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Asia and Pacific

Australia

COUNTRY:

Australia

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:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Department of Defence
:	Name/Position	Ms Karen Leshinskas, Director of Military Medicine
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I
:	Organisation	Department of Education Science and Training
:	Name/Position	Ms Anne Healy, Student Wellbeing Section

:	Respondents to Part A [indicate which parts each respondent was queried on]	A.III
:	Organisation	Attorney Generals Department
:	Name/Position	Ms Rachel Antone, Senior Legal Officer
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I
:	Organisation	Australian Federal Police
:	Name/Position	Dr Klaus Czoban, Head, Medical Services
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I
:	Organisation	National Association of People living with HIV/AIDS
:	Name/Position	Mr Peter Canavan, HIV Living Policy Analyst
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	AIDS Council of New South Wales
:	Name/Position	Ms Stevie Clayton, Chief Executive Officer
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Scarlett Alliance, Australian Sex Workers Association
:	Name/Position	Ms Janelle Fawkes, Chief Executive Officer
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Australian Federation of AIDS Organisations
:	Name/Position	Mr Don Baxter, Executive Director
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2005-2008

1.1 How long has the country had a multisectoral strategy/action framework?

18

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	No
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	No
Military/Police:	Earmarked budget	No
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	No
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	No
Human Resources:	Earmarked budget	No
Justice:	Strategy/Action framework	No
Justice:	Earmarked budget	No
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	No
Planning:	Earmarked budget	No
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No

IF NO earmarked budget, how is the money allocated?

Both broadbanded and allocated funds for HIV/AIDS activities are provided by the Australian Commonwealth 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, the 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 and society.

Broadbanded funding is provided to states and territories through Public Health Funding Outcome Agreements administered through the Commonwealth Department of Health and Ageing. These are five year agreements that focus on public health education, prevention, treatment and counselling services. The states and territories are required to meet a range of performance measures, including the development of local HIV strategies and health promotion activites, however, the amount expended on HIV/AIDS is at their discretion. Commonwealth Government funding to states and territories over the five years of the current agreement (2004 - 2009) is AUD$812 million.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations[3]:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2002

1.5 What are the target populations in the country?

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

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	No
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

**1.8 Has the country ensured “full involvement and participation” of civil society[4] in the development
of the multisectoral strategy/action framework?**

Active involvement

IF active involvement, briefly explain how this was done:

The National HIV/AIDS Strategy 2005-2008 (the Strategy) accords a priority to strengthening partnerships between the Commonwealth, 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 ensures 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 Commonwealth Government to deliver education, prevention and support services to specific target groups.

IF SOME or NO, briefly explain

Australia does not have external Development Partners involved in the national HIV/AIDS response.

2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?

N/A

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

N/A

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*)If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**
Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

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 Australia 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 occurred; 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 recruit training (to be a police officer) - or are other applicants for employment screened. The AFP does not automatically preclude an applicant from employment if that person declares themself to be HIV-positive. 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 will be 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.

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

No

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

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

Estimates only

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

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

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

Coverage is monitored by state and territory and, for activities relating to Aboriginal and Torres Strait Islander populations, by region – e.g. ‘Major City’, ‘Inner Regional’, ‘Outer Regional’, ‘Remote’, ‘Very Remote’.

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

Yes

Comments on progress made in strategy planning efforts since 2005:

The current National HIV/AIDS Strategy was launched in 2005 and covers the period 2005 - 2008. Its goal is to reduce the incidence of HIV infection and minimise the associated social and personal impacts. The 2005 - 2008 strategy was developed after a comprehensive evaluation of the successes and ongoing challenges of the preceeding strategy.

Implementation of the current strategy was reviewed in February 2007 by a national forum of over 80 representatives of the Australian Commonwealth, state and territory governments and key community-based, clinical and research organisations, relevant committees and people living with HIV/AIDS. The forum identified both the achievements and challenges experienced in implementing the strategy and prioritised actions required to progress critical components for the remainder of its term.

A special meeting of the ministerial advisory committee on AIDS, sexual health and HIV/AIDS and the hepatitis and sexually transmissable infections sub-committee was held in June 2007 to formulate advice to governments on actions to address rises in HIV infection rates among gay and other homosexually active men.

Both meetings considered evidence from a range of sources to inform ongoing and future prevention activities and provide examples of the commitment to ongoing, active monitoring and strategic planning as Australia's epidemic continues to evolve.

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

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

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

2003

2.2 IF YES, who is the Chair?

Name:	The Hon. Dr Michael Wooldridge
Title/Function:	Chair

2.3 IF YES, does it:

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

(*) If it does include civil society representatives, what percentage?

83

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*)If it does include regular meetings, what is the frequency of the meetings:

Qaurterly

IF YES, What are the main achievements?

The ministerial advisory committee on AIDS, sexual health and hepatitis provides expert policy advice to Australia's Minister for Health and Ageing on HIV/AIDS, sexually transmissible infections, hepatitis C and issues concerning the sexual health of Aboriginal and Torres Strait Islander people. Among the committee's achievements are the oversight and coordination of the development of national strategies for HIV/AIDS, STIs, hepatitis C and Indigenous sexual health and blood borne viruses for the period 2005 - 2008, a review of HIV Testing Guidelines in Australia, the provision of advice and direction on targeted education and prevention activities and sustaining an effective monitoring and surveillance capability.

IF YES, What are the main challenges for the work of this body?

The challenge for the ministerial advisory committee on HIV/AIDS, STIs, hepatits C and Aboriginal and Torres Strait Islander sexual health is to effectively respond to the ongoing and emerging challenges of Australia's HIV/AIDS response. These were identified at a forum held in February 2007 to prioritise actions for the remaining term of the current HIV/AIDS strategy.

The forum identified the need for (i) better coordination of activities and the funding of activities to avoid duplication and overlap; (ii) programs to reduce increasing rates of STIs, especially among gay and other homosexually active men and in Aboriginal and Torres Strait Islander populations; (iii) programs to reduce late HIV diagnoses, especially in people from culturally and linguistically diverse backgrounds; (iv) programs to reduce rates of new HIV diagnoses in gay and other homosexually active men; and (v) mechanisms to further reduce barriers to HIV/AIDS services, including stigmatism and alienation.

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

26.5

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

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

No

Comments on progress made in political support since 2005:

Australia's response to HIV/AIDS has always been non-partisan and recognised by successive governments as requiring ongoing political and financial support. This is evidenced by the continued renewal of the National HIV/AIDS Strategy, the first of which was developed in 1989. The fifth iteration covers the period 2005 - 2008 and is for evaulation and review in 2008.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Use condoms consistently:

Engage in safe(r) sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

Other::

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

No

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

Yes

2.1 Is HIV education part of the curriculum in

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

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

Yes

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

No

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

Yes

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

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Drug substitution therapy:	IDU
Drug substitution therapy:	MSM
Drug substitution therapy:	Sex workers
Drug substitution therapy:	Prison inmates
Drug substitution therapy:	Other sub-populations (*)
Needle & syringe exchange:	IDU
Needle & syringe exchange:	MSM

Needle & syringe exchange:	Sex workers
Needle & syringe exchange:	Other sub-populations (*)

(*)If Other sub-populations, indicate which sub-populations

* The National HIV/AIDS Strategy identifies Aboriginal and Torres Strait Islander people as a priority group for support.

Comments on progress made in policy efforts in support of HIV prevention since 2005:

The fifth iteration of the National HIV/AIDS Strategy was launched in 2005. At that time, the number of new HIV diagnoses in Australia had begun to increase, so it was timely for a review of policy and a refocused approach.

Since 2005 there has been greater national focus on the development of targeted prevention education and health promotion, improving the health of people living with HIV/AIDS, responding to care and support needs, HIV testing policies and the provision of a clearer direction for HIV/AIDS research.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	all districts* in need
Risk reduction for men who have sex with men:	The activity is available in	all districts* in need
Risk reduction for sex workers:	The activity is available in	all districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	most districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Overall, the Australian response to HIV/AIDS has undoubtedly contributed to the comparatively low rates of the 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. In the period 2002-2006, New South Wales recorded a stable population rate of new HIV infections of around 6.1 per 100,000 population, while rates increased in Queensland (3.5 to 4.0), South Australia (2.0 to 4.1), Victoria (4.5 to 5.6) and Western Australia (2.4 to 3.5 per 100,000 population) in the same period. Transmission remains primarily through sexual contact between men, accounting for around 88% of new diagnoses in 2006. By comparison, injecting drug use was the route of exposure in only 1% of new diagnoses.

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

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need

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

Comments on progress made since 2005:

Australia's initiatives in treatment and care are aimed at improving access to systems that promote health and quality of life for people living with HIV/AIDS. Recent years have seen advances in treatment and care through improved knowledge about HIV replication, the nature of the immune response, the impact of combination antiretroviral therapy and monitoring of viral load.

The rate of AIDS diagnoses and death in Australia continues to decline, predominantly due to the widespread uptake of antiretroviral therapy. An estimated 9,463 people were prescribed antiretroviral treatment for HIV infection in the 2006-2007 financial year at an estimated cost of AUD$118 million. In addition, via government funded HIV/AIDS programs, people living with HIV/AIDS have been assisted to participate in trials of new treatments, special treatment access schemes and studies that intend to address the social and physical impacts of antiretroviral therapy.

The proportion of HIV-positive men who reported that they were taking antiretroviral treatment in recent years has risen. In the Positive Health cohort, the proportion of men on therapy has increased from 69% in 2002-03 to around 75% in 2006. The Australian HIV Observational Database indicated that 72% of 1,802 people under follow-up in 2006 were receiving triple combination antiretroviral treatment for HIV infection.

There has been significant success in the use of antiretroviral therapies in reducing viral load in some communities. In 2006, 85% of Positive Health survey respondents on antiretroviral therapy had an undetectable viral load, which was a significant increase over time. Since 2004, more than 50% of people being followed through the Australian HIV Observational Database had undetectable viral load. CD4+ cell counts have also increased in this population.

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

N/A

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

Yes

IF YES, Years covered:

2005-2008

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

Yes

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

Yes

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

Yes, all partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	Yes
a data dissemination and use strategy :	Yes

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

Yes

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? :	No
in the Ministry of Health? :	No
elsewhere? :	Yes

4.3 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/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

Yes. National surveillance for HIV and AIDS is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR) in collaboration with state and territory health authorities, the Commonwealth Government Department of Health and Ageing, the Australian Institute of Health and Welfare and other collaborating networks in surveillance for HIV/AIDS.

Newly diagnosed HIV infections and AIDS are notifiable conditions in each state and territory health jurisdiction in Australia. Under national HIV/AIDS surveillance procedures, AIDS notifications are forwarded to the National AIDS Registry and newly diagnosed HIV infections are reported to the National HIV Registry for national collation and analysis. A range of information is sought at notification, including state/territory of diagnosis, name code, sex, date of birth, country of birth, Aboriginal and Torres Strait Islander status, date of diagnosis, CD4+ cell count at diagnosis, source of HIV exposure and AIDS defining illness.

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

5

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

13 August 2007

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

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 are funded by the Commonwealth Government to provide epidemiological data and undertake HIV clinical and social research, HIV and hepatitis virology research, and research focusing on sex, health and society. 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.

6. Does the M&E Unit/Department manage a central national database?

No

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

No

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

Yes

7. To what extent are M&E data used in planning and implementation?

5

What are examples of data use?

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.

What are the main challenges to data use?

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.

Comments on progress made in M&E since 2005:

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

Ongoing challenges however, do exist and areas identified for improvement include (i) better surveillance of HIV genotypes; (ii) the use of more sensitive testing and testing protocols for early diagnosis of new infection; and (iii) systems to avoid multiple counting of HIV/AIDS cases where people have moved between states and territories after diagnosis.

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

Yes

1.1 IF YES, specify:

The Disability Discrimination Act 1992 (Commonwealth) provides protection from discrimination for people living with HIV/AIDS.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	No
Migrants/mobile populations :	Yes

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

The Disability Discrimination Act 1992 (Commonwealth) (DDA) provides that it is unlawful for a person or organisation to discriminate against a person on the basis of disability in a range of areas. "Disability" is defined broadly and includes HIV/AIDS. If a person with a disability, including a person with HIV/AIDS, or his/her associate believes discrimination has occured, s/he is entitled to lodge a complaint with the Human Rights and Equal Opportunity Commission (HREOC). HREOC is responsible for enquiring into complaints of unlawful discrimination under the DDA and has the power to investigate and attempt to conciliate such complaints.

Under the HREOC Act 1986 (Commonwealth) HREOC also has a general responsibility to maintain, protect and promote human rights for all people in Australia. HREOC has the power to enquire into any practice of the Commonwealth that may be contrary to 'any human right' and to endeavour to effect settlement of the matter through conciliation.

State and Territory Anti-Discrimination Laws also prohibit discrimination on the basis of disability, including HIV/AIDS. In the Australian Capital Territory and New South Wales it is also unlawful to vilify a person with HIV/AIDS, and in Tasmania it is unlawful to incite hatred against a person with a disability, including HIV/AIDS. Complaints may be made to state and territory anti-discrimination agencies under state and territory legislation rather than under the abovementioned commonwealth legislation. Several states have legislation that prohibits discrimination on the grounds of sexuality and trans-sexuality.

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

If HREOC is unsuccessful at conciliation, the complainant may commence legal proceedings regarding the complaint in the Federal Magistrates Court or Federal Court.

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

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	No
IDU:	Yes
MSM:	No
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

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 reducation 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 the sex industry varies considerably between jurisdictions, most states and territories still apply criminal sanctions to at least some forms of sex work (e.g. street based sex work). This creates significant barriers to engagement of street based sex workers in HIV/AIDS prevention. The criminalisation of street based sex work has increased their vulnerability for stigma, discrimination, and police curruption 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 NSW 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.

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

Yes

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

Yes

IF YES, briefly describe this mechanism

The Human Rights and Equal Opportunity Commission (HREOC) administers federal anti-discrimination legislation, which includes these functions. Most states and territories have an equivalent organisation.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

The Australian response to HIV/AIDS has long been shaped by effective partnership between all levels of government and most at risk populations. The current National HIV/AIDS Strategy and implementation plan expressly provides a policy framework to address the needs of people living with HIV/AIDS and most at risk populations, like people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, injecting drug users and sex workers.

The Commonwealth, 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. Commonwealth 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 the Scarlet Alliance (representing Australian sex workers).

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

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

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. Hospital based clinics/outpatient centres provide a range of free services.

Increasingly, the provision of free condoms to sex workers is being withdrawn. The provision of free prophylaxis, particularly for marginalised sex workers e.g. from culturally and linguistically diverse backgrounds, Indigenous and street -based, is of concern.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

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

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

Most services for people living with HIV/AIDS are funded by the Commonwealth and state governments through community 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 material. For people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people, culturally appropriate material is required.

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

Yes

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

Yes

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

Yes

IF YES, describe the effectiveness of this review committee

Ethical review committees responsible for ensuring AIDS research protocols involving human subjects meet ethichal 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.

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- 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
- 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:	No
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:	No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination:	No

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.

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

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework:	Yes
Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:	Yes
Programmes to educate, raise awareness among people living with HIV concerning their rights:	Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

While some respondents rated human rights protection laws, regulations and policies highly, there are differing views.

One view is that protections for sex workers in particular have diminished and lead to the creation of barriers to effective HIV prevention for sex workers. For people living with HIV/AIDS there is a view that the government in particular should do more to reduce stigma and discrimination.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

Improved leadership at the national level, in particular through the ministerial advisory committee, is required to ensure effective and efficient implementation of the National HIV/AIDS Strategy.

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

5

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

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	3

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2005

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

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 Assocation of People Living With HIV/AIDS (NAPWA), The Scarlet Alliance, the Australian Sex Workers Association, the Australian Injecting and Illicit Drug Users' League.

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?:	3
b. adequate technical support to implement its HIV activities?:	4

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in increasing civil society participation since 2005:

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.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	most districts* in need
IEC on stigma and discrimination reduction:	The service is available in	all districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	most districts* in need
Risk reduction for men who have sex with men:	The service is available in	most districts* in need
Risk reduction for sex workers:	The service is available in	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	most districts* in need
School-based AIDS education for young people:	The service is available in	most districts* in need
Programmes for out-of-school young people:	The service is available in	most districts* in need
HIV prevention in the workplace:	The service is available in	most districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	7
2005:	7

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	7
2005:	8

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

There are changing care and support needs for people living with HIV/AIDS as a result of effective treatments and management strategies. Reviews of models of clinical care, workforce development and reform of service delivery programs are required.

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

Prevention for youth : 25-50%

Prevention for IDU : >75%

Prevention for MSM : >75%

Prevention for sex workers : >75%

Counselling and Testing : 25-50%

Clinical services (OI/ART)* : 25-50%

Home-based care : 51-75%

Programmes for OVC** : <25%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

N/A