12.2 Sub-Goal Performance Indicators

Sub-Goal	Indicator (s)	Reporting Requirement
The creation of an environment which supports people living with, affected by or at increased risk of HIV infection to achieve sustainable health and well-being gains	South Australia develops a comprehensive policy framework for HIV that involves the affected communities and other members of the HIV partnership	Annual report on the South Australian HIV advisory structure (which reflects the membership of the HIV partnership and includes Indigenous Australians) to review progress against this Strategy and the Implementation Plan
Improved health and well-being of people living with, affected by and at increased risk of HIV infection	Substantial health gains among people living with HIV and gay and other homosexually active men	Periodic report on the findings of regularly undertaken activities to monitor health and self-assessed quality of life of people with and at increased risk of HIV
Improved capacity among people living with, affected by and at increased risk of HIV infection to maintain health and well-being	South Australia develops a range of locally appropriate health promotion activities undertaken to combat HIV using peer based and community development activities by gay men, Indigenous communities, people living with HIV, injecting drug users, sex workers and prisoners	Annual evaluation reports on the implementation of HIV related health promotion initiatives funded by the Department of Human Services
Increase the universal adoption of behaviours associated with lower risk of HIV infection	<ol style="list-style-type: none"> <li>1. Reduction in the prevalence of unprotected anal intercourse with casual partners in the previous six month interval reported by gay and other homosexually active men</li> <li>2. Reduction in the percentage of injecting drug users reporting use of a needle and syringe after someone else in the last month</li> <li>3. Identification of the context of new patterns of transmission of HIV in South Australia</li> </ol>	<p>Periodic reports on the findings of regularly undertaken activities to monitor knowledge about, and behaviours associated with the transmission of blood-borne viruses, including a biennially conducted periodic survey of gay and other homosexually active men and an annual sero-prevalence study of users of the Clean Needle Program</p> <p>Surveillance Reports</p>
An integrated and coordinated response to HIV which is evidence based	<ol style="list-style-type: none"> <li>1. South Australia establishes a framework which promotes evidence based innovation and improvement in the response to HIV</li> <li>2. South Australia maintains an inclusive and timely decision making process</li> <li>3. South Australia is able to respond to changes in the profile of HIV infection</li> </ol>	Report on the evaluation of this Strategy to be undertaken in 2005

When developed, the HIV Strategy Implementation Plan will include clearly articulated performance indicators, including process indicators alongside impact and

outcome indicators. The goals and indicators set out above will form the basis for the performance indicators developed in the HIV Strategy Implementation Plan.

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