

# QUEENSLAND HEALTH

## HIV/AIDS STRATEGY

*framed in the context  
of sexual health  
1999 to 2002*

### Key outcomes:

- Reduce the transmission of human immunodeficiency virus (HIV); and
- Minimise the health impacts of HIV infection on the Queensland population

### Key Outcome Performance Indicators:

Incidence and prevalence in the general population and among high risk (gay and homosexually active men, injecting drug users, sex workers) and indicated groups (Indigenous people, prisoners, people with haemophilia, young people; health workers and people who are culturally and linguistically diverse) of:

- HIV infection and its risk factors

AND

Among people living with HIV infection of:

- HIV related morbidity
- risk factors for disease progression and
- HIV related mortality



*This strategic planning document provides the Queensland Health framework for the planning and delivery of HIV/AIDS programs and services in Queensland. A long awaited initiative, this plan signifies an ongoing commitment by Queensland Health to this important health issue.*

*Queensland's response to HIV/AIDS has resulted in many unique and successful interventions being undertaken with partnerships formed between government, community based organisations, affected communities, health professionals and others. This strategy recognises and builds on the many effective contributions already made by service providers in HIV/AIDS and establishes a sound basis for continuing our response.*

*As the dynamic of this epidemic changes, Queensland Health seeks to maximise our response through the establishment of a planned and collaborative approach to HIV/AIDS which considers current and future needs; informs service provision; promotes the most effective and efficient use of resources; and articulates expected outcomes.*

A handwritten signature in black ink, appearing to read 'R L Stable'.

**(Dr) R L Stable**  
Director-General

STRATEGIC PRIORITIES	KEY STRATEGIES <sup>1</sup>	OUTCOME PERFORMANCE INDICATORS
<p><b>Prevention</b></p> <p>Implementation of best practice prevention programs which will:</p> <ul style="list-style-type: none"> <li>• decrease the incidence of HIV infection amongst the general population and populations at increased risk for HIV</li> <li>• minimise the impact of HIV infection on the whole community</li> <li>• be responsive to changes in epidemiology and risk behaviours over time.</li> </ul>	<p>Implementation of the <i>National HIV/AIDS Strategy</i> (1.1).</p> <p>Implementation of the <i>National Indigenous Australians Sexual Health Strategy</i> (2.1).</p> <p>Best practice behaviour change strategies and peer education programs aimed at identified priority target populations (2.1-2.7).</p> <p>Health promoting environments eg. legislative reform which enables the effective provision of prevention strategies and the raising of community awareness of the effectiveness of harm minimisation strategies (1.1,1.2,1.3).</p> <p>Multi-strategy approaches (policy, environmental,behavioural, communication and education) eg. mass media campaigns, health enhancement and monitoring programs aimed at people living with HIV/AIDS and targeted interventions which promote safe behaviours consistent with national priorities (2.1-2.7).</p> <p>Provision of the equipment necessary to enable behaviour change eg. Needle and Syringe Availability Program, availability of condoms in remote communities (2.2,2.3, 2.4).</p> <p>Reorienting and supporting Indigenous health services to implement strategies that promote safe behaviour (2.4).</p> <p>Training and support for health professionals and community and government health workers e.g training in prescribing practices for general practitioners, rural and remote area training for nursing practitioners, and Indigenous health workers (3.4,3.6,5.1,5.2).</p> <p>Investment of resources in partnerships building - between levels of government, community sector, allied health, medical, scientific sectors (1.1,1.2).</p> <p>Continued surveillance of HIV, AIDS, STI's and risk behaviours and use of these data to influence program direction (2.3,2.7,3.4,6.1,6.2).</p>	<p>Reduced incidence and prevalence of HIV infection in the general population and among priority target populations as measured by:</p> <ul style="list-style-type: none"> <li>• number of diagnoses of newly acquired HIV infection by HIV exposure category</li> <li>• <i>Needle Syringe Program Survey</i>.</li> </ul> <p>Reduced rate of known non-occupational exposure to HIV as measured by the:</p> <p>number and type of exposure in individuals seeking post exposure prophylaxis (Grulich et al observational study)</p> <p>Reduced rate of occupational exposure to blood and body fluid as measured by the:</p> <p>number and type of occupational exposures among health care workers in reporting hospitals</p> <p>Proportion of performance standards achieved under the <i>Public Health Funding Outcome Agreement</i>.</p> <p>Proportion of performance standards achieved under the National Indigenous Australians Sexual Health Strategy Funding Program.</p> <p>Reduced risk behaviour in target populations as measured by:</p> <ul style="list-style-type: none"> <li>• <i>Queensland Gay Community Periodic Survey</i></li> <li>• <i>Needle Syringe Program Survey</i></li> <li>• annual HIV/AIDS and STI surveillance reports produced.</li> </ul>
<p><b>Early detection and management</b></p> <p>Development and implementation of evidence based guidelines to direct HIV/AIDS and Sexual Health related service planning and delivery</p> <p>Redesign of services to be collaboratively planned and delivered and which ensure access to people at need.</p> <p>Service planning and delivery focussed on enhancing the capacity to prevent HIV infection and optimally manage HIV disease.</p> <p>HIV/AIDS service providers are informed and networked.</p> <p>Information systems in place to direct evidence based client management.</p> <p>Service planning and delivery is informed by research.</p>	<p>Screening activities for HIV consistent with national <i>HIV Testing Policy</i> (ANCARD/IGCARD- 1998) (3.5).</p> <p>Management of people with HIV/AIDS consistent with national standards of care guidelines developed through the Clinical Trials and Treatments Advisory Committee of the Australian National Council on AIDS and Related Diseases (3.1).</p> <p>Development and implementation of clinical care pathways for the management of people in hospital with HIV/AIDS (4.1).</p> <p>Protocols for HIV/AIDS developed and implemented in relation to (2.4,2.6,3.3)</p> <ul style="list-style-type: none"> <li>• mental health</li> <li>• pre- and post-test counselling</li> <li>• contact tracing</li> <li>• occupational/non-occupational exposure prophylaxis.</li> </ul> <p>Required human resources for minimum HIV/AIDS and sexual health care identified and implemented at district level (5.2).</p> <p>Development and implementation of collaborative models of care for people living with HIV/AIDS, which include organisation and local provider role delineation, provider recall of patients; patient access to services as per guidelines, and the collection of minimum data sets across providers, where appropriate (2.2,3.1,4.1,4.2).</p> <p>Coordinated activity undertaken on social, behavioural and environmental determinants of health including through health promotion interventions (eg. the provision and use of sterile injecting equipment, condoms, compliance with medication) to be facilitated through the role of the HIV/AIDS and Sexual Health Co-ordinator within health service districts (2.5,3.1).</p> <p>Training and support for identified health professionals and community and government health workers in the areas of HIV and sexual health and related issues and data collection requirements, where appropriate (3.4,3.6,5.1,5.2).</p> <p>Improve information on HIV/AIDS and related diseases by: upgrading data collection and reporting systems related to HIV/AIDS, notifiable diseases, sexual health (including establishment of a syphilis register) (2.3,2.7,3.4,6.1,6.2).</p> <p>Participate in monitoring and evaluation activities that inform program planning and service delivery (3.4,7.1,7.2)</p>	<p>Number of HIV antibody tests carried out in public health laboratories in Queensland by year of test.</p> <p>Percentage of health service district compliance with the guidelines for the delivery of HIV/AIDS and sexual health services in Queensland as measured by :</p> <ul style="list-style-type: none"> <li>• 50% of related level of service delivery implemented by 1999/2000</li> <li>• 70% of related level of service delivery implemented by 2000/2001</li> <li>• 90% of related level of service delivery implemented by 2001/2002</li> </ul> <p>Reduced mortality associated with HIV/AIDS as measured by the:</p> <p>number of deaths following AIDS diagnosis.</p> <p>Reduced risk of developing an AIDS defining illness as measured by: rate of progression to AIDS.</p> <p>Reduced morbidity associated with HIV/AIDS as measured by: uptake of antiretroviral therapy as reported to the National HIV Database.</p> <p>Enhanced quality of life for people living with HIV/AIDS as measured by: self-assessed health status of people living with HIV/AIDS (<i>Australian Research Centre in Sex, Health and Society - HIV Futures Study</i>).</p>

<sup>1</sup> Key strategies are outlined in further detail in Section 7 - Implementation Plan, *Queensland Health HIV/AIDS Strategy 1999-2002*.

## Policy Context

### National

This strategic plan should not be viewed in isolation. The following documents are, or will be, complementary to this plan:

- *Third National HIV/AIDS Strategy 1996-97 to 1998-99*<sup>2</sup>
- *National HCV Action Plan*<sup>3</sup>
- *National Drug Strategic Framework*
- *National Indigenous Australian's Sexual Health Strategy 1996/97 to 1998/99*<sup>4</sup>
- *National Communicable Diseases Surveillance Strategy*
- *HIV/AIDS and Related Diseases in Australia - Annual Surveillance Report, 1998*
- *National Centre in HIV Epidemiology and Clinical Research - Annual Report 1997*
- *Protecting our Investment - ANCARD 1997 Report to the Minister for Health and Family Services (Feb 1998)*
- *ANCARD/IGCARD HIV Testing Policy*
- *Mental Health Promotion and Prevention National Actions Plan*
- *National Mental Health Plan*
- *Building on Success 1-3 Towards a National Strategy for HIV/AIDS Health promotion for Gay and Other Homosexually Active Men.*
- *Reducing the Impact - the Queensland Health Hepatitis C Strategy 1997-2000*
- *Queensland Indigenous Sexual Health Strategy (Proposed)*
- *Queensland Government Youth Suicide Prevention Strategy*

The goals of the *National HIV/AIDS Strategy 1996-97 to 1998-99* are to:

- eliminate the transmission of HIV
- minimise the personal and social impacts of HIV infection.<sup>5</sup>

### Queensland

*Queensland Health Corporate Plan - Health goals*

#### *Public health*

- Health goal 1 Screening, education and promotion services in National Priority and Key State Service Areas to meet agreed benchmarks.
- Health goal 2 Demonstrated progress towards achieving health outcomes in National and State priorities for Aboriginal and Torres Strait Islander health.
- Health Goal 4 Progressive achievement of national targets for immunisation status of Queensland children at two years of age, breast cancer and cervical cancer screening, HIV/AIDS and Related diseases and National Drugs Strategy.

<sup>2</sup> A five year - 4th *National HIV/AIDS Strategy* is due for publication in the second half of 1999.

<sup>3</sup> Note: At the time of producing this document the National Hepatitis C Action Plan had been reviewed and the Review Document had been published and distributed.

<sup>4</sup> A five year strategy is currently under development.

<sup>5</sup> The goals of the *National HIV/AIDS Strategy 1996-97 to 1998-99*.