



HIV/AIDS POLICY

The Public Health Association of Australia notes that:

1. HIV/AIDS is a major global population health problem and humanitarian disaster. In 2007, nearly 35 million people globally were estimated to be living with HIV. The AIDS epidemic claimed more than 2 million lives during 2007; over 25 million have died since the epidemic began. Another 2.5 million people acquired the human immunodeficiency virus (HIV) in 2007¹. In Australia, it is estimated that there are 19,544 people living with HIV – this is more than at any other time previously. Diagnoses of HIV have increased significantly in recent years, from 718 in 1999 to 998 in 2006².
2. There is as yet no preventative vaccine and no effective cure for AIDS or HIV infection. Treatments are available, however these treatments are expensive and many people experience significant side effects when taking them.
3. HIV infection is transmitted through sexual or blood to blood contact with infected blood, semen or vaginal fluids; contaminated injecting equipment such as needles or syringes or piercing equipment; through blood transfusion or transfusion of blood products; and from mother to infant during pregnancy, birth or breast feeding.³
4. In Australia, the great majority of people infected with HIV have been (and continue to be) homosexually active men, with 68% of new diagnoses of HIV in 2006 attributed to male-to-male sexual contact and a further 3.9% in male-to-male sexual contact with injecting drug use.⁴ There is a growing number of people acquiring HIV through heterosexual contact, some of which is associated with people from or travelling to high prevalence countries.
5. HIV is not transmitted through casual contact such as shaking hands, food preparation etc. People with HIV do not represent a risk to others in workplaces, schools, public transport and other community settings.
6. HIV is closely correlated with the social determinants of health. Therefore disadvantaged populations in Australia and overseas are more susceptible to HIV and STIs and blood-borne viruses as a result of lack of supporting infrastructure and clinical services and access to information, education and support structures.

7. HIV in Australia has been managed by comprehensively and strategically using the Ottawa Health Promotion charter as a model for action. The Australian Government provides ongoing leadership, as well as resources, to reduce the impact of the HIV epidemic in Australia. Many of the strategies are also implemented at a State and Territory level. Australia's response to the epidemic has been successful thus far, due in part to its specifically funded aggressive HIV research effort and the participation of affected communities and community based organisations in developing and implementing interventions.⁵
8. Harm reduction policies and practices have been effective in reducing HIV risk factors thereby maintaining very low HIV prevalence among sex workers and injecting drug users.
9. A variety of community-based programs continue to be a key element in provision of care and support for people with HIV/AIDS and an important source of health promotion for many affected communities.
10. Primary health care approaches are critical for the provision of equity and access to comprehensive, appropriate health care, health education and health promotion.
11. Inequalities arise when people with HIV/AIDS do not have access to comprehensive, appropriate health care and income support. In addition there is evidence that people who have well maintained health are not as likely to transmit the virus to other people.
12. Although the Australian epidemic peaked in the 1980s, new infections still occur, especially amongst homosexually active men. Increases in the prevalence of some other STIs also raise concerns about HIV, as individuals with STIs are at greater risk of acquiring HIV. Some other groups are at high risk of major outbreaks or infection. Incidence of HIV is increasing among some Aboriginal and Torres Strait Islander communities and HIV presents an increased risk for people with high rates of sexually transmitted infections (STIs), malnutrition, tuberculosis and other diseases. Further, the primary health care infrastructure in many Aboriginal communities is inadequate, particularly in rural and remote areas.

The Public Health Association of Australia affirms that:

13. HIV positive people have the same rights to comprehensive and appropriate health care, income support and community services as other members of the community.
14. People with AIDS, like those with other chronic and potentially terminal illnesses, have a right to free choice of care and the right to refuse life-prolonging treatment.
15. Peer based prevention and care programs among affected communities provide an effective model for community involvement in responding to this health problem. Health promotion, research, medical treatment and social care

programs have been debated, planned, executed, supported and evaluated within affected communities (particularly among gay men) and in partnership with government, researchers and health care services. This successful cooperation provides a model for dealing with other public health problems.

16. Partnership models, between government, non-government organisations, clinicians, researchers and affected communities, have been shown to be useful for dealing with emerging public health issues. Whilst mainstreaming of some public health initiatives at government level is desirable and can lead to efficiencies, specialised strategic responses to particular public health issues are also an effective method for responding rapidly to emerging epidemics.

The Public Health Association of Australia endorses the guiding principles of the National HIV/AIDS Strategy. In particular, it affirms that:

17. The primary goal of the National HIV/AIDS Strategy 2005-2008 is to eliminate transmission of the human immunodeficiency virus and to minimise the personal and social impacts of HIV infection. The Public Health Association looks forward to a fully consultative process in the development of the next National HIV/AIDS Strategy based within the framework of the Ottawa Charter and a community, government and research partnership approach.
18. Transmission of HIV can be avoided through changes in individual behaviour in the context of being in a supportive environment. Comprehensive health promotion programs and genuine participation of affected communities are integral to an effective and sustainable strategy. Universal school sexual health education is essential for continuing prevention among young people and to place HIV/AIDS in the context of sexual health in general.
19. The community as a whole has the right to appropriate protection against infection, e.g. through security of the blood supply.
20. The PHAA advocates strongly for the provision of needle and syringe exchange programs and other public health measures specifically directed towards reducing HIV related risks and harms among injecting drug users. Sharps disposal containers and condom vending machines should be widely available in public places.
21. The PHAA asserts that prisoners have the same rights to health care and preventative education as other Australians and recommends that prison authorities take a harm reduction approach to sexual activity and injecting drug use in jails and make preventive measures such as the provision of health hardware, i.e. condoms and injecting equipment available to prisoners.
22. Laws and regulations should complement and assist education and other public health measures.
23. The human rights of people with HIV infection must be protected. Discrimination against HIV-positive people must be eliminated.

24. Specific informed consent must be obtained before any test is performed to diagnose a person's HIV status. The result should remain confidential and appropriate discussion should be provided before and after testing.
25. Professional caregivers have a duty to care for people living with HIV/AIDS as they would people with any other medical condition. Employers have a responsibility to provide working conditions and training programs that minimise the risk of occupational transmission of infection.
26. Research into the epidemic is essential to its management. Strategies must be guided by up-to-date knowledge of the social, psychological and medical factors that contribute to risk, modes of transmission, and the course of disease in those people with HIV.
27. Public health objectives are most effectively realised when health authorities work cooperatively with people with HIV infection and those individuals and communities most at risk. The PHAA supports the use of appropriate public health interventions to manage people who are at risk of knowingly or recklessly infecting others. However, the PHAA does not condone the behaviour of people with HIV who deliberately misrepresent their serostatus and/or deliberately expose others to infection. Criminal sanctions may be appropriate in some cases.

The Public Health Association of Australia recommends that:

28. Commonwealth and State/Territory governments ensure the provision of adequate primary health care services for all communities, and particularly Indigenous communities, to facilitate improved STI control and appropriate STI/HIV preventive programs, and that appropriate facilities be available for the care and support of Indigenous people with HIV.
29. Sufficient funding be provided for combating the HIV/AIDS epidemic, especially in the areas of research (both for prevention and treatment), legal aid against discrimination, and new community education initiatives. Successful community initiatives and primary prevention strategies targeting affected communities need to be sustained to maintain low infection rates and reduced impact of HIV.

References:

1. www.unaids.org/en/Resources/epidemiology.asp
2. 2007 Annual Surveillance Report HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia. National Centre in HIV Epidemiology and Clinical Research, page 7.
3. World Health Organization. *Fact Sheets on HIV/AIDS for Nurses and Midwives: Fact Sheet 1: HIV/AIDS: the Infection.* http://www.who.int/health-services-delivery/hiv_aids/English/fact-sheet-1/index.html 2000.
4. 2007 Annual Surveillance Report HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia. National Centre in HIV Epidemiology and Clinical Research, page 36.

5. Moodie, R., Edwards, A., & Payne, M. (2003). Review of the national HIV/AIDS strategy 1999-2000 to 2003-04: Getting back on track...Revitalising Australia's response to HIV/AIDS. In A. Wilson, N. Partridge & L. Calzavara (Eds.), *2002 reviews of the national HIV/AIDS and hepatitis C strategies and strategic research* (pp. 39-80). Canberra: Commonwealth of Australia.

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