



Australian Government

Department of Health and Ageing

**Australian
Government
Response
to the 2002 Reviews of the
National HIV/AIDS and
Hepatitis C Strategies and
Strategic Research**

AUSTRALIAN GOVERNMENT RESPONSE TO THE 2002 REVIEWS OF THE NATIONAL HIV/AIDS AND HEPATITIS C STRATEGIES AND STRATEGIC RESEARCH

Recommendations 1-28: Lead Review Team

Recommendations 29-50: HIV/AIDS Review

Recommendations 51-88: Hepatitis C Review

Recommendations 89-121: Strategic Research Review

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INTRODUCTION

This document constitutes the Australian Government response to the *2002 Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research*¹.

Australia has been at the forefront of the battle against HIV/AIDS from the earliest days of the pandemic and we will continue to place a high priority on HIV and AIDS education, prevention, treatment and care.

The cornerstone of Australia's successful response to HIV/AIDS has been the close collaboration from the early 1980s and onwards between all levels of government, affected communities, medical, scientific and health care professionals.

This approach, regarded as world's best practice, has been firmly based on evidence and on a committed partnership with affected communities.

A series of national strategies has underpinned the valuable contribution of each of the sectors which has benefited from strong Australian Government support.

Hepatitis C is now one of Australia's most commonly diagnosed notifiable diseases and the Government is committed to meeting the needs of those Australians infected with the hepatitis C virus and to address the significant public health risks posed by the disease.

Australia's current National Hepatitis C Strategy is the first of its type in the world and puts Australia at the forefront of the international community in responding to the hepatitis C epidemic. It also benefits from a close partnership between governments, health professionals and people living with hepatitis C.

The current *National HIV/AIDS Strategy 1999-2000 to 2003-2004* provides a five-year framework for strategic directions and coordinated action on HIV/AIDS. It is Australia's fourth HIV/AIDS strategy, and it builds on knowledge about combating the HIV virus accumulated over the past two decades. The *National Hepatitis C Strategy 1999-2000 to 2003-2004* is Australia's first comprehensive framework for national action to address the hepatitis C epidemic.

Surveillance data are now indicating increases in new HIV infections in some Australian States, and hepatitis C continues to be one of Australia's most commonly

¹ The National Indigenous Australians' Sexual Health Strategy (NIASHS) was not reviewed in this process as it was evaluated in 2000 which led to its continuation to 2003/04.

diagnosed notifiable diseases. Also of particular concern to Australia is the rapid rise of HIV infection in the Asia Pacific region, especially in Papua New Guinea.

In February 2002, the Federal Minister for Health and Ageing requested independent reviews of the National HIV/AIDS and Hepatitis C Strategies to be undertaken concurrently with the quinquennial reviews of the National Centres in HIV Research. The reviews were conducted through a single process, led by an overarching 'Lead Review Team' chaired by Professor Andrew Wilson. Small review panels were appointed to work on each of the specific review exercises. In broad terms, the Review Teams were asked to assess the extent to which the Strategies' recommendations and guiding principles have been implemented or adopted and their appropriateness; and to provide advice that will inform the next phase of Australia's response to HIV/AIDS, sexually transmissible infections (STIs) and hepatitis C.

Stakeholders were invited to make submissions to the reviews, and to participate in a Reference Panel to provide the Lead Review Team with advice on any major issues and difficulties arising during the course of the review process, and to comment on the initial findings. The Hepatitis C Strategy Review Panel considered 47 written submissions and 10 oral presentations, and the HIV/AIDS Strategy Review Panel considered 31 written submissions and a number of oral presentations.

The final drafts of the Review Reports were submitted to the Minister for Health and Ageing for consideration in November 2002. The current National HIV/AIDS and Hepatitis C Strategies are in place until June 2004. The reviews of the national strategies were undertaken well in advance of their end date to allow time for the Australian Government to consider the findings and the future policy directions required to maintain an effective response to HIV/AIDS, STIs and hepatitis C.

The Government congratulates the Lead Review Team and the specific Strategy Review Panels on completion of a complex task, and thanks the various stakeholders for their valuable input to the review processes and finalisation of the reports.

GENERAL COMMENTS

The Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research resulted in four separate Review Reports. These Reports have been under embargo pending the finalisation of the Australian Government Response. For convenience, these four Reports have been combined to form one compendium. In the compendium version, the Review Recommendations have been reorganised and sequentially numbered for ease of reference.

The Government Response has followed the sequential numbering system of the Recommendations in the compendium Report. To reduce repetition and for convenience, the Government Response has grouped the Recommendations under major category headings that relate to the major issues arising from the Review:

- Governance and partnerships
- Resources
- Discrimination and stigma
- Harm reduction
- Research and research funding
- Evaluation
- Surveillance
- Linkages and infrastructure
- Health needs of Indigenous peoples
- People from culturally and linguistically diverse backgrounds
- Treatment, care and support
- Rural and regional settings
- Custodial settings
- International aspects
- The development of the next National HIV/AIDS and Hepatitis C Strategies

This Response focuses on Recommendations 1-121 which deal with the strategic aspects raised in the Review.

Recommendations 122 onwards relate to the Quinquennial Reviews of the National Centres of HIV Research. The Quinquennial Reviews were technical in nature and assessed the scientific performance of the Centres rather than strategic aspects. These Recommendations have not been specifically addressed in the Government Response. General issues surrounding research are encompassed by the Response under the general Research category. The Department will however, be working with the National Centres to address these recommendations.

Some of the Recommendations raise issues that will be more appropriately addressed during consultation and developmental phases in the generation of future strategies to address HIV/AIDS, STIs and hepatitis C.

In general, Australia's strategic approach to HIV/AIDS and hepatitis C was highly praised throughout the review process. These reviews emphasise that the Government's support for prevention, treatment and care programs has contributed to reducing the burden from these diseases. The Review Reports affirm Australia's internationally acclaimed partnership approach, our leading role in research and our innovative public health campaigns while indicating some areas which could benefit from strengthening and fine tuning. The Australian Government remains committed to the partnership approach that has been so central to Australia's response to HIV/AIDS and hepatitis C.

In line with recommendations relating to the governance arrangements, the Government has developed a new advisory structure designed to support revitalisation of the national response to HIV/AIDS and hepatitis C as well as reinforcing the partnership approach and strengthening the links with other related public health strategies.

A large number of the review recommendations fall within the jurisdiction of State and Territory Governments. The Australian Government will refer these recommendations to the State and Territory Governments for their consideration.

The Government notes that there are a number of recommendations relating to illicit drug use. The Government through its *Tough on Drugs* Strategy is aiming to reduce illicit drug use and the harm it causes through law enforcement, prevention, treatment and research. There will be no change in Government policy in relation to illicit drug use. The Government is aiming to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of illicit drugs in Australian society.

The Government recognises that HIV/AIDS, STIs and hepatitis C are problems of global significance. The incidence of HIV infection in Australia has been relatively stable but it is rapidly rising in the Asia/Pacific region. It is estimated that 13,198 Australians were living with HIV infection at the end of September 2002, and an estimated 450 new HIV infections are occurring in Australia each year. Hepatitis C infection is currently one of Australia's most commonly diagnosed notifiable diseases. In 2001, around 210,000 people were living with hepatitis C antibodies in Australia. There were an estimated 16,400 new diagnoses of hepatitis C infection in 2002. National surveillance figures also indicate that STIs such as chlamydia are continuing to increase.

The Australian Government is committed to developing new national HIV/AIDS and hepatitis C strategies which will build on the successes of the previous strategies and continue to focus on eliminating the transmission of HIV, STIs and hepatitis C and minimising the personal and social impacts of these infections.

GOVERNANCE AND PARTNERSHIPS

(Recommendations 24-27, 37-41, 51-55, 65 and 116)

Recommendation 24 (LRT): It is recommended that, as the principal point of governance, each strategy have a governing committee appointed by the Minister for Health and Ageing. Membership of each committee should represent all members of the partnerships, but must include the following:

- relevant specialist medical expertise
- general practice
- the non-government partners
- the Indigenous community
- public health expertise
- health promotion, research and evaluation expertise

Recommendation 25 (LRT): The Lead Review Team considers that a joint coordinating committee would be appropriate, with responsibility for legal matters and harm reduction. If this model is accepted, such a committee's term of reference should make it clear that it does not have executive decision-making powers in relation to the individual budgets for HIV-STIs or hepatitis C. Its membership should include the chairs of the HIV-STIs, Hepatitis C and IGCAHRD Committees and representation from the Australian National Council on Drugs (ANCD).

Recommendation 26 (LRT): The Lead Review Team considers that the specific concerns of Aboriginal and Torres Strait Islander peoples warrant the continuation of a separate committee for the Indigenous Australians' Sexual Health Strategy. Moreover, since the strategy has set out to achieve a holistic approach to STIs, HIV and hepatitis C- in keeping with the philosophy of broader Indigenous health- it is appropriate that the chair of the committee be a member of the coordinating committee.

Recommendations 27 (LRT): In the Lead Review Team's view, the Legal Working Party should continue to provide support to both strategies and therefore is most appropriately represented through the coordinating committee.

<p>Recommendation 38 (HIV): The Review Panel recommends that the current governance structure be dissolved and that four advisory committees be established—HIV, Hepatitis C, a Legal Committee, and an Indigenous Australians' Sexual Health Committee—with coordination achieved through a committee of Chairs and Deputy Chairs.</p>
<p>Recommendation 52 (Hep C): That new governance structures be developed to support the national response to hepatitis C.</p>
<p>Recommendation 65 (Hep C): That the Clinical Trials and Research Committee be abolished and that hepatitis C research be incorporated in the Hepatitis C Committee's brief.</p>
<p>Recommendation 116 (Research): That the Clinical Trials and Research Committee of the Australian National Council on AIDS, Hepatitis C and Related Diseases be abolished and a revised advisory structure be formed, with HIV/AIDS, hepatitis C and Indigenous sexual health committees having a mixture of policy and research expertise. The advisory structure's overarching body should have only minimal influence on the work of these committees.</p>

Government Response to Recommendations 24-27, 38, 52, 65 and 116:

The partnership approach continues to be central to Australia's response to HIV/AIDS and hepatitis C. The partnership is an effective, cooperative effort between all levels of government, community organisations, the medical, health care and scientific communities and people living with or affected by HIV/AIDS or hepatitis C, all working together to control the spread of HIV and hepatitis C and to minimise the social and personal impacts of these diseases. It is based on a commitment to consultation and joint decision making in all aspects of the response.

The Australian Government would like to express its appreciation to the Australian National Council on AIDS, Hepatitis C and Related Diseases for its significant contribution to the effective implementation of the current National HIV/AIDS and Hepatitis C Strategies. Since the Australian National Council on AIDS, Hepatitis C and Related Diseases was established in November 1999, it has been at the forefront of Australia's response to HIV/AIDS and hepatitis C, enhancing the partnership approach as well as lifting the profile of hepatitis C. The Australian National Council on AIDS, Hepatitis C and Related Diseases has made considerable progress in promoting nationally focussed policies and programs for hepatitis C education and research, without diminishing the importance of HIV and AIDS.

The Government supports and is already taking action in response to these recommendations. The Government has considered a number of options for

restructuring the ministerial advisory committee to streamline advisory processes and clarify roles and responsibilities. The Government favours a structure consisting of a Ministerial Advisory Committee on AIDS, Sexual Health and Hepatides (MACASHH), a HIV/AIDS and Sexually Transmissible Infections (STIs) Committee, a Hepatitis C and Other Hepatides Committee, and an Indigenous Australians' Sexual Health Committee (IASHC). These new governance arrangements are designed to support revitalisation of the national response to HIV/AIDS and hepatitis C as well as reinforcing the partnership approach and strengthening the links with other related public health strategies.

The role of the new ministerial advisory committee will be to provide advice to the Minister for Health and Ageing on policies and national strategies in relation to HIV/AIDS, hepatitis C, Indigenous sexual health, and STIs and to establish alliances such as those between the prevention of HIV/AIDS and hepatitis C and the prevention of illicit drug use.

The sub-committees will provide specialist advice to the overarching committee, including identifying emerging issues and how they may be addressed. The membership of each Committee will reflect the partnership approach, consisting of experts from relevant medical specialities, general practice, non-government partners, the Indigenous community, public health, health promotion, states and territories, research and evaluation. Indigenous members of the HIV/AIDS and STI Committee and the Hepatitis C and Other Hepatides Committee will be drawn from the Indigenous Australians' Sexual Health Committee.

In line with the recommendations of the Review Reports, the functions of the Clinical Trials and Research Committee will be incorporated into the Terms of Reference for the new ministerial advisory committee.

Recommendation 37 (HIV): The Review Panel recommends that the Commonwealth revitalise its national leadership role through enhanced funding, policy development, research, overall coordination, support for the partnership, and international assistance.

Government Response to Recommendation 37:

The Government supports the principles inherent in this recommendation but notes that it overlaps with Recommendations 1, 29 and 50 (Development of a fifth National HIV/AIDS Strategy Section). If the responses to these recommendations are successful, the Government considers that Recommendation 37 will have been addressed.

The Government is committed to retaining its leadership role in the response to HIV/AIDS. The Department of Health and Ageing is the principal Australian

Agency responsible for coordination of the national response to HIV/AIDS within a 'whole-of-government' approach. The Australian Government's role in relation to HIV/AIDS continues to be:

- to facilitate national policy formulation and coordination within this partnership, national leadership and coordination in health promotion;
- to commission research into key areas of strategic relevance;
- to monitor and evaluate the National HIV/AIDS and Hepatitis C Strategies and the National Indigenous Australians' Sexual Health Strategy; and,
- to administer funding for the States and Territories, national community based organisations and, the National Centres in HIV Research.

Recommendation 39 (HIV): The Review Panel recommends that a Governance Charter be developed to clearly define the respective roles of the different elements of the new governance structures—for example, advisory committees, working groups and government departments.

Government Response to Recommendation 39:

The Government accepts the recommendation that there should be a clarification of the roles of the new ministerial advisory body and associated groups. Once the new advisory committee has been established, the Department of Health and Ageing will prepare a Governance Charter for approval by the Minister for Health and Ageing.

Recommendation 40 (HIV): The Review Panel recommends that the Commonwealth Parliamentary Liaison Group be revitalised and supported and be seen as a very important element of the national response.

Recommendation 55 (Hep C): That the Commonwealth Parliamentary Liaison Group be revitalised and recognised as a very important element of the national response to hepatitis C.

Government Response to Recommendations 40 and 55:

The Government supports these recommendations. The office of the Minister for Health and Ageing is currently considering recommending this forum. The principal role of this Group will be to provide information exchange between parliamentarians and the Australian Government with respect to HIV/AIDS, STIs and hepatitis.

Recommendation 41 (HIV): The Review Panel recommends that consideration be given to developing a national strategy for sexually transmissible infections (STIs), to rekindle interest in working with Australia's young people.

Government Response to Recommendation 41:

The Government views the control of STIs as a serious issue, which has implications for the general community and young people in particular.

The *Australian Study of Health and Relationships* (The Australian Research Centre in Sex, Health & Society 2003) showed a relatively low level of community knowledge about STIs such as chlamydia, gonorrhoea and syphilis. This study and national surveillance data emphasise the importance of maintaining a strong focus on prevention and health promotion in relation to both HIV/AIDS and STIs.

Development of a national approach to STI control is currently being progressed by the National Public Health Partnership, with secretariat support from the Department of Health and Ageing.

The Department of Health and Ageing is also developing a National Sexually Transmissible Infection Surveillance Plan which is due for completion by the end of 2003.

Under the auspices of the National Indigenous Australians' Sexual Health Strategy, the Department of Health and Ageing is collaborating with Queensland, Northern Territory and Western Australian State Health Departments on the elimination of donovanosis, a treatable ulcerative bacterial STI found in Indigenous Australians in remote northern and central Australia.

The Government is committed to ensuring effective integration of STI issues in other related public health strategies, and it will be a priority within the Terms of Reference for the new ministerial advisory committee in its advice on the development of a new National HIV/AIDS Strategy.

Recommendation 51 (Hep C): That the partnership approach be reaffirmed as essential to an effective national response to hepatitis C and that the non-government and community sector's capacity to respond be enhanced, so that the sector can participate more effectively in the partnership.

Government Response to Recommendation 51:

The Government recognises that partnership is a fundamental principle underpinning successful public health policy and remains committed to sustaining the partnership approach. One of the six essential components highlighted in the *National Hepatitis C Strategy 1999-2000 to 2003-2004* is the need to develop and maintain partnerships and involvement of affected communities. The Government supports this recommendation. As part of its Terms of Reference, the new ministerial advisory committee will examine how the participation of non-government organisations and the community sectors can be strengthened to support the National Hepatitis C Strategy.

Recommendation 53 (Hep C): That the states and territories review their governance structures for hepatitis C, so that they can develop equitable partnerships and match resources to identified needs.

Government Response to Recommendation 53:

This recommendation is a matter for State and Territory Governments. The Australian Government will be referring the Review Reports to State and Territory health departments for their consideration and will consult with them about addressing this recommendation.

Recommendation 54 (Hep C): That the National Public Health Partnership be expanded to include local government and non-government and community sector representation.

Government Response to Recommendation 54:

The National Public Health Partnership (NPHP) provides a formal structure for the Australian and State and Territory Governments to come together to develop a joint Australian intergovernmental agenda for public health into the future.

Given the important role played by local governments in public health, the Australian Government has always been open to consideration of Australian Local Government Association (ALGA) membership on the NPHP. In July 2003, the Australian Health Ministers Council agreed to ALGA being included as a full member of the National Public Health Partnership Group.

The NPHP is committed to consultation with non-government and community sector organisations. Currently the NPHP Advisory Group comprises representatives of peak non-government organisations with a key interest in public health. The role of the Advisory Group is to ensure that the Partnership's work is informed by a broad

community and industry based perspective and that gaps in the work program are also identified.

RESOURCES

(Recommendations 56-57 and 8)

Recommendation 8 (LRT): In recognition of the potential future health care costs posed by hepatitis C, commensurately increase investment in efforts to prevent the spread of the virus.

Recommendation 56 (Hep C): That equitable, sustained funding be provided to develop and implement an effective response to hepatitis C in Australia at all levels federal, state and territory, local government, and the non-government and community sector.

Government Response to Recommendations 8 and 56:

The Government is committed to the continued resourcing of hepatitis C programs. The Federal Budget 2003-2004 contains a major focus on prevention of disease and improving community understanding about health and about how individuals can better participate in keeping themselves healthy. One such initiative provides continued funding of \$15.9 million over 4 years to reduce the transmission of hepatitis C and improve the care and support for people living with this condition. This initiative will support: national education and prevention projects for key risk groups such as young people, Indigenous Australians, and illicit injecting drug users; targeted programs for specific groups such as culturally and linguistically diverse communities; educational resources; and hepatitis C surveillance.

It must also be recognised that initiatives under other strategies and policies, for example the National Illicit Drugs Strategy and the National HIV/AIDS Strategy, also address factors which aim to the reduce hepatitis C transmission.

The Government reiterates that its programs for hepatitis C form only one part of the overall response. A national response to hepatitis C also includes activities funded by States and Territories, professional bodies, community organisations and peak bodies. The Government will continue to play its part in the partnership approach.

It is also noted that these recommendations overlap with Recommendations 7, 86 and 87 (Development of a second National Hepatitis C Strategy Section). If the responses to these recommendations are successful, the Government considers that Recommendations 8 and 56 will have been addressed.

Recommendation 57 (Hep C): That the Public Health Outcome Funding Agreements be used to ensure the allocation of a base level of resources and the setting of performance indicators for hepatitis C-related activity at the State and Territory level.

Government Response to Recommendation 57:

The Public Health Outcome Funding Agreements (PHOFAs) provide broadbanded funding to States and Territories to support their role in the achievement of nationally agreed outcomes in population health. States and Territories have the flexibility to use this Australian Government funding according to local needs and priorities, whilst ensuring that specific outcomes are met.

The Government is currently undertaking a review of the PHOFAs. As part of this process the Government will be examining opportunities to use the PHOFAs to address emerging public health issues of concern such as hepatitis C, including through refinement of performance indicators.

DISCRIMINATION AND STIGMA

(Recommendations 14, 58-59)

Recommendation 14 (LRT): Implement a process to review the national implications of the findings of the New South Wales Anti-Discrimination Board's 2001 enquiry into hepatitis C-related discrimination.

Recommendation 58 (Hep C): That—in the light of the findings and recommendations of the November 2001 Anti-Discrimination Board of New South Wales enquiry into hepatitis C related discrimination—the Commonwealth and State and Territory governments give priority to redressing hepatitis C-related discrimination in their jurisdictions.

Government Response to Recommendations 14 and 58:

Discrimination, stigma and isolation are issues that affect many people living with hepatitis C. The *Disability Discrimination Act 1992* encompasses hepatitis C in that it includes physical, intellectual, psychiatric, sensory, neurological or learning disabilities, physical disabilities and the presence in the body of a disease-causing organism in its definition of disability. The Act makes it unlawful to discriminate in a range of areas including employment, education and access to goods and services.

The *National Hepatitis C Strategy 1999-2000 to 2003-2004* identifies the prevention of discrimination and reducing stigma and isolation as one of four priority areas for action, and sets out guiding principles as follows:

- policies designed to eliminate patterns of discrimination, isolation and stigma experienced by people affected by hepatitis C must underlie activity at all levels of the partnership;
- people affected by hepatitis C, regardless of the means of transmission, should have the same access to high quality, compassionate health care as other members of the community;
- a client focus and the principles of access, equity, participation and equality for all individuals and affected communities are integral to Australia's response to hepatitis C; and
- it is essential that people affected by hepatitis C participate in the development of resources and services that aim to improve their health status and reduce their isolation.

The *C Change: Report of the enquiry into hepatitis C related discrimination* Report (Anti-Discrimination Board of New South Wales 2001) will be considered by the new ministerial advisory committee in its advice on development of a new National Hepatitis C Strategy. The Government is committed to working with its State and Territory counterparts to ensure that discrimination towards those living with hepatitis C is addressed.

The Government notes the findings of the *C Change* report and remains committed to the principles of the *Disability Discrimination Act 1992*.

The Government is opposed to the decriminalisation of illicit drugs, the establishment of medically supervised injecting facilities and convening a medically supervised heroin trial.

The Government has no plans to change the direction of the National Illicit Drug Strategy in response to the recommendations outlined in the Review Reports and the *C Change* in respect to these matters.

The Government does not consider these approaches to be an appropriate response to the problems caused by illicit drugs, and accordingly, remains committed to reducing the demand for illicit drugs through education, treatment and rehabilitation and to further reduce supply.

Under the National Illicit Drug Strategy the Government has committed more than \$1 billion to a national effort against illicit drugs which includes a range of measures to address both the supply of and demand for illicit drugs.

Recommendation 59 (Hep C): That—on the basis of the experience of the New South Wales Hepatitis C Awareness Campaign—the Commonwealth support a national hepatitis C public awareness campaign to increase knowledge of and reduce the stigma associated with hepatitis C infection.

Government Response to Recommendation 59:

The Government supports education and prevention activities for hepatitis C. The Department of Health and Ageing in consultation with relevant stakeholders will investigate options, within existing funding levels, for increasing knowledge and awareness of hepatitis C.

HARM REDUCTION

(Recommendations 9, 30-31, 60)

Recommendation 9 (LRT): Implement a program to improve and expand current harm-reduction strategies, including:

- Implementing best-practice models for Needle and Syringe Programs—involving training of NSP workers, better referral systems, and proactive local management systems to allay community concerns
- increasing the availability of medical detoxification—with particular attention to accessibility outside metropolitan areas
- improving access to substitution therapies such as methadone and buprenorphine
- investigation of other approaches to reducing injecting as the preferred method of drug delivery.

Recommendation 30 (HIV): The Review Panel recommends that harm-reduction approaches, in their broadest sense, be strongly supported from the funding and policy-level perspectives. This includes:

- Needle and Syringe Programs
 - development of best-practice models for Needle and Syringe Programs—for example, referral systems and local community management systems involving police, traders, residents, pharmacists, local government, non-government organisations and magistrates courts
 - support for expanded hours
 - provision of sterile water
 - workforce development
- availability of medical detoxification
- a broad range of substitution therapies—methadone, buprenorphine, and so on
- availability of abstinence-based therapies
- connections to and from the prison systems—see also recommendation 32
- peer education programs
- an education program for decision makers and the general community.

Recommendation 31 (HIV): The Review Panel recommends that new approaches to harm reduction—such as the use of supervised injecting facilities, syringes with retractable needles, and medically prescribed heroin—be rigorously evaluated.

Recommendation 60 (Hep C): That the following harm-reduction strategies be strongly supported in a range of settings:

- Needle and Syringe Programs
- medical detoxification
- substitution therapies—including methadone and buprenorphine
- abstinence-based therapies
- peer education programs.

Newer initiatives such as supervised injecting facilities, medically prescribed heroin and retractable needle and syringe technology should be rigorously evaluated before they are expanded.

Government Response to Recommendations 9, 30-31, and 60:

Whilst States and Territories have primary responsibility for laws governing the use and possession of illicit drugs, the Australian Government strongly believes that medically supervised injecting facilities and the decriminalisation of illicit drugs are not appropriate responses to reduce the demand for and uptake of illicit drugs in Australia. The Government does not accept the recommendations that relate to these issues. The Government does not support a heroin trial in Australia. Such trials would send the wrong message to the community and undermine education and treatment efforts. The Government's focus will remain on ensuring a wide range of treatment and rehabilitation options aimed at helping illicit drug users with their drug addiction. There is little evidence to suggest that prescribed heroin would produce improved outcomes compared to pharmacotherapies currently available to treat opioid dependence.

There will be no change in Government policy in relation to illicit drug use. The Government is aiming to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of illicit drugs in Australian society.

While not condoning illicit injecting drug use, the Government acknowledges that these behaviours do occur. The Government recognises that it is important that we continue to support interventions, which reduce illicit drug use and the harm it causes, as a component of Australia's response to HIV/AIDS and the hepatitis C epidemic.

In the Budget 2003-2004, the Government announced that it will provide continued funding of \$15.9 million over 4 years to reduce the transmission of hepatitis C and improve the care and support for people living with this condition. This initiative will support: national education and prevention projects for key risk groups such as young people, Indigenous populations, and illicit injecting drug users; targeted programs for specific groups such as culturally and linguistically diverse communities; educational resources; and hepatitis C surveillance.

Under the National Illicit Drug Strategy “*Tough on Drugs*”, the Government has committed more than \$1 billion to a range of supply and demand reduction activities. This includes a range of drug treatment and rehabilitation programs, diversion initiatives and support for needle and syringe exchange programs, all of which have an impact on the incidence of hepatitis C and HIV/AIDS transmission.

The Budget reaffirms the Government’s commitment to the National Illicit Drug Strategy through introducing a range of new supply and demand reduction initiatives as well as maintaining existing efforts under the “*Tough on Drugs*” initiative. This includes funding of \$38.6 million over four years for the continuation of the existing Needle and Syringe Programs. The aim of these programs is to maintain education, counselling and referral services and the distribution of injecting equipment through pharmacies and other outlets. Findings from the *Evaluation of Council of Australian Governments Initiatives on Illicit Drugs (2002)* demonstrated that needle and syringe exchange programs are effective in reducing the incidence of hepatitis C, and represent an effective financial investment by the Government.

The Non-Government Organisation Treatment Grants Program provides funding to non-government organisations to establish and operate new treatment services for users of illicit drugs with a particular emphasis on filling geographic and target group gaps in the coverage of existing treatment services. Funding has also been allocated for expanding and upgrading existing non-government treatment services to strengthen the capacity of non-government organisations to achieve improved service outcomes and to increase the number of treatment places available.

Since 1997, the Government has provided more than \$58.6m (over four years) to 140 non-government treatment programs across Australia including services to identified priority areas such as women and families with children, Indigenous Australians, adolescents and youth and areas of unmet need in specific geographic regions. In the 2002/03 Budget, the Government announced continued funding of \$65 million (over four years) to non-government organisation drug treatment services, which will be implemented in two stages:

Stage 1: More than \$46 million to fund continuing services through non-government organisations currently funded under the program (currently being implemented); and

Stage 2: The remaining \$19 million to fund new treatment services from new organisations (applications close 19 September 2003).

In recognition of the significant advances in the development of retractable needle and syringe technology, the Government has endorsed an implementation strategy for the introduction of retractable needle and syringe technology into Australia, at a revised cost of \$17.5 million over three years.

LINKAGES WITH ILLICIT DRUG POLICY

(Recommendations 16 and 61)

Recommendation 16 (LRT): Ensure greater engagement on the part of the Intergovernmental Committee on Drugs and drug-dependency services in matters associated with the physical health of injecting drug users—including greater commitment to controlling the spread of hepatitis C.

Government Response to Recommendation 16:

The Intergovernmental Committee on Drugs (IGCD) consists of senior officers representing health and law enforcement in each Australian jurisdiction and people with expertise in identified priority areas.

The IGCD provides policy advice to Ministers on the full range of drug-related matters and is responsible for implementing the National Drug Strategic Framework endorsed by the Ministerial Council on Drug Strategy (MCDS) in November 1998, and National Drug Strategy policies and programs, as directed by the MCDS.

The Australian National Council on Drugs (ANCD) is the principal advisory body to Government on drug policy and plays a critical role in ensuring the voice of the community is heard in relation to drug related policies and strategies. Membership of the ANCD includes people with a wide range of experience and expertise on various aspects of drug policy, such as treatment, rehabilitation, education, family counselling, law enforcement, research and work at the coalface in community organisations.

The Government will refer this recommendation to the IGCD and the ANCD for consideration.

Recommendation 61 (Hep C): That the recommendations of the Australian National Council on Drugs position paper on Needle and Syringe Programs be implemented in all jurisdictions.

Government Response to Recommendation 61:

This recommendation is a matter for State and Territory Governments. The Australian Government will be referring the reports to its State and Territory

counterparts for their consideration and will consult with them about addressing this recommendation.

RESEARCH

(Recommendations 12, 18-19, 21, 23, 44-46, 62-64, 111-113, 115, 117-118 and 121)

The Government recognises the important role that research plays in informing the evidence base for policies and practices at a national level. Research also produces valuable data to enable monitoring of the effectiveness of national public health strategies such as the National HIV/AIDS and Hepatitis C Strategies. Surveillance data allows analysis of HIV/AIDS and hepatitis C in Australia and provides essential information for managing the response to these diseases.

The framework for supporting HIV/AIDS and hepatitis research will continue to be based on the following principles:

- A commitment to supporting strategy related research and surveillance;
- A competitive environment for the funding of investigator-initiated research.

The Australian Government encourages the quest for quality scientific and social research and believes in equal opportunity for all researchers to apply for research grants. The Department is investigating ways of ensuring equitable access to funding for strategic research while preserving the strengths of the National Centres; and

- The encouragement of enhanced collaboration between the National Centres in HIV Research and other relevant research institutions.

Collaboration not only increases the dissemination of information between research areas, it also allows for more effective research practices, reduces duplication and maximises the return on research investment.

Currently, Australia's national research effort in HIV/AIDS, hepatitis C and related diseases attracts funding from the Government in the order of \$13 million annually. These funds are mainly directed to: three recurrently-funded national centres in HIV research; a competitive grants and training awards program for individual researchers; research commissioned by the Government on the advice of the Australian National Council on AIDS, Hepatitis C and Related Diseases; and investigator-initiated funding grants from the National Health and Medical Research Council (NHMRC).

The three national centres are: the National Centre in HIV Epidemiology and Clinical Research; the National Centre in HIV Virology Research; and the National Centre in HIV Social Research. The Australian Research Centre in Sex, Health and Society, based at La Trobe University, is also funded by the Australian Government as a collaborating centre to the National Centre in HIV Social Research.

The principal role of the National Centres is to develop a comprehensive program of strategic research aimed at increasing knowledge about ways of limiting the spread of HIV and hepatitis C, reducing harm to individuals and the community, and improving the quality of life of people living with HIV/AIDS and hepatitis C.

On 5 December 2002, the Prime Minister announced four national research priorities to address key policy areas. Preventative health care was identified as a priority goal within the promoting and maintaining good health research priority. This goal focuses on new evidence-based strategies to promote healthy attitudes, habits and lifestyles and to develop new health promoting foods and nutraceuticals. All Australian Government research and research funding bodies are required to implement the national research priorities and have submitted plans to the government outlining how they propose to support the four priorities.

The Australian Government notes that the broader issue of funding models for publicly funded research agencies will be examined as part of the National Research Infrastructure Taskforce review. In considering future funding for strategy-related research, the Government will take into account the work of the concurrent reviews of medical research funding (Wills Report funding) and Backing Australia's Ability.

Financial support for the three national centres in HIV research will be continued for a further two years to the end of 2006 to allow for the centres to be considered in the context of Backing Australia's Ability and review of the National Health and Medical Research Council while not disrupting their work programs.

Recommendation 12 (LRT): Resource a specific research program dealing with the issues that will inform policy and practice—including the epidemiological, social and cultural aspects of risks and transmission and the barriers to seeking treatment. [Relating to hepatitis C]

Recommendation 21 (LRT): Begin negotiations to identify funding for and a process for establishing a research program for hepatitis C.

Recommendation 62 (Hep C): That strategic and investigator-initiated research be recognised as fundamental to Australia's response to hepatitis C and be equitably resourced.

<p>Recommendation 63 (Hep C): That research be commissioned to:</p> <ul style="list-style-type: none"> ■ investigate the social and behavioural factors relating to hepatitis C transmission in a range of settings and contexts ■ help develop and guide a broad range of hepatitis C prevention and health-promotion activities at all levels—federal, state and territory, local government, and the non-government and community sector ■ explore the treatment, care and support needs of people living with hepatitis C ■ investigate the reasons for the low uptake of treatments in Australia ■ determine the future hepatitis C treatments load relative to the burden of disease ■ investigate the economic impact of hepatitis C infection in Australia, to account for any changes in costs associated with new treatments ■ develop and evaluate models of care for hepatitis C in the context of a systematic focus on health services.
<p>Recommendation 64 (Hep C): That the hepatitis C research priorities of the Australian National Council on AIDS, Hepatitis C and Related Diseases be reviewed and that, if necessary, a new set of priorities be established to direct funding.</p>
<p>Recommendation 111 (Research): That strategic hepatitis C research be acknowledged as central to the Australian response to hepatitis C. Processes should be set up and resources allocated accordingly.</p>
<p>Recommendation 112 (Research): That the Population Health Division explore with the NHMRC and the Australian Research Council ways of funding a program of hepatitis C research over a long-term time frame, such as through Partnership funding.</p>

Government Response to Recommendations 12, 21, 62-64, and 111-112:

The Government accepts the principles underpinning the above recommendations that hepatitis C research is fundamental to Australia's response to the disease. It recognises the importance of research in guiding the direction of hepatitis C prevention, health promotion and treatment programs as well as highlighting social behaviours of those most at risk of hepatitis C. The Department of Health and Ageing has been working closely with the National Centres in HIV Research and with the Australian National Council on AIDS, Hepatitis C and Related Diseases to ensure hepatitis C research across all disciplines is treated as an emerging priority

requiring immediate attention. Each Centre has progressively increased the hepatitis C component of its workplan over recent years.

In 1998, the NHMRC identified the area of social and behavioural research into hepatitis C as requiring a targeted research focus, and in 1999 12 research projects were funded under the Social and Behavioural Research into Hepatitis C program. In addition, researchers working on hepatitis C are eligible to apply for funding through the NHMRC's annual competitive grant rounds, and have received funding to conduct research from this source.

The Department of Health and Ageing will ask the new ministerial advisory committee to ensure that research funds are directed to the greatest effect.

Recommendation 18 (LRT): Review the contracts between the Commonwealth Department of Health and Ageing and the National Centres in HIV Research, to specify as clearly as possible the elements of funding for surveillance and monitoring and for strategic research.

Government Response to Recommendation 18:

Under the current funding agreements with the Department of Health and Ageing, the National Centres in HIV Research provide detailed workplans. The current arrangements will be extended for a further two years to the end of 2006 to allow for the centres to be considered in the context of broader research reviews (see Research Section Introduction). The Department of Health and Ageing will incorporate requirements for surveillance, monitoring and strategic research when new arrangements are negotiated.

Recommendation 19 (LRT): For the Population Health Division, convene, at least yearly, round tables of stakeholders, to identify and set priorities for strategic research.

Government Response to Recommendation 19:

The Government supports this recommendation and is committed to ensuring that strategic research remains relevant and addresses current needs and priorities. The Department of Health and Ageing will refer this to the new ministerial advisory committee to investigate the possibility of forming such a roundtable. Appropriate mechanisms for priority setting for strategic research will be a component of the Terms of Reference for the new ministerial advisory structure.

Recommendation 23 (LRT): Review and implement all specific recommendations of the Strategic Research Review Panel, consistent with the recommendations of the Lead Review Team.

Government Response:

See Recommendations 89-121

Recommendation 44 (HIV): The Review Panel recommends that resources be specifically dedicated to the establishment of new and continuing capacity to analyse and monitor the economic benefits and costs to government and the community of HIV programs and their components and sub-components.

Government Response to Recommendation 44:

The Government supports the building of capacity to analyse the economic benefits and costs to government and the community of HIV programs.

The Department of Health and Ageing is continually looking at priority setting mechanisms which will enable the Government to compare and rank disease prevention and health promotion interventions to ensure a more effective and sustainable health system. The Department of Health and Ageing commissioned the *Returns On Investment in Public Health* (Applied Economics 2003) Report which highlights the substantial economic benefits derived from HIV/AIDS prevention and education campaigns.

Recommendation 45 (HIV): The Review Panel recommends that the National Centres in HIV Research commit increased effort and resources to understanding changing trends in unprotected anal intercourse, gonorrhoea and HIV infection in Victoria and South Australia.

Government Response to Recommendation 45:

The Government is concerned about the reported increase in HIV and STIs. The Government believes it is important to identify risk behaviours and would ask the National Centres in HIV Research to advise on the consequences of unsafe sexual intercourse and the continued importance of “safe sex” messages.

The National Centre of HIV Social Research and its collaborating centre, the Australian Research Centre for Sex, Health and Society, are already undertaking several projects to investigate risk behaviours for HIV or STIs across Australia.

Recommendation 46 (HIV): The Review Panel recommends that the agenda for the National Centres in HIV Research be set by means of a consultative process at three-year intervals, with provision for rapid responses to emerging problems as they arise

Recommendation 117 (Research): That there be a triennial time frame for setting research priorities in the areas of HIV/AIDS, hepatitis C and the sexual health of Indigenous Australians. All the relevant stakeholders should be involved in deciding the priorities, and the process should include a review of research undertaken to that time.

Government Response to Recommendations 46 and 117:

The Government accepts these recommendations in principle. The Department of Health and Ageing in conjunction with the NHMRC will address these recommendations in the annual meeting referred to in Recommendation 19.

These recommendations are consistent with the research framework principles outlined earlier in this response (Research Section Introduction pg 22).

Recommendation 113 (Research): That the Department of Health and Ageing explore ways in which research into the sexual health of Indigenous Australians, as well as hepatitis C and HIV in this population, can be supported and funded through appropriate mechanisms, integrating this with the current reform agenda in Aboriginal research that is being developed nationally.

Government Response to Recommendation 113:

The Government has a prime commitment to the health of Indigenous Australians and is very concerned at emerging threats.

The NHMRC is strongly committed to funding Indigenous health research which focuses on issues that are relevant to the needs of Indigenous Australians. Over the course of 2002, the NHMRC in conjunction with the Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health conducted a consultation process to identify and gain consensus on agreed national research priorities for Indigenous health. The outcomes of the consultations are documented in the 'NHMRC Road Map: a strategic framework for improving Aboriginal and Torres Strait Islander through research'. The Road Map was endorsed by the NHMRC in October 2002.

In addition, to support implementation of the Road Map outcomes, the NHMRC has agreed to establish an Aboriginal and Torres Strait Islander Health Forum which will report directly to the Council and an Aboriginal and Torres Strait Islander Research Working Committee which will report to the NHMRC's Research Committee.

The NHMRC has also agreed to increase its expenditure on Indigenous Australian health research to at least five per cent of its research funding over the course of the current triennium (2003-2005).

The Government will refer this recommendation to the new ministerial advisory committee to investigate priority research into the sexual health of Indigenous Australians, as well as hepatitis C and HIV in this population, in new national strategies in accordance with the National Indigenous Australians' Sexual Health Strategy. The Australian Research Centre for Sex, Health and Society is already undertaking several projects concerning Indigenous sexual health, which are funded by the Department of Health and Ageing.

Recommendation 115 (Research): That the Population Health Division explore ways of accessing research expertise to assist with the management of a research program, including developing priorities for research and translating the research results into policy and practice.

Government Response to Recommendation 115:

The Government supports this recommendation.

Recommendation 118 (Research): That the research priorities determined for each three-year period be communicated to the NHMRC and the Australian Research Council, with a view to influencing funding decisions. The priorities should be used to assess the significance of competitive grant applications in the areas of HIV/AIDS, hepatitis C and Indigenous Australians' sexual health.

Government Response to Recommendation 118:

The Government notes that the National Centres in HIV Research are free to apply for research grants from the NHMRC and the ARC. These proposals are assessed yearly on a peer review basis.

As indicated in response to Recommendation 113, the NHMRC has agreed to establish new structures and processes in the current triennium (2003-2005) to support its commitment to improving Indigenous health through research.

Recommendation 121 (Research): That the role of the Centres' Scientific Advisory Committees be strengthened and broadened to include overseeing, monitoring and communication tasks. The name 'Scientific Advisory Committee' might need to be changed to reflect this.

Government Response to Recommendation 121:

The Government will refer this recommendation to the Department of Health and Ageing for consideration with the new ministerial advisory committee.

NATIONAL CENTRE IN HIV VIROLOGY RESEARCH

(Recommendations 89-91, 95-100)

Recommendation 89 (Research): That the outgoing Director of the National Centre in HIV Virology Research be congratulated for the Centre's excellent work in carrying out important, internationally recognised research that is of very high quality and significance.

Government Response to Recommendation 89:

The Government supports this recommendation and commends Dr John Mills as the Director of the National Centre in HIV Virology Research from 1992 to 2002. During this period he has established the reputation of the Centre and enhanced the quality of the research projects to world class standards.

Recommendation 90 (Research): That the National Centre in HIV Virology Research, under the leadership of a Director, develop a strategic plan for the duration of its current funding cycle. This plan should guide the Centre's progress towards obtaining competitive funding; it should also include the important core research work (research that is highly strategic but may not necessarily be innovative). The strategic planning process should involve all stakeholders, including the HIV/AIDS advisory structure and the Department of Health and Ageing.

Government Response to Recommendation 90:

The Government supports this recommendation. The National Centre in HIV Virology Research has commenced a thorough process of consultation to develop a strategic plan to guide its research throughout the remainder of this funding cycle and to set future research directions.

Recommendation 91 (Research): That scientists in the National Centre in HIV Virology Research review areas of commonality between the hepatitis C and human immunodeficiency viruses and their immunovirology and strengthen links with virologists working on hepatitis C in Australia and elsewhere. Where appropriate, funding could be sought for this research through the competitive grant processes.

Government Response to Recommendation 91:

The Government accepts this recommendation. The Department of Health and Ageing in collaboration with the National Centre in HIV Virology Research is already progressing this recommendation through the Centre's workplans for 2004.

Recommendation 95 (Research): That block funding for the National Centre in HIV Virology Research cease at the end of December 2004.

Recommendation 97 (Research): That a process be developed and funds be identified for purchasing a networking and communication function for research in HIV virology and immunovirology and that this function be placed with one of the laboratories or institutions that has received funding for the core research.

Government Response to Recommendations 95 and 97:

The Government recognises the valuable contribution of the research undertaken by the National Centre in HIV Virology Research. The Government also supports a restructuring of funding for virology research to open up opportunities for researchers currently working outside of the Centre. This is consistent with the research framework principles outlined earlier in this response (Research Section Introduction pg 22).

Recommendation 96 (Research): That a process be developed and funds be identified for purchasing 'core research' in HIV virology and immunovirology.

Government Response to Recommendation 96:

The Department of Health and Ageing will work through these processes in the context of implementing Recommendation 95.

Recommendation 98 (Research): That there be no restrictions on National Centre in HIV Virology Research researchers applying for NHMRC or Australian Research Council funding as a result of receiving funding for core research or the networking function.

Recommendation 99 (Research): That the researchers currently involved in the National Centre in HIV Virology Research be encouraged to apply jointly for funding for the 'core research' and networking function.

Recommendation 100 (Research): That the researchers currently involved in the National Centre in HIV Virology Research be supported and encouraged to develop expertise in obtaining competitive funding to pursue innovative investigator-initiated research.

Government Response to Recommendations 98, 99 and 100:

The Government notes that these recommendations link with Recommendations 95 and 96. The National Health and Medical Research Council removed the restrictions referred to in Recommendation 98 in 2002 allowing researchers at the National Centre in HIV Virology Research access to apply for competitive funding grants for additional research not already supported by other Australian Agencies.

The Department of Health and Ageing will address these recommendations in the context of Recommendations 95 and 96.

NATIONAL CENTRE IN HIV SOCIAL RESEARCH AND THE AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

(Recommendations 20, 92-93, and 101-105)

Recommendation 20 (LRT): Within two years, carry out an assessment of the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society to ensure that the concerns about the reach of their research programs are addressed.

Government Response to Recommendation 20:

This recommendation will be referred to the new ministerial advisory committee for consideration in its advice on the development of new national HIV/AIDS and hepatitis C strategies.

Recommendation 92 (Research): That the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society be congratulated for their high-quality, internationally recognised work in HIV social research.

Government Response to Recommendation 92:

The Government fully supports this recommendation. The research undertaken by the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society has contributed significantly to Australia's response to HIV/AIDS and recently hepatitis C. In particular the behavioural research undertaken by these two centres has enabled the Australian Government, State and Territory Governments and non-Government Organisations to tailor health promotion, prevention and treatment programs.

Recommendation 93 (Research): That—where it is possible, feasible and appropriate—the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society engage with National Centres on Drug Research when doing work relating to injecting drug users.

Government Response to Recommendation 93:

The Government supports this recommendation and encourages these Centres to explore opportunities for collaboration to further research, to expand the expertise of the collaborating centres and to ensure that there is no overlap in research efforts.

Recommendation 101 (Research): That the Population Health Division of the Department of Health and Ageing continue to fund the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society for at least the next five years—initially, through a new five-year funding agreement.

Recommendation 105 (Research): That the processes of funding and administering the funding of the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society remain with the Population Health Division of the Department of Health and Ageing. Should the Department choose to transfer this function to another body, however, the conditions specified in recommendations 101 to 104, and any others that may be identified by the advisory structure in consultation with the two Centres, should still be met.

Government Response to Recommendations 101 and 105:

The Department of Health and Ageing will consider the most effective ways of funding strategic and non-strategic research. This will be consistent with the principles outlined earlier in this response (Research Section Introduction pg 22). The Department of Health and Ageing will provide the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society the opportunity to re-apply for funding post-2005.

Recommendation 102 (Research): That a new process for determining the research priorities of the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society, drawing in other researchers and stakeholders, be developed.

Government Response to Recommendation 102:

This recommendation will be referred to the new ministerial advisory committee for consideration in its advice on the development of new national HIV/AIDS and hepatitis C strategies.

Recommendation 103 (Research): That both the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society be encouraged to nurture social research outside Sydney and Melbourne through collaborative projects and mentoring. This would include developing HIV social research expertise outside the two major Centres.

Government Response to Recommendation 103:

The Government supports this recommendation.

Recommendation 104 (Research): That both the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society—and the former in particular—pursue their host universities for increased support, in recognition of the kudos they bring to their hosts.

Government Response to Recommendation 104:

The Government supports this recommendation and encourages the National Centre in HIV Social Research and the Australian Research Centre in Sex, Health and Society to negotiate with their host universities, the University of New South Wales and La Trobe University, for increased support. The Department of Health and Ageing will also strengthen its relationship with the Centres' host institutions.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH

(Recommendations 35, 67, 94, and 106-110)

Recommendation 35 (HIV): The Review Panel recommends that one of the main performance indicators for the National Centre in HIV Epidemiology and Clinical Research be the extent to which the Centre builds surveillance capacity with the states and territories.

Recommendation 67 (Hep C): That the Commonwealth continue its support for the hepatitis C-related surveillance activities of the National Centre in HIV Epidemiology and Clinical Research.

Recommendation 109 (Research): That the Population Health Division continue to provide the National Centre in HIV Epidemiology and Clinical Research with additional funds for hepatitis C surveillance and that these funds be rolled into the Centre's core funding.

Government Response to Recommendations 35, 67 and 109:

The Government supports these recommendations. The Government recognises the importance of HIV and hepatitis C surveillance and the crucial role that the National Centre in HIV Epidemiology and Clinical Research plays in monitoring these diseases. The Department of Health and Ageing will consider the incorporation of hepatitis C surveillance funds into the Centre's core funding when negotiating the next funding agreement.

Recommendation 94 (Research): That the Director and Deputy Director of the National Centre in HIV Epidemiology and Clinical Research be congratulated for their outstanding achievements in HIV epidemiology, surveillance and clinical research.

Government Response to Recommendation 94:

The Government fully supports this recommendation and commends Professor David Cooper and Professor John Kaldor, for their directorship of the National

Centre in HIV Epidemiology and Clinical Research, which has become internationally recognised for the quality of its research and surveillance activities.

Recommendation 106 (Research): That the Population Health Division of the Department of Health and Ageing continue to fund the National Centre in HIV Epidemiology and Clinical Research for at least the next five years—initially, through a new five-year funding agreement.

Recommendation 110 (Research): That the processes of funding and administering the funding of the National Centre in HIV Epidemiology and Clinical Research remain with the Population Health Division. Should the Department choose to transfer this function to another body, however, the conditions specified in recommendations 106 to 109, and any others that may be identified by the advisory structure in consultation with the Centre, should still be met.

Government Response to Recommendations 106 and 110:

As stated in the Research Section Introduction, funding for the national HIV epidemiology and social research centres will be extended for a further two years to the end of 2006 to allow for the centres to be considered in the context of Backing Australia's Ability and review of the National Health and Medical Research Council while not disrupting their work program.

Recommendation 107 (Research): That the National Centre in HIV Epidemiology and Clinical Research pursue its host university for increased support, in recognition of the kudos it brings to its host.

Government Response to Recommendation 107:

The Government supports this recommendation and encourages the National Centre in HIV Epidemiology and Clinical Research to negotiate with their host university, the University of New South Wales, for increased support. The Department of Health and Ageing will also strengthen its relationship with the Centre's host institutions.

Recommendation 108 (Research): That the National Centre in HIV Epidemiology and Clinical Research explore ways of expanding the reach of its expertise—particularly in communicable diseases surveillance and in conducting clinical trials in the primary care setting—into other areas of concern to the Population Health Division.

Government Response to Recommendation 108:

The Government supports this recommendation. The Government will work with the Communicable Diseases Network Australia and the National Centre in HIV Epidemiology and Clinical Research to explore ways in which surveillance capacity may be enhanced. The Government also sees great benefit in the National Centre in HIV Epidemiology and Clinical Research exploring the possibility of extending expertise through providing training and support for other groups performing similar work.

FUNDING RESEARCH

(Recommendations 22 and 119-120)

Recommendation 22 (LRT): Monitor the funding transition process to ensure that relevant strategic research is not interrupted.

Government Response to Recommendation 22:

The Government supports this recommendation. The Government will ensure that any funding transition arrangements will address this issue and that processes will be in place to ensure the smooth continuation of research, including providing adequate notice of any impending changes.

Recommendation 119 (Research): That, wherever possible, competitive funding sources be used for funding priority research and that core funding provided to the Centres be used for research that is of the highest priority and/or would be unlikely to be funded through competitive processes.

Government Response to Recommendation 119:

The Government is committed to providing core funding for research that is of highest priority to achieve the objectives of national strategies and/or would be unlikely to be funded through competitive processes. The Government encourages the National Centres in HIV Research to further develop processes to apply for competitive funding grants including looking at ways of joint funding applications between the Centres. The Centres have largely been successful in attracting alternative sources of funding to enable a more comprehensive research program to be undertaken.

Recommendation 120 (Research): That the NHMRC, the advisory structure replacing the Clinical Trials and Research Committee, and the Population Health Division of the Department review the practice of restricting competitive grant applications by the Centres, with a view to removing the restrictions in the light of the processes recommended here.

Government Response to Recommendation 120:

In 2002, the National Health and Medical Research Council removed the restrictions allowing researchers at the National Centres in HIV Research to apply for competitive funding grants for additional research not already supported by other Australian Agencies.

EVALUATION

(Recommendations 3 and 42-43)

Recommendation 3 (LRT): Support a re-evaluation by the key community partner organisations—gay, injecting drug user, and sex worker organisations—of their constituencies, roles and priorities, particularly in relation to prevention of HIV and sexually transmissible infections and the care of people living with HIV/AIDS, with the intention of re-invigorating constituency involvement in programs of support and prevention.

Government Response to Recommendation 3:

The Government supports this recommendation. The Department of Health and Ageing will work with key community partner organisations to evaluate their roles and participatory processes.

Recommendation 42 (HIV): The Review Panel recommends that a framework for continuing evaluation of the National HIV/AIDS Strategy be developed and implemented.

Government Response to Recommendation 42:

The Government supports this recommendation. The Government recognises the importance of monitoring and evaluation to ensure that policy and practice are based on the best available evidence and information. An evaluation of the National HIV/AIDS Strategy will be incorporated into the framework of the 5th National HIV/AIDS Strategy. This will include areas of information that evaluators consider important to be collected throughout the strategy. This may include the measuring of inputs, outputs and outcomes (where identifiable).

Recommendation 43 (HIV): The Review Panel recommends that a biennial, comprehensive study to identify, document and track over time the responses to HIV/AIDS at the national, state and territory and local levels be developed and carried out.

Government Response to Recommendation 43:

The Government supports this recommendation and will ask the new ministerial advisory committee to consider development and implementation processes. This recommendation enhances recommendation 42.

SURVEILLANCE

(Recommendations 13, 34, 66 and 68-69)

Recommendation 13 (LRT): Develop and implement improved surveillance methods for hepatitis C.

Recommendation 66 (Hep C): That the Commonwealth and the states and territories renew their commitment to hepatitis C surveillance.

Government Response to Recommendations 13 and 66:

The Government accepts the underlying principle behind these recommendations. The Government is committed to improving hepatitis C surveillance. The Australian Hepatitis C Surveillance Strategy, which was endorsed by the Communicable Diseases Network Australia and New Zealand in 1999, provides a framework for improvements to national hepatitis C surveillance. The main areas covered by this Strategy are surveillance of the incidence and prevalence of hepatitis C and the long-term outcomes for people living with hepatitis C.

The Government funds an ongoing project by the National Centre in HIV Epidemiology to monitor and report on hepatitis C infection.

These recommendations will be examined by the new ministerial advisory committee in the context of developing a second National Hepatitis C Strategy.

Recommendation 34 (HIV): The Review Panel recommends that the next-generation national program of epidemiological, behavioural and clinical surveillance be developed. This should include new testing technologies, such as the detuned ELISA test, and indicators such as HIV testing patterns, viral load, unprotected anal intercourse, condoms, and needles and syringes.

Government Response to Recommendation 34:

The Government recognises that surveillance is fundamental to the prevention and control of communicable diseases. The Surveillance and Epidemiology Section of the Department of Health and Ageing is the Australian Government's primary data collection and coordination centre for many communicable diseases. The Department of Health and Ageing also coordinates and contracts other agencies to collect data and/or conduct research on communicable diseases. One such centre is the National Centre in HIV Epidemiology and Clinical Research (NCHECR).

National surveillance networks and centres facilitate early detection of disease as well as long-term epidemiological analysis. These in turn provide essential information for planning interventions, and form the foundation for future public health priorities and clearly focused evidence-based policy development and best practice. This philosophy is reflected in work carried out or coordinated through the Department of Health and Ageing. As part of the National Communicable Diseases Surveillance Strategy, States/Territories and the Australian Government are improving existing surveillance systems to build the capacity and infrastructure for future nationally consistent surveillance systems which will deliver more comprehensive data for all communicable diseases of public health significance.

The Department of Health and Ageing, the new ministerial advisory committee and the National Centres in HIV Research will investigate the development of new surveillance programs whilst building on the success of the existing world renowned surveillance system.

Recommendation 68 (Hep C): That the Communicable Diseases Network Australia:

- conduct an evaluation of the Australian Hepatitis C Surveillance Strategy as a matter of priority, noting the drawbacks of a surveillance system based on prevalence data and the difficulty of obtaining accurate data on hepatitis C incidence
- provide to the existing Hepatitis C Committee, and its successor under a second National Hepatitis C Strategy, an annual report on the implementation of the Australian Hepatitis C Surveillance Strategy.

Government Response to Recommendation 68:

The Government will refer this recommendation to the Communicable Diseases Network Australia for consideration.

Recommendation 69 (Hep C): That the annual needle and syringe program survey be expanded to include adults and juveniles in custodial settings.

Government Response to Recommendation 69:

Programs within custodial settings are the responsibility of State and Territory Governments. The Government will refer this recommendation to its State and Territory counterparts and the National Centre in HIV Epidemiology and Clinical Research for their consideration.

LINKAGES AND INFRASTRUCTURE

(Recommendation 70)

Recommendation 70 (Hep C): That the Commonwealth lead a process, involving all key stakeholders, to review and create opportunities for more strategic and longer term links between the key national strategies referred to in Section 3.5 of the National Hepatitis C Strategy 1999–2000 to 2003–04.

Government Response to Recommendation 70:

The Government supports this recommendation. The Government will refer this recommendation to the new ministerial advisory committee to address in advice on the development of a new National Hepatitis C Strategy.

PRIORITY HEALTH NEEDS OF INDIGENOUS AUSTRALIANS

(Recommendation 71, 72 and 73)

Recommendation 71 (Hep C): That there be greater emphasis on ‘front-end’ processes to guide the development of hepatitis C strategies, policies and research agendas, including requirements for appropriate engagement of affected communities, collaborative planning processes, and the use of Indigenous advisory and reference structures.

Recommendation 73 (Hep C): That culturally appropriate strategies and resources to prevent hepatitis C infection and its consequences be developed with and for Aboriginal and Torres Strait Islander peoples, through the state- and territory-based Aboriginal Health Partnerships and the Aboriginal community-controlled health sector.

Government Response to Recommendations 71 and 73:

The Government reiterates its prime commitment to improving the health and well being of Indigenous Australians. The Government supports these recommendations. Currently the Government is working collaboratively with Indigenous Australians through a number of frameworks designed to improve Indigenous health. The National Indigenous Australians’ Sexual Health Strategy 1996-97 to 2003-04 (NIASHS) provides a comprehensive approach to preventing the spread of HIV and other STIs, and blood-borne viruses in Indigenous communities. The NIASHS recommends action in five priority areas: prevention; treatment, care and support; workforce issues; research and data collection; and evaluation and monitoring. It aims to strengthen the capacity of the community controlled primary health care sector to respond to Indigenous sexual health and build partnerships with the mainstream health sector.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health, which is currently under consideration by Australian Government and State/Territory governments, will inform future strategic responses to sexual health including HIV/AIDS and Hepatitis C in Indigenous communities. These will be determined through the Indigenous Australians’ Sexual Health Committee and consultations with stakeholders in the partnership forums in each state and territory.

The Government is committed to developing and implementing new National HIV/AIDS and Hepatitis C Strategies that will continue to address Indigenous Australians' issues and complement the National Indigenous Australians' Sexual Health Strategy and future policy frameworks in this regard.

In addition as discussed in recommendation 113, the National Health and Medical Research Council is strongly committed to funding Indigenous Health Research.

The Department of Health and Ageing's Population Health Division and Office for Aboriginal and Torres Strait Islander Health will continue to focus on strengthening the links between specific Indigenous Health Strategies and mainstream public health activities to ensure that programs are culturally appropriate and targeted appropriately. This will include consultation with the state- and territory-based Aboriginal Health Partnerships and the Indigenous community-controlled health sector. The second National Hepatitis C Strategy will examine ways to enhance the consultative process between the Department of Health and Ageing, Indigenous communities living with hepatitis C and at risk communities.

Recommendation 72 (Hep C): That the capacity of all health services be enhanced so that they can address hepatitis C prevention, education, treatment, care and support for Aboriginal and Torres Strait Islander peoples.

Government Response to Recommendation 72:

The National Indigenous Australians' Sexual Health Strategy (NIASHS) provides funding for Indigenous sexual health programs including STI and HIV/AIDS control. Further implementation of the NIASHS in 2003 has seen a targeted program of blood borne virus projects funded across Australia.

The Primary Health Care Access Program (PHCAP), for Indigenous Australians, was announced in the 1999-2000 Budget. The 2001-02 Budget announced an additional \$19.7 million each year from 2003-04, taking the total recurrent base for the program to around \$55 million per annum. Funding from this program will allow primary health care service expansion in a few sites in each State and Territory.

In addition a proportion of the \$15.9 million committed over 4 years in the 2003-2004 Budget for the Hepatitis C Education and Prevention Initiative supports education and prevention projects for Indigenous Australians.

In developing the second National Hepatitis C strategy the Government will investigate the possibility of enhancing health systems in relevant areas to provide targeted hepatitis C programs. The Department of Health and Ageing will refer this recommendation to the new ministerial advisory committee to address in advice on development on a new National Hepatitis C Strategy.

PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

(Recommendations 33 and 74)

Recommendation 33 (HIV): The Review Panel recommends that culturally and linguistically diverse communities at high risk of HIV transmission be added to the other priority groups in the current Strategy—Aboriginal and Torres Strait Islander peoples, people who inject drugs, people in custodial settings, sex workers, and the male and female partners of these people—and that a national program be developed with the states and territories to reduce transmission in these communities.

Government Response to Recommendation 33:

The Government will refer this recommendation to the new ministerial advisory committee for consideration in the context of developing a new National HIV/AIDS Strategy.

Currently the Department of Health and Ageing is funding the Multicultural HIV/AIDS and Hepatitis C Service to undertake a *National Project on HIV/AIDS and hepatitis C for people from culturally and linguistically diverse backgrounds*. This project involves the development and publication of brochures, radio advertisements and educational videos regarding the transmission of HIV/AIDS and hepatitis C. The media campaigns are to be run in 11 languages. The languages selected were identified national priorities in the last national consultation.

The Government will investigate better targeting of interventions in order to address the information, education and prevention needs of people from culturally and linguistically diverse backgrounds.

Recommendation 74 (Hep C): That culturally appropriate strategies and resources to prevent hepatitis C infection and its consequences be developed with and for people from culturally and linguistically diverse backgrounds.

Government Response to Recommendation 74:

The Government accepts this recommendation. As is discussed in the response to Recommendation 33 the Government is already taking action to ensure that culturally appropriate strategies are developed for people from culturally and linguistically diverse backgrounds.

The Government will investigate better targeting of interventions in order to address the information, education and prevention needs of people from culturally and linguistically diverse backgrounds.

TREATMENT, CARE AND SUPPORT

(Recommendations 2,6, 36, 49 and 75-79)

Recommendation 2 (LRT): Undertake an assessment of the growing care needs (including the mental health care needs) of people living with HIV/AIDS, to identify current barriers to effective and efficient care and the health sector's capacity to respond to likely future demand

Recommendation 49 (HIV): The Review Panel recommends that task-focused, time-limited working groups—reporting to the HIV Committee—develop national approaches to complex cross-government questions such as:

- income support for people living with HIV/AIDS
- access to therapies
- models of care for people living with HIV/AIDS, including evaluation of the GP Enhanced Care Pilot Project in New South Wales
- mental illness services
- supported accommodation and housing for people living with HIV/AIDS
- Medicare ineligibility.

Government Response to Recommendations 2 and 49:

The Government accepts that it is important to identify and provide equitable access to systems of treatment, care and support that will improve the health and quality of life of people living with HIV/AIDS. The Federal Budget 2003-2004 initiative, *A Fairer Medicare*, is an investment of \$917 million which will strengthen Medicare to help all Australians access affordable health care. *A Fairer Medicare* means that participating doctors will guarantee to provide GP services at no cost to people with Australian Government concession cards. This package is intended to help people who are living with a chronic illness such as HIV/AIDS and hepatitis C. People who have high medical expenses can receive greater protection under the new package than ever before. The Government will legislate to cover 80 per cent of out-of-pocket expenses in excess of \$500 in a calendar year for those concession card holders whose illness, frailty or level of need exposes them to high costs.

The Government provides income support to people with illness, injury or disability with limited means through the provision of Disability Support Pension, Sickness

Allowance or Newstart Allowance. It also provides a range of other assistance including programs offering housing assistance and support for carers.

Recognising its broader role in income support and employment assistance for people who are unemployed, the Australian Government, under the Commonwealth State Territory Disability Agreement, takes responsibility for employment support services. The States and Territories have responsibility for accommodation support, respite care, day services and other support. The Australian Government and State and Territory governments have also agreed that advocacy and similar supports should be a shared responsibility.

A wider behavioural approach is now needed both in terms of prevention and management of those who have HIV/AIDS and hepatitis C. The Australian Department of Family and Community Services has a significant role to play in such a wider approach. This will be considered in development of new national strategies.

Access to therapies is available to eligible Australians that meet the medical criteria under the Highly Specialised Drugs Program. There are no plans to vary this eligibility.

The Government will refer the issues raised in recommendation 49 to the new ministerial advisory committee for consideration in advising on the development of the new national HIV/AIDS strategy. In formulating its advice, the committee will need to consult people living with HIV/AIDS and service providers.

Recommendation 6 (LRT): Clearer identification and championing of hepatitis C as an urgent national public health problem by the medical and public health community.

Recommendation 75 (Hep C): That awareness of the availability and efficacy of hepatitis C treatments be increased by targeted information provision through primary care physicians, specialist liver clinics and Needle and Syringe Programs.

Government Response to Recommendations 6 and 75:

The Government is committed to meeting the needs of those Australians infected with the hepatitis C virus and to address the significant public health risks posed by hepatitis C. The *National Hepatitis C Strategy 1999-2000 to 2003-2004* is a five-year framework setting strategic directions and coordinated action on hepatitis C. This Strategy was the first of its type in the world and puts Australia at the forefront of the international community in responding to the hepatitis C epidemic. In 1999-2000 the Government allocated \$12.4m over four years for the Hepatitis C Education and Prevention Initiative to fund measures to lower the rate of transmission of hepatitis C in Australia and provide support for those already affected by hepatitis C. The 2003-

2004 Budget decision to provide \$15.9m over four years to continue the Initiative demonstrates the Government's ongoing commitment to fund measures to improve hepatitis C education, prevention and health maintenance. The Department of Health and Ageing is currently funding a number of initiatives aimed at educating and informing the practitioners that work with people affected by hepatitis C.

The Government will refer these recommendations to the new ministerial advisory committee to investigate the development of further targeted education campaigns to be included in a new National Hepatitis C Strategy.

The Department of Health and Ageing is currently investigating new treatment regimes for hepatitis C. Pegylated Interferon has been assessed as suitable for listing on the Pharmaceutical Benefits Schedule and the Government is currently considering this recommendation.

The Department of Health and Ageing will also be exploring mechanisms for enhancing the involvement of GPs in relation to management of hepatitis C.

Recommendation 36 (HIV): The Review Panel recommends that a national workforce-development program be designed and implemented with the states and territories and key stakeholders.

Recommendation 79 (Hep C): That a national hepatitis C workforce program be developed in consultation with all key stakeholders. Affected communities should be engaged in the design and delivery of this program.

Government Response to Recommendation 36 and 79:

The Government is committed to workforce development in relation to HIV/AIDS and hepatitis C. The Department of Health and Ageing currently funds the HIV and hepatitis C Education Program through the Australasian Society for HIV Medicine Inc. This program involves a range of activities and resources aimed at health care professionals. Workforce development will be an important component of new HIV/AIDS and hepatitis C strategies.

Recommendation 76 (Hep C): That a range of models of care for different settings—custodial, rural, and so on—be developed, implemented and evaluated.

Government Response to Recommendation 76:

The Government supports this recommendation. The Australian National Council on AIDS, Hepatitis C and Related Diseases has produced a paper on Models of Care for Hepatitis C. The Government will refer this recommendation to the new ministerial advisory council for advice on the implementation of the Models of Care.

Recommendation 77 (Hep C): That equitable funding be provided to develop models of comprehensive primary health care for communities bearing a high disease burden.

Government Response to Recommendation 77:

The Government provides funding for education and training for general practitioners to enhance primary care for people with complex and or chronic illnesses and those who require a range of different services to support them in the community. General practitioners play a central role in coordinated care for patients with chronic conditions, such as hepatitis C, and complex health needs.

In the 2003-2004 Budget, the Government announced continued funding of \$69.2 million over four years through the Medicare Benefits Schedule to support GPs to work with other health professionals, including allied health professionals and home and community care providers, to develop multidisciplinary care plans for people with chronic or terminal conditions and complex needs.

Recommendation 78 (Hep C): That an audit of actual treatment response rates become a standard reporting requirement for the states and territories under the Highly Specialised Drugs Program (S100).

Government Response to Recommendation 78:

The Government does not support this recommendation. The response rates of treatments funded by the PBS are well identified at the time of listing. Drugs listed on the PBS undergo rigorous evaluation of efficacy and cost effectiveness prior to listing. If there is any doubt, the Pharmaceutical Benefits Advisory Committee monitors effectiveness for continued listing. An audit of treatment response rates would be superfluous.

RURAL AND REGIONAL SETTINGS

(Recommendation 80)

Recommendation 80 (Hep C): That people with hepatitis C or at risk of infection and living in rural, regional and remote areas of Australia have equitable access to hepatitis C-related education and prevention interventions, appropriate health care services that ensure a continuum of care, and innovative models of care.

Government Response to Recommendation 80:

The Federal Budget 2003-2004 highlights a number of measures which reaffirm the Government's commitment to the health and wellbeing of rural Australians. This includes initiatives to retain current GPs as well as attract new doctors to rural and remote areas. The Government also reaffirmed its commitment to provide health services to regional and rural communities through renewed funding to the Regional Health Services Program. Over the next four years \$46.2 million will be provided to maintain funding for Regional Health Services that provide access to primary health care for almost 100 small rural communities. The funding will also be used to complete planning for new services and identify emerging areas requiring attention.

The Department of Health and Ageing will review access to treatment and related services in rural and remote settings and liaise with State and Territory Health Departments to ensure equitable access to services and investigate developing appropriate programs for inclusion in a new National Hepatitis C Strategy.

CUSTODIAL SETTINGS

(Recommendations 10, 32 and 81-85)

Recommendation 10 (LRT): Develop and implement specific programs for preventing the spread of and for treating blood-borne viruses in prisons. This needs to include more effective harm reduction in prisons and improved coordination of prevention and care services between prison and the community, as is currently being strived for in drug-dependency services.

Recommendation 32 (HIV): The Review Panel recommends that, in close collaboration with the states and territories, a national HIV prevention and care program for prisons be developed. This should include:

- increased availability and uptake of both substitution-based and abstinence-based treatments for drug users in prisons
- strong continuing engagement with prison officers and their unions to develop programs—for example, in-prison needle and syringe exchange programs—that benefit the officers as well as the prisoners.

Recommendation 81 (Hep C): That the lessons learnt from the application of harm-reduction strategies in custodial settings in other countries be explored for implementation in Australia.

Recommendation 82 (Hep C): That custodial staff be provided with training in relation to hepatitis C, in the context of occupational health and safety.

Recommendation 83 (Hep C): That a national policy on the provision of pharmacotherapies for illicit drug dependence in custodial settings be developed for all jurisdictions.

Recommendation 84 (Hep C): That broad support be given to initiatives designed to divert people who use illicit drugs away from incarceration and into non-custodial alternatives.

Government Response to Recommendations 10, 32, 81, 82, 83 and 84:

Provision of health care services in prisons is a matter for State and Territory Governments. Whilst States and Territories have primary responsibility for laws

governing the use and possession of illicit drugs, the Australian Government reiterates that there will be no change in current Australian Government policy in relation to illicit drug use.

Recommendation 85 (Hep C): That nationally consistent standards for hepatitis C education and prevention be implemented in custodial settings.

Government Response to Recommendation 85:

The Government accepts this recommendation in principle but recognises that delivery of health services in custodial settings is a matter for States and Territory Governments. The Australian National Council on AIDS, Hepatitis C and Related Diseases is currently finalising a report titled *A National Approach to Hepatitis C Care and Prevention in Australian Prisons*. On finalisation this document will be forwarded to States and Territories for consideration.

INTERNATIONAL

(Recommendations 4, 28,47-48, 88 and 114)

Recommendation 4 (LRT): Development of a whole-of-government policy on Australia's role and responsibilities in relation to the international HIV epidemic.

Recommendation 28 (LRT): The size and impact of the global HIV epidemic are such that the Lead Review Team considers there is a need for a whole-of-government international policy on Australia's role in tackling the problem. Such a policy would specify the following:

- how Australia's reporting obligations under the UNGASS agreement will be met and who will coordinate the process
- funding priorities for aid
- development and maintenance of a human resource base to support international efforts
- development of a system to ensure better integration of Australia's research and project capacity with international efforts, particularly with regard to vaccine and microbicide development and trialling
- development of a position on funding of and access to affordable HIV therapy in developing countries
- development within the Asia-Pacific region of inter-country agreements on treatment and prevention programs for STIs

Recommendation 47 (HIV): The Review Panel recommends that a cross-sectoral working group—with representation from the Department of Health and Ageing, AusAID, the Department of Foreign Affairs and Trade, and the Department of Immigration and Multicultural and Indigenous Affairs, plus co-opted representatives from the HIV Committee (or from elsewhere outside government)—be established to expand and coordinate Australia's international role in HIV/AIDS. The working group should report to the HIV Committee of the new governance structure.

Recommendation 48 (HIV): The Review Panel recommends that the Department of Health and Ageing work with AusAID to develop a mechanism for improving the participation of Australian experts in our international response.

Recommendation 114 (Research): That the Population Health Division resume dialogue with AusAID with a view to obtaining funding support for Australian researchers to work in HIV-related research in the Asia-Pacific region.

Government Response to Recommendations 4, 28, 47, 48 and 114

The Government is committed to maintaining Australia's leadership role in combating the spread of HIV/AIDS in the Asia Pacific region and internationally.

In recognition of the high priority Australia places on assisting countries to combat HIV/AIDS in July 2000, the Minister for Foreign Affairs, the Hon Alexander Downer, announced a Global HIV/AIDS initiative of \$200 million over six years.

Australia is active both in advocacy at the political level, and in activities designed to meet local needs and priorities.

Australia works within other international forums. It played an active role in the United Nations General Assembly Special Session on HIV/AIDS in mid 2001 to develop the Declaration of Commitment on HIV/AIDS. Australia also works with the World Trade Organisation and the World Health Organisation to improve the accessibility and affordability of essential HIV/AIDS drugs.

After the UN Special Session, Australia hosted a Ministerial Meeting on HIV/AIDS for Asia and the Pacific late in 2001, immediately following the 6th International Congress on AIDS in Asia and the Pacific (ICAAP). The meeting concluded with the Ministers agreeing on a Ministerial Statement reflecting the commitment of participating countries to strengthening coordination and partnership at every level and to further action and collaboration in tackling the challenges of HIV/AIDS.

In addition, Australia is funding other regional activities. The Asia Regional HIV/AIDS Project will play a key role in developing a regional response to the epidemic of HIV among drug users, a central feature of the AIDS epidemic in South East and East Asia.

Australia is also committed to a new Pacific Regional HIV/AIDS project which will consolidate progress made in earlier regional activities. The project will provide support for the development and implementation of a regional HIV/AIDS strategy, while continuing support for the implementation of national HIV/AIDS strategies, and Non- Government Organisation activities in the region.

Whilst the rate of injecting drug use continues to increase in developing nations, providing substantially increased risks for HIV, the rising rate of methamphetamine production and use in the Region also has significant consequences. This is particularly the case regarding the high risk sexual activity and sex industry work

associated with illicit drug use and dependence. Australia's active participation in international drugs cooperation draws on our extensive expertise and experience in effective law enforcement strategies, regulatory mechanisms and demand and harm reduction initiatives. Australia's efforts in the international drugs arena are coordinated by the Standing Interdepartmental Committee on International Narcotics Issues, which comprises representatives of all Australian Government agencies with an interest in international drug matters. The Illicit Drugs Group coordinates links between the Committee's activities and the National Drug Strategic Framework.

Recommendation 28 covers several of the issues that will be examined in the development of a revised Australian Aid Program policy on HIV/AIDS, including funding priorities for aid and Australia's position of funding of and access to affordable HIV therapy in developing countries. Recommendation 28 also proposes the development within the region of inter-country agreements on treatment and prevention programs. While such an approach may be possible, these cannot be developed by Australia as unilateral policy and will need to be considered on a case by case basis within existing aid program parameters. The Australian Agency for International Development (AusAID), which manages Australia's overseas aid program, does not support the development and maintenance of a human resource base within Australia to support international efforts with aid program funds.

AusAID is currently developing a revised HIV/AIDS strategy within Australia's aid program that addresses topical issues and provides guidance based on most recent best practice. This will ensure that Australia maintains its role as leader in the regional response. In developing this strategy, AusAID will consult with the Department of Health and Ageing and other interested Australian agencies to ensure that it is complementary to other related policies and program priorities. One issue that AusAID's strategy will consider is that of the engagement of Australian technical expertise for work on Australia's HIV/AIDS assistance programs with Australia's overseas partners.

Recommendation 88 (Hep C): That monitoring the impact of hepatitis C in the Asia-Pacific region and international assistance and cooperation in respect of hepatitis C not be a primary consideration for a second National Hepatitis C Strategy.

Government Response to Recommendation 88:

The Government supports countries in the Asia-Pacific region through the dissemination of information regarding the first National Hepatitis C Strategy and lessons learnt through implementation of hepatitis C programs. At this stage in the national response to the hepatitis C epidemic in Australia, the primary focus

of a second National Hepatitis C Strategy should be decreasing transmission and minimising the social impact of hepatitis C within Australia.

DEVELOPMENT OF A SECOND NATIONAL HEPATITIS C STRATEGY

(Recommendations 7, 11, 15, 17 and 86-87)

Recommendation 7 (LRT): Develop and resource an improved second National Hepatitis C Strategy, drawing on the findings of this first review, to be in effect by mid-2003.

Recommendation 15 (LRT): Ensure greater involvement of at-risk groups in strategy planning and implementation—with particular attention to the use of peer-group education. [hepatitis C]

Recommendation 86 (Hep C): That—in close consultation with the people affected by hepatitis C, the community sector, the medical, health care, research and scientific communities, and all levels of government—the Commonwealth Department of Health and Ageing develop a second National Hepatitis C Strategy for the period 2004 to 2009, to further develop and implement the recommendations of this Review.

Government Response to Recommendations 7, 15, 86:

The *National Hepatitis C Strategy 1999-2000 to 2003-2004* is a five-year framework setting strategic directions and coordinated action on hepatitis C. This Strategy was the first of its type in the world and puts Australia at the forefront of the international community in responding to the hepatitis C epidemic. This Strategy was developed in consultation with key stakeholders. The Strategy establishes an important foundation for action—a partnership between people affected by hepatitis C, governments at all levels, and medical, scientific and health care professionals—and acknowledges the need to work in a collaborative, non-partisan manner with all members of the partnership. It also acknowledges that Australia's response to hepatitis C cannot operate in isolation and stresses the importance of establishing and maintaining operational links with other national population health strategies.

The Strategy has links with other national population health initiatives such as the National HIV/AIDS Strategy, the National Drug Strategy, and the National Indigenous Australians' Sexual Health Strategy. The National Strategic Framework

for Aboriginal and Torres Strait Islander Health, which is currently under consideration by the Australian Government and State/Territory governments, will inform future strategic responses to sexual health including HIV/AIDS and Hepatitis C in Indigenous communities.

The Government notes that achievements under the first National Hepatitis C Strategy include:

- partnerships established at all levels of government with the affected community, peak bodies, and the medical, allied health care and research sectors;
- improved understanding of the hepatitis C epidemic due to research and improved surveillance;
- hepatitis C education and prevention programs targeting people at risk of hepatitis C and people living with hepatitis C and their carers, through medical practitioners, other health care workers and community groups affected by hepatitis C; and
- improved access to care and treatment options such as combination therapy with interferon and ribavirin.

The Government notes that this strategy is in place until June 2004 and that the Review Reports endorsed the fundamental principles underlying the first National Hepatitis C Strategy.

The Government supports these recommendations that a second National Hepatitis C Strategy be developed in consultation with all relevant sectors and communities. The Government is committed to ensuring that Indigenous Australians' health issues are addressed as a priority in a new National HIV/AIDS Strategy and that the Strategy complements the National Indigenous Australians' Sexual Health Strategy and future policy frameworks in this regard.

These recommendations will be referred to the new ministerial advisory committee to advise on priorities and appropriate timeframes for a new National Hepatitis C Strategy.

Recommendation 11 (LRT): Uniformly regulate the body-piercing and tattooing industries—to ensure that these industries do not become a growing source of infection while not being so prohibitive that young people are forced into unsafe practices.

Government Response to Recommendation 11:

Regulation of body piercing and tattooing industries is a matter for State and Territory Governments. The Australian Government will be referring the Review Reports to its State and Territory counterparts for their consideration.

Recommendation 17 (LRT): Review and implement other specific recommendations of the Hepatitis C Strategy Review Team (Recommendations 51-88), consistent with the recommendations of the Lead Review Team.

Government Response to Recommendation 17:

See Recommendations 51-88

Recommendation 87 (Hep C): That a second National Hepatitis C Strategy:

- be framed in the context of communicable diseases but take a settings-based approach to health promotion
- be supported by dedicated funding, a detailed implementation plan with performance indicators, strong Commonwealth leadership, and new governance structures, including
 - establishment of new, separate Committees for Hepatitis C, HIV and Indigenous Australians' Sexual Health, with a strong focus on implementation of the respective Strategies through setting their own work plans and incorporation of research and health promotion in their agendas. The new Hepatitis C Committee would comprise people with expertise in legislative and regulatory reform, health promotion, illicit drugs, disease prevention, the non-government and community sector and affected communities (including representatives from relevant peak bodies), public health, treatments (including specialist clinical services, general practice and allied health professions), Indigenous Australians' health, research, workforce development, and custodial settings
 - establishment, by the new Hepatitis C Committee, of ad hoc working groups to deal with specific matters
 - establishment of a new Ministerial Advisory Committee for Hepatitis C, HIV and Sexual Health, comprising the chairs of the three new Committees and one overarching chairperson. This Committee would have a primary role in advocacy and securing sufficient resources to enable effective implementation of the Strategies and would be responsible for equity and collation of information, with minimal oversight of the work of the three Committees

- the new Ministerial Advisory Committee to forge strong links with national governance structures for illicit drugs
- reaffirm the six essential components of Australia's response to hepatitis C developing partnerships and involving affected communities, access and equity, harm reduction, health promotion, research and surveillance, and linked strategies and infrastructures
- be supported by appropriate legislative and regulatory frameworks, including drug law reform and anti-discrimination, which are necessary because of the magnitude of the epidemic
- be supported by evidence-based strategies developed in all jurisdictions
- take account of the changes in diagnostics, treatment and care, and workforce development that have occurred during the term of the first Strategy
- designate clinical outcome indicators for hepatitis C
- be monitored and evaluated in all jurisdictions
- be subject to an independent, external mid-term review.

Government Response to Recommendation 87:

The Government is committed to developing a new National Hepatitis C Strategy in close consultation with affected communities, the community sector, the medical, health care, research and scientific communities and all levels of government. The Australian Government recognises the links between hepatitis C and injecting drug use and will continue its programs of supply control, prevention and treatment. The Government will ask the Australian National Council on Drugs and the new advisory committee to examine interlinkages between programs, particularly in the context of Needle and Syringe Programs.

The Government supports the other components of this recommendation and notes that there is significant overlap between this recommendation, and numerous recommendations covering hepatitis C particularly Recommendations 86 and 7.

The Disability Discrimination Act 1992 is currently being reviewed under the National Competition Policy principles. A final report is due by 30 April 2004.

It is expected that the new Strategy will cover the scope of many of the recommendations included in this response. These recommendations will be referred to the new ministerial advisory committee to address in advice on the development of the new strategy.

DEVELOPMENT OF A FIFTH NATIONAL HIV/AIDS STRATEGY

(Recommendations 1, 5, 29 and 50)

Recommendation 1 (LRT): Develop and resource a fifth national HIV/AIDS strategy that will:

- include a major prevention education program focusing on men who have sex with men—as the continuing highest-risk group—targeting high-risk environments (such as sex-on-premises venues) and hard-to-reach groups (for example, men who have sex with men but do not identify with the gay community) and being guided by epidemiological and social research data
- be a component of a national prevention and education program promoting safe sex to the general community—that is, a program aimed at preventing sexually transmissible infections
- have a greater focus on the complex and diverse needs of people living with HIV—including their mental and social health
- following a review of the testing guidelines, promote regular HIV testing among at-risk groups, with the aim of reducing the number of people with undiagnosed HIV
- provide support for targeted approaches such as peer education for hard-to-reach vulnerable populations—for example, sex workers and injecting drug users
- take account of the specific needs of groups from culturally and linguistically diverse backgrounds
- incorporate an integrated evaluation
- incorporate the principles and targets of obligations arising from UNGASS—the UN General Assembly Special Session on HIV/AIDS.

The Lead Review Team recommends that planning for a fifth national strategy begin on acceptance of this report, with the aim of the strategy coming into operation by mid-2003.

Recommendation 50 (HIV): The Review Panel recommends that a fifth National HIV/AIDS Strategy be developed to further develop and implement the foregoing recommendations. The Strategy should cover the three years from 2004–05 to 2006–07 and should be reviewed in mid-2006.

Government Response to Recommendations 1 and 50:

The fourth National HIV/AIDS Strategy, the *National HIV/AIDS Strategy 1999-2000 to 2003-2004: Changes and Challenges*, was developed in consultation with key stakeholders including affected communities, and builds on the partnership approach and achievements of previous HIV/AIDS Strategies. The Strategy has links with other national population health initiatives such as the National Hepatitis C Strategy, the National Drug Strategy, and the National Indigenous Australians' Sexual Health Strategy. The National Strategic Framework for Aboriginal and Torres Strait Islander Health, which is currently under consideration by the Australian Government and State/Territory governments, will inform future strategic responses to sexual health including HIV/AIDS and Hepatitis C in Indigenous communities. These will be determined through the Indigenous Australians' Sexual Health Committee and consultations with stakeholders in the partnership forums in each State and Territory.

The Government is committed to ensuring that Indigenous Australians' health issues are addressed as a priority in a new National HIV/AIDS Strategy and that the Strategy complements the National Indigenous Australians' Sexual Health Strategy and future policy frameworks in this regard.

The Government notes that this strategy is in place until June 2004 and that the Review Reports endorsed the fundamental principles underlying the fifth National HIV/AIDS Strategy.

The Government supports these recommendations that a fifth National HIV/AIDS Strategy be developed in consultation with all relevant sectors and communities. These recommendations will be referred to the new ministerial advisory committee for consideration in its advice on the development of the new strategy.

Recommendation 5 (LRT): Review and implement other recommendations of the HIV Strategy Review Team, consistent with the recommendations of the Lead Review Team.

Government Response to Recommendation 5:

See Recommendations 29-50

Recommendation 29 (HIV): The Review Panel recommends that a major new national education program on prevention be developed with the states and territories and key stakeholders—for the term of a fifth National HIV/AIDS Strategy and beyond—to decrease rates of unprotected anal intercourse, related sexually transmissible infections (gonorrhoea and chlamydia) and HIV transmission among men who have sex with men. This program should include, among other things:

- development and enforcement of agreed codes of conduct within all ‘sex on premises’ venues—including prevention education, condom distribution, promotion of HIV and STI counselling and testing, and promotion of non-occupational post-exposure prophylaxis for men
- development of new communication and community-based programs to reach young gay men, men who have sex with men but are not attached to the gay community, and gay men living in rural and remote areas
- development of a national annual sexual health check-up program for men who have sex with men, along with continuing public campaigns to increase the availability of and participation in counselling and testing
- review and updating of HIV-testing guidelines.

Government Response to Recommendation 29:

The Government supports this recommendation in principle. The components of this recommendation will be investigated in consultation with relevant stakeholders in the development of a new national HIV/AIDS Strategy.