



**Australian Federation of  
AIDS Organisations  
(AFAO)**

**Primary Health Care Reform**

**27 February 2009**

## Introduction

The Australian Federation of AIDS Organisations (AFAO) is the peak body for Australia's community sector response to the HIV/AIDS epidemic. AFAO is charged with representing the views of our members: the AIDS Councils in each state and territory, the National Association of People Living with HIV/AIDS, the Australian Illicit and Injecting Drug Users League, the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) and Scarlet Alliance, the national organisation representing sex workers. AFAO provides HIV (and STI) prevention education and health promotion to members of affected communities. HIV policy advice to the Commonwealth Government, advocates for our member organisations, develops and formulates policy on HIV/AIDS issues, and promotes medical and social research into HIV/AIDS and its effects.

This submission is set out in sections which address questions raised in the various Key Elements articulated in the discussion paper. Some of these sections refer to issues which extend across Key Element areas, and as a result these Key Elements have been grouped together in a single response.

**In addition to this submission AFAO endorses and supports the submission prepared by the Australasian Society for HIV Medicine (ASHM). AFAO would also like to strongly recommend that the Commission consult the ongoing work of the "Models of Access and Clinical Service Delivery for People With HIV Living in Australia" project commissioned by the Blood Borne Virus and STI Subcommittee of the Australian Population Health Development Principal Committee Commonwealth Department of Health and Ageing.**

## Background

Australia's evidence-based and partnership-oriented response to HIV is largely viewed as successful. In contrast to many other developed countries, Australia has managed to effectively contain the spread of HIV to the men who have sex with men (MSM) population, and avoided large-scale outbreaks among injecting drug user (IDU) and sex worker populations. The successful containment of HIV has resulted in the prevention of a "wide-scale" epidemic in the general population with Australia having very low HIV prevalence figures (measured per 100,000 of the general population). At the end of 2007, an estimated 16,692 people were living with HIV in Australia.<sup>1</sup>

Primary health care services play a critical role in the management of HIV infection. Australia has long been considered a world leader in providing best practice treatment, care and support to people with HIV through the partnership between governments, health care services and affected communities.

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<sup>1</sup> National Centre in HIV Epidemiology and Clinical Research, HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2008. National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, NSW

Australian research<sup>2</sup> indicates that some 50% of people living with HIV/AIDS see a GP who specialises in HIV for their general health care, and 45% see a GP who specialises in HIV for HIV-specific treatment. In addition, to their prescribing role, GPs are identified as the key source of information and advice about HIV management and general wellbeing<sup>3</sup>.

Primary health care services also provide most HIV and STI testing in Australia. The current opportunity for Primary Health Care reform needs to consider what ramifications and effects any changes might have on HIV and STI treatment, care and prevention.

Traditionally, HIV testing has been done in clinical settings by medical practitioners (normally General Practitioners). In some areas, specialist Sexual Health Services provide HIV and STI screening performed by specialist nurses with experience in pre-test discussion and risk assessment, with results delivered by a clinician.

## **Key Element 2: Patient centred and supportive of health literacy, self-management and individual preference**

We applaud the inclusion of this element into any ongoing reform of Primary Health care. It is important to note that 'partnership(s) in care' require support for all participants (especially patients) and their communities.

Programs which improve health literacy and decision making traditionally target people identified as being at risk of, or diagnosed with, specific diseases. The limitations of this approach become clear in the context of preventable illness. We suggest that programs that aim to improve health literacy and decision making in health be incorporated into Australian high school educational curricula. Where possible, these programs should be developed in evidence-based frameworks and be free of moral or religious influence.

In addition, programs that work in the context of Community Development are well placed to improve the health, lives and capacity of patients at a population level. Australia's HIV Community Sector has a long and successful history of developing these programs across a broad range of tools (including social marketing, health promotion campaigns and individual interventions such as counselling). The 5<sup>th</sup> National HIV Strategy acknowledges that Community organizations such as AFAO "have all played a major role in the success of Australia's response to HIV/AIDS."<sup>4</sup>

Increasing the support for other Community Organisations to carry out work in Community Development and Health Promotion is a logical step in improving patient's health literacy and decision making.

There needs to be an increasing focus on developing and funding a research agenda to build a broader evidence-base for these programs. Social research plays an invaluable role in informing

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<sup>2</sup> J Grierson, R Thorpe and M Pitts (2006) HIV Futures 5: Life as we know it, monograph series number 60, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia

<sup>3</sup> NSW Department of Health. 2006. NSW HIV/AIDS Strategy: Environmental Scan 2006–2007, Sydney. p. 47

<sup>4</sup> Department of Health and Ageing, National HIV/AIDS Strategy: Revitalising Australia's Response 2005 – 2008 Canberra.

the development of successful health promotion activities. Increasing the funding and support for institutions that carry out this research, as well as embedding research and evaluation into all aspects of the primary care agenda, is critical to ensuring that expenditure is both justified and prudent.

**Key Element 3: More focused on preventive care, including support of healthy lifestyles**

We support changes to primary health which enable more systematic approaches to preventive care. However we think that a more holistic model which incorporates the role of non-clinical services in health promotion and preventive care needs to be developed.

A key component of a holistic approach to preventive care would be creating linkages between the clinical and non-clinical services (such as community and other health organisations). Australia's response to HIV, which has successfully embodied these linkages for over two decades, has demonstrated that supported partnerships between clinical, government and community agencies delivers excellent results in both HIV prevention and treatment.

The prevention activities of primary health care services would be enhanced through collaborative approaches to prevention. Primary health care providers play an important role in providing support, advice and interventions to "individual" consumers. This work is enhanced when conducted alongside other prevention efforts (such as health promotion campaigns and social marketing) that aim to positively influence community and cultural standards as a means of improving health at a population level. There are many examples of effective partnership based responses which might be used as effective models.

NSW Health has demonstrated success with the *STIs in Gay Men Action Group* (STIGMA), a partnership between Area Health Services, ACON (formerly the AIDS Council of NSW – the largest community-based organization working in HIV in Australia) and general practice, which meets on an ongoing basis and has played an important role in coordinating across Area Health Services and multi-disciplinary responses to STI outbreaks among gay men. Part of the response has been to develop STI testing guidelines for general practitioners<sup>5</sup>.

Another successful example is the NSW HIV+ Health Promotion Interagency convened by ACON and Positive Life NSW (formerly People Living With HIV/AIDS NSW – a community organization that represents HIV positive people in NSW). This interagency focuses on meeting the objectives of the NSW HIV Strategy 2006-2009 through collaborative, evidence-based approaches and research advocacy. The interagency incorporates Area Health Services, the Australasian Society for HIV Medicine (ASHM), the Aboriginal Health and Medical Research Council and other research centres. This interagency allows for the development of complementary workplans across a range of organisations and services (reducing duplication) as well as working towards a more coordinated and effective approach to consumer care and support.

Another advantage of interagencies such as those mentioned above is that they enable meaningful participation from consumers into health care delivery. Through the establishment and continual support of community organisations to represent consumers in discussions around prevention and health care, a stronger focus is placed on population-based preventive care.

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<sup>5</sup> Bourne C, Edwards B, Shaw M, Gowers A, Rodgers C, Ferson M. Sexually transmissible infection testing guidelines for men who have sex with men. *Sexual Health* 2008; 5: 189-191.

### *Determining preventive care priorities*

Assessment across a scale of criteria should inform decisions which seek to identify “Priority” areas for preventive health. Obviously, the population prevalence of a condition is an important consideration. However, there are other conditions which should be considered priority areas for preventive health on the basis of the projected impact of these conditions without successful intervention.

In Australia, HIV is a disease with a remarkably low prevalence and incidence (at a whole of population level). However, several studies (both local and international) have produced data demonstrating substantial savings to government through investment in HIV prevention, treatment, care and support<sup>6 7</sup>. Further to this, there have been some reports indicating that government disinvestment in the HIV sector is linked to an increase in HIV infections in most states of Australia<sup>8</sup>.

### *A Focus on Early Intervention*

For many illnesses, particularly chronic conditions such as diabetes, mental illness and obesity, early intervention is recognised as very important. Successful early intervention programs are cost effective and often demonstrate superior outcomes in terms of mortality, morbidity and other health measures (such as Disability Adjusted Life Years).

A broad programmatic approach to early intervention that builds collective and individual health literacy would assist individuals to recognize when they may benefit from assistance from health care providers. This approach would involve both extensive primary health care reform and support of other key stakeholders including community based organizations and patient consumer groups.

**Key Element 4: Well-integrated, coordinated, and providing continuity of care, particularly for those with multiple, ongoing and complex conditions**

**Key Element 8: Working environments and conditions which attract, support and retain workforce**

**Key Element 9: High-quality education and training arrangements for both new and existing workforce**

The nature of the Australian HIV epidemic has evolved considerably since the 1980’s, particularly with the advent of Highly Active Anti-Retroviral Therapy (HAART). Whilst transmission of HIV has been largely contained to homosexually active men, there still exists considerable diversity

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<sup>6</sup> Health Outcomes International in Association with The National Centre in HIV Epidemiology and Clinical Research. The impact of HIV/AIDS in NSW mortality, morbidity and economic impact. 2007

<sup>7</sup> Meagher NL, Hanvelt RA, Schneider DG, Copley TT, Marion S; Cost effectiveness of national investment for prevention of HIV: evaluation of Canada's investment using a simulation modeling approach. International Conference on AIDS. 1998

<sup>8</sup> Bernard D, Kippax S, Baxter D. Effective partnership and adequate investment underpin a successful response: key factors in dealing with HIV increases. *Sex Health* 2008; 5: 193--201.

amongst people living with HIV which needs to be accommodated in any effective programmatic response. In addition, life expectancy, quality of life and access to treatments have improved considerably. As a result, there is considerable diversity amongst people living with HIV, particularly in terms of needs, expectations and potential future requirements. This growing clinical diversity and complexity is one of the key issues in responding to HIV in the current time.

In response to this complexity, a novel project “Models of Access and Clinical Service Delivery for HIV Positive People Living in Australia” was established, jointly funded by both the Federal and State Departments of Health. It is due to report its findings in the first half of 2009.

The project aims to evaluate the effectiveness of the current models of access and clinical service delivery for HIV positive people and update them. The results of the evaluation will inform any changes required for the future care models, including workforce capacity and education.

The project is overseen by an advisory group with members from State and Territory Health Departments, Community Organisations, clinicians, researchers and the Commonwealth Department of Health and Ageing.

**We strongly recommend that the Commission consider the work of this Project in reference to the aforementioned Key Elements.**

**Key Element 5: Safe, high-quality care which is continually improving through relevant research and innovation**

**Key Element 6: Better management of health information, underpinned by efficient and effective use of eHealth**

eHealth should play a vital role in modernizing and improving Australia’s Health Care system at all levels. Despite significant investment from both Commonwealth and State governments, this promise has yet to be fully realised.

The development of a better health information management system, which enables information sharing across a complex and fragmented health system, is essential to the provision of safe, high quality care. Furthermore, existing deficits identified in health care information management are attributed as a major cause of serious events and ‘Sentinel’ events in Australia<sup>9</sup>.

It is apparent that any discussion, or strategy that seeks to improve the safety and quality of care in the Australia health care system must consider (and ultimately incorporate) appropriate eHealth technology. Strict guidelines and auditing measures in relation to the protection of individual confidentiality and privacy for electronic medical records and patient records are essential for the integration of this technology into the public healthcare system.

#### *Monitoring and Reporting in the Primary Health Care sector*

In order to improve the safety and quality of health care services in Australia, greater emphasis needs to be placed on collecting data on patient health outcomes and quality of care. The

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<sup>9</sup> Australian Institute of Health and Welfare & Australian Commission on Safety and Quality in Health Care 2007. Sentinel events in Australian public hospitals 2004–05. Cat. no. HSE. 51 Canberra: AIHW.

collection of these data would be greatly assisted through the creation of a central (and universal) data set that would be readily usable by researchers, policy makers and health care providers.