

Australia Report NCPI

NCPI Header

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Part A of the NCPI (administered to government officials) was completed by the Australian Government Department of Health with input from other agencies as required. Part B of the NCPI (administered to civil society organisations) was provided to the five peak civil society organisations in Australia, who were invited to provide input. All five organisations completed Part B, and each response has been provided as part of Australia's 2014 GARPR report. A single document containing the five responses has been uploaded.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Australian Government Department of Health	Office for Health Protection	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Australasian Society of HIV Medicine (ASHM)	Levinia Crooks, Chief Executive Officer	B1,B2,B3,B4,B5
Australian Federation of AIDS Organisations (AFAO)	Rob Lake, Chief Executive Officer	B1,B2,B3,B4,B5
Australian Injecting & Illicit Drug Users League (AIVL)	Annie Madden, Executive Officer	B1,B2,B3,B4,B5
Scarlet Alliance, Australian Sex Workers Association	Janelle Fawkes, Chief Executive Officer	B1,B2,B3,B4,B5
National Association of People with HIV Australia (NAPWHA)	Jo Watson, Executive Director	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2010 - 2013 (6th National HIV Strategy)

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Adjusted to recognise advances in HIV treatment Strengthen HIV partnership Reinvigorate prevention as cornerstone of national response Emphasise monitoring and accountability Address key workforce development needs Renewed focus on law reform for human rights-based environment

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: The Australian Government Department of Health has overall responsibility for the development of the strategy. Responsibility for implementation of the strategy is shared by the Australian Government Department of Health and State and Territory health departments in collaboration with partners (community based and non-government organisations).

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

Education:

Included in Strategy: No

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: No

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: The national HIV strategy has been endorsed by all Australian health ministers and is the responsibility of health portfolios. Australian Government health funding for BBV & STI activities includes funding for young people and women.

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: No

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: No

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Key populations were identified based on the HIV epidemiology in Australia, with partnership engagement.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific key populations/vulnerable subpopulations [write in]: Aboriginal and Torres Strait Islander people

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil society organisations are represented on national policy and program coordination and ministerial advisory committees, and contribute to the development of Australia's national HIV strategies and associated surveillance and monitoring plan.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: N/A

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: N/A

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: N/A

National Development Plan: N/A

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: N/A

Sector-wide approach: N/A

Other [write in]:

: N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): N/A

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: N/A

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: N/A

Reduction of stigma and discrimination: N/A

Treatment, care, and support (including social protection or other schemes): N/A

Women's economic empowerment (e.g. access to credit, access to land, training): N/A

Other [write in]:

: N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: N/A

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Ongoing efforts to improve the health system are occurring.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : HIV services in Australia are well integrated into other health services with a majority of people with HIV treated by general practitioners as part of routine outpatient care. They may then be referred to specialist care as the need arises.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - Endorsement of UNPD targets adapted to the Australian context by all Australian health ministers - Commenced development of the 7th National HIV Strategy 2014 – 2017: extensive consultation including review of current progress and actions needed to achieve targets - Recommendation by the Pharmaceutical Benefits Advisory Council (PBAC) to remove the CD4 requirements for commencement of ART - The Therapeutic Goods Administration registered the first point of care test for HIV - Ongoing low rates of HIV transmission among sex workers and people who inject drugs - Innovative programs implemented by states and territories to promote prevention among gay and bisexual men - Enhanced primary health care linkages with specialist and allied health services - Improved systems implemented for monitoring and surveillance of HIV - Continued investment in behavioural, clinical, epidemiological, and social research to inform policy and priority setting in the response - First HIV Stigma Audit documenting the experiences and effects of stigma on the lives of people living with HIV in Australia

What challenges remain in this area: - Responding to increasing rates of HIV transmission among MSM and emerging incidence among people from high HIV prevalence countries - Responding appropriately to new prevention and treatment technologies in the Australian context - Increasing testing rates and reducing the average time between infection and diagnosis - Maintaining virtual elimination of HIV among sex workers, people who inject drugs and maternal to child transmission - Improve management and care - Addressing stigma and discrimination

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - Australian Commonwealth and State/Territory Health Ministers endorsed the UNPD targets adapted to the Australian context - Australia's Ambassador to the United Nations, Geneva assumed the role of Vice-Chair of the UNAIDS Programme Coordinating Board. - Australia's Foreign Minister hosted a Guest of Government visit by Aung San Sui Kyi which included commemoration of World AIDS Day 2013 and meeting with UNAIDS Executive Director Michel Sidibe - Provision of funding for AIDS 2014 conference and Australian Government role as Local Leadership Partner - New jurisdictional HIV strategies from NSW and QLD

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr Kerry Chant, Deputy Director Population Health and Chief Medical Officer, NSW Health

Have a defined membership?: Yes

IF YES, how many members?: 16

Include civil society representatives?: Yes

IF YES, how many?: 6

Include people living with HIV?: Yes

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: National strategies set priority areas that support collaboration between government, civil society organisations, professional associations, research institutions and the private sector (including health service providers such as general practitioners and specialists, the pharmaceutical industry etc). Coordination occurs through a range of formal and informal processes and regulatory arrangements (for new therapeutic goods etc).

What challenges remain in this area:: Better integration of service delivery between private practice and public health services, including greater engagement of general practitioners in HIV management.

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

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]: Funding for service delivery, engagement in policy development and implementation

: Yes

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Development of new national HIV strategy Ongoing review of medications and procedures eligible through the Pharmaceutical Benefits Scheme and the Medicare Benefits Schedule

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area:: - Ongoing commitment to implementation of national HIV strategy and associated funding for BBV and STI activities - Bipartisan political support for AIDS 2014 Conference - Development of NSW and QLD jurisdictional HIV strategies

What challenges remain in this area::

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Aboriginal and Torres Strait Islander people

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: 1. Racial Discrimination Act 1975 2. Sex Discrimination Act 1984 3. Disability Discrimination Act 1992 4. Age Discrimination Act 2004 A fifth Act, the Australian Human Rights Commission Act 1986 (AHRC Act), established the Australian Human Rights Commission (the Commission) and regulates the processes for making and resolving complaints under the other four Acts. There are also provisions relating to discrimination in employment in the Fair Work Act 2009. Additionally, the objectives of the four Acts are promoted through the work of Commissioners established within the Commission. Many of the provisions in the legislation set out above implement Australia's obligations under the seven core human rights treaties to which Australia is a party. The specific key populations listed in 1.1 are either specifically protected under one of the Acts listed above or are protected, to varying extents, on a more general basis. Specific protection is provided for 'women and girls' under the SDA against discrimination based on their gender and 'people living with HIV' would be protected by the DDA where they were discriminated against due to their HIV status while 'young women/young men' would be protected by the ADA if they were discriminated against based on their age. It should be noted however that the protections provided depend chiefly on the type of discrimination in question.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Federal anti-discrimination law in Australia is implemented in a number of ways that seek to ensure broad coverage of anti-discrimination law with appropriate sanctions. For example the Australian Human Rights Commission Act grants statutory responsibilities under the Anti-Discrimination Acts. These responsibilities include the authority to investigate and conciliate complaints of alleged discrimination and human rights breaches lodged under the Acts. If a complaint of unlawful discrimination is not resolved through conciliation, a person may make an application to the Federal Magistrates Court or the Federal Court of Australia for the court to hear the allegations in the complaint. Certain acts under the four Acts listed above are criminal offences, although at present what constitutes a criminal offence under any one of these Acts may not constitute an offence under the other Acts. The Federal Government is currently undergoing a project to consolidate and harmonise its anti-discrimination laws which shall ensure that a more uniform and consistent approach to criminal offences under anti-discrimination law. The Federal Government is also responsible for the development and maintenance on relevant regulations that ensure industry and services are required to maintain standards that do not unduly discriminate against identified vulnerable groups.

Briefly comment on the degree to which they are currently implemented:: Australian anti-discrimination law is fully implemented in legislation. The mechanisms allowing for individual complaints to the Australian Human Rights Commission ensures that where an individual's rights have been breached there is an accessible and effective remedy.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: Access to subsidised pharmaceuticals and medical management of HIV under the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS) is based on Medicare eligibility. Some migrants/ mobile populations are not eligible for Medicare.

Briefly comment on how they pose barriers:: Costs associated with HIV testing, treatment and management.

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: No

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy: Community based and civil society organisations receive government funding to provide information, education and communication and other preventive health interventions for priority populations. Health services also provide information, education, communication and prevention activities to priority populations.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion

Prison inmates: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education

Other populations [write in]:

:

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area?: - Ongoing low rates of HIV transmission among sex workers and people who inject drugs - Innovative programs implemented by states and territories to promote prevention among gay and bisexual men - Enhanced primary health care linkages with specialist and allied health services - Continued investment in behavioural, clinical, epidemiological, and social research to inform policy and priority setting in the response

What challenges remain in this area?: - Responding to increasing rates of high risk sexual behaviour among some gay men and men who have sex with men - Responding to increasing incidence of HIV among people in Australia from high HIV-prevalence countries - Maintain prevention efforts among populations where HIV prevalence remains low - Combine new prevention approaches with the proven focus on safe behaviours.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Consultation on the development of the Seventh National HIV Strategy 2014 - 2017

IF YES, what are these specific needs? : - Build awareness of new prevention approaches and monitor impact to ensure most appropriate use in Australia - Increase the use of safe sexual and safe injecting practices in priority populations, particularly among gay men and men who have sex with men - Effective targeting of prevention approaches for key populations, including MSM and people from high HIV-prevalence countries. - Monitor impact of new prevention approaches to ensure appropriate use in Australia

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Strongly agree

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: N/A

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: - targeted prevention strategies for key affected populations including safe sexual and injecting practices and needle and syringe programs - increase HIV testing among key affected populations - provision of subsidised ART treatment - best practice models of management, care and support

Briefly identify how HIV treatment, care and support services are being scaled-up?: - increasing accessibility of HIV testing through introduction of point of care testing - work towards removing barriers (CD4 level) to allow commencement of ART at earlier stages of disease - increase accessibility of HIV management by enhancing role of primary care

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: N/A

Early infant diagnosis: Strongly agree

Economic support: Strongly agree

Family based care and support: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Strongly agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly agree

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Strongly agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: Provision of free or highly subsidised clinical management, ART and related tests.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: N/A

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: - The Therapeutic Goods Administration registered the first point of care test for HIV - Enhanced primary health care linkages with specialist and allied health services - The Pharmaceutical Benefits Advisory Committee (PBAC) recommended the removal of the CD4+ requirement from the Pharmaceutical Benefits Scheme (PBS) restrictions for initiation of first-line ART. The PBAC is the independent expert advisory

body that makes recommendations to the Australian Government about the subsidisation of medicines.

What challenges remain in this area: - Increase the number of people from priority populations, particularly gay men and men who have sex with men, who are testing in a timely way and at appropriate intervals, by making testing accessible and promoting its use - Improve knowledge among priority populations about the personal and public health benefits of early diagnosis and the testing, treatment and support options available - Promote treatment uptake by addressing barriers to commencing or continuing antiretroviral medications, and retention in care - Improve access to and uptake of antiretroviral medications at earlier stages of infection - Ensure that priority populations and health care professionals are aware of new treatment approaches including treatment as prevention - Increase the use and effectiveness of shared care models between General Practitioners and HIV specialists

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
N/A

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 8

Since 2011, what have been key achievements in this area: Very few children affected by HIV. Needs are addressed in health and other support systems.

What challenges remain in this area: Sustain the virtual elimination of mother to child transmission of HIV in Australia.

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation: The National BBV and STI Surveillance and Monitoring Plan 2010 - 2013 provides the framework for measuring progress towards reaching the goals of all national BBV and STI strategies, including the national HIV strategy. A surveillance report is published annually (HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report). Work on identifying and addressing gaps in data and indicators is ongoing. Indicators have been reviewed in 2013 in the context of developing the 7th National HIV Strategy 2014 - 2017.

1.1. IF YES, years covered: 2010 - 2013

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

Briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address:

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: HIV specific figure cannot be disaggregated.

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Nil

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: National surveillance for HIV disease is coordinated by the Kirby Institute, in collaboration with state and territory health authorities and the Australian Government Department of Health and Ageing. Cases of HIV infection are notified to the National HIV Registry on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (Australian Capital Territory, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory, Queensland, South Australia, Western Australia). Cases of AIDS are notified through the state and territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

What are the major challenges in this area::

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: The National Notifiable Diseases Surveillance System (NNDSS) was established in 1990 under the auspices of the Communicable Diseases Network Australia. The System co-ordinates the national surveillance of more than 50 communicable diseases or disease groups. Under this scheme, notifications are made to the States or Territory health authority under the provisions of the public health legislation in their jurisdiction. Notification data provided include a unique record reference number, state or territory identifier, disease code, date of onset, date of notification to the relevant health authority, sex, age, Indigenous status and postcode of residence. The NNDSS is managed by the Australian Government Department of Health.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: The NNDSS doesn't include geographical coverage or implementing organisations.

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Jurisdictional level - state/territory

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: Men who have sex with men People who inject drugs Sex workers Heterosexual contact

Briefly explain how this information is used.: Informs national policy and development of next national HIV strategy.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Jurisdictional and national

Briefly explain how this information is used.: Informs national policy and development of next national HIV strategy.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Informs national policy and development of next national HIV strategy.

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: - publication of annual surveillance reports - strong research program - improvements in indicators

What challenges remain in this area:: - continue to address data gaps and limitations, including for stigma and discrimination - enhance evaluation and implementation research to support evidence-based and evidence building policy and program development

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

Comments and examples::

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

Comments and examples::

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?:

b. The national HIV budget?:

c. The national HIV reports?:

Comments and examples::

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?:

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

c. Participate in using data for decision-making?:

Comments and examples::

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?:

Comments and examples::

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?:

b. Adequate technical support to implement its HIV activities?:

Comments and examples::

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

Prevention for key-populations:

People living with HIV:

Men who have sex with men:

People who inject drugs:

Sex workers:

Transgender people:

Palliative care :

Testing and Counselling:

Know your Rights/ Legal services:

Reduction of Stigma and Discrimination:

Clinical services (ART/OI):

Home-based care:

Programmes for OVC:

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?:

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened?:

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::

Briefly explain what mechanisms are in place to ensure that these laws are implemented::

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies::

Briefly comment on how they pose barriers::

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: No

Briefly describe the content of the policy, law or regulation and the populations included.:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included::

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: No

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: No

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety:

Condom promotion:

Harm reduction for people who inject drugs:

HIV prevention for out-of-school young people:

HIV prevention in the workplace:

HIV testing and counseling:

IEC on risk reduction:

IEC on stigma and discrimination reduction:

Prevention of mother-to-child transmission of HIV:

Prevention for people living with HIV:

Reproductive health services including sexually transmitted infections prevention and treatment:

Risk reduction for intimate partners of key populations:

Risk reduction for men who have sex with men:

Risk reduction for sex workers:

School-based HIV education for young people:

Universal precautions in health care settings:

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: No

IF YES, Briefly identify the elements and what has been prioritized?:

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy:

ART for TB patients:

Cotrimoxazole prophylaxis in people living with HIV:

Early infant diagnosis:

HIV care and support in the workplace (including alternative working arrangements):

HIV testing and counselling for people with TB:

HIV treatment services in the workplace or treatment referral systems through the workplace:

Nutritional care:

Paediatric AIDS treatment:

Post-delivery ART provision to women:

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Post-exposure prophylaxis for occupational exposures to HIV:

Psychosocial support for people living with HIV and their families:

Sexually transmitted infection management:

TB infection control in HIV treatment and care facilities:

TB preventive therapy for people living with HIV:

TB screening for people living with HIV:

Treatment of common HIV-related infections:

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::