

## Address to the Australasian HIV/AIDS Conference

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The following is the text of NAPWA President [Robert Mitchell](#) [1]'s address to the opening plenary session of the [2] on 9 September.

Traditional owners, Distinguished guests, Colleagues, and friends from around this country and from other places, I am delighted to again be part of the welcome plenary to an [ASHM](#) [3] Australasian Society for HIV Medicine. The peak Australasian organisation representing the medical and health sector in HIV/AIDS and related areas. Conference. The National Association of People Living with HIV/AIDS is an organisation with a proud history of representing the interests and priorities of people living with HIV, and in April of this year we marked our 20th year anniversary of this work.

Much of the focus of our work over these two decades has obviously been around the health and treatments evolution for managing HIV disease and promoting interventions to benefit HIV positive people. ASHM Conferences are an important site for our work and collaborations each year, and we are honoured to be part of these proceedings.

Our history is also one of strong collaborations and alliances with ASHM as an organisation, and its members, and in the past two years we have especially been active in a strong partnership of activities with the leadership of ASHM, under the presidency of Jonathan Anderson.

The joint ASHM/NAPWA [Models of Clinical Access and Service Delivery](#) [4] project was an example of a collaboration across the two organisations which saw a comprehensive body of work and recommendations produced to inform our understandings of the HIV population needs across the country, and the issues challenging clinicians, service providers and public health agencies. We look forward to this work being able to be advanced under a new national HIV Strategy currently in draft.

Jonathan has been a great advocate and supporter of the HIV positive community, and NAPWA's work, and we would like to thank him as he steps down from the ASHM presidency this week.

As many of you are aware, this past year has also seen the debates of clinical management intersect with the focus of HIV prevention efforts – and a number of biomedical approaches that could complement behavioural HIV prevention are currently being investigated across the world. An energetic discussion about the role of HIV treatment in reducing new cases of HIV infection is also underway across the world. NAPWA acknowledges that the importance of reducing HIV incidence is a compelling driver for the global discussions about treatment having a role to play in reducing HIV transmissibility, and within certain contexts.

We encourage and welcome more studies that can inform these debates and which genuinely observe the issues confronting both individual and population priorities and goals. NAPWA emphasises the importance of how sexual and reproductive rights for HIV-positive people can be supported and affirmed in these debates of risk, science and the human condition.

The new National HIV Strategy is intended to be finalised and endorsed by the end of this year, and NAPWA has supported this timeline and approach to keep faith with the sense of urgency our members feel about the need to see the HIV response reinvigorated, and complementing the other blood-borne [virus](#) [5] A small infective organism which is incapable of reproducing outside a host cell. sector responses.

The HIV strategy, along with the other four national strategies addressing viral hepatitis C, [STIs](#) [6] [Sexually Transmissible (or Transmitted) Infection] Infections spread by the transfer of organisms from person to person during sexual contact. Also called venereal disease (VD) (an older public health term) or sexually transmitted diseases (STDs). , Aboriginal and Torres Strait Islander sexual health, and now hepatitis B, all require investment, resourcing and a strong and renewed workforce. With a new commitment of leadership from the Australian government, and its ministerial advisory structures, it is critical that from the strategies there flows real outcome from an informed and appropriate range of implementation programs and initiatives .

NAPWA has noted for some time the drift away from cohesive implementation and coordination across all of the key areas in the national HIV response, and we are determined to see a focused momentum arise from the new strategies, which will give impetus to defining outcomes that make sense to all of us wanting to address patterns of HIV transmission, but also wanting to ensure the overall wellness and quality of life for those living with HIV.

A national HIV strategy must include the framework for best addressing the needs of people living with HIV now, and as they continue to live longer with HIV into future years. This framework must include the monitoring of non-AIDS diseases as well as HIV-related events in the population, and be used to contribute to the data we need to inform how successful the national HIV response can be measured over the next four to five years.

A national HIV strategy must also be able to define the realistic goals and objectives by which the partnership will be measured for delivering these outcomes, and be robust in the approaches used to review and critique these outcomes in a spirit of honest and respectful partnership.

HIV prevention must be supported from an evidence base of best health promotion practice and with respect for the rights and dignity of those living with HIV. An understanding of drivers of HIV transmission trends requires an interpretation of the complexities of behaviour, differences across and within populations, and an understanding of the environments which can promote HIV prevention. An understanding of drivers of HIV transmission also requires an analysis of those environments which challenge prevention efforts and limit prevention goals.

NAPWA believes that the next national HIV strategy can and must do better than the previous. We believe that HIV-positive people are critical partners to this work and that we have responsibilities to be seen to be part of the efforts to reduce HIV transmission, to see improvement and innovation in HIV models of care, and to be part of the documenting of how success or failure can be estimated and described.

We are partners especially with you in this audience, and across the HIV research programs, and we want to see Australia do better with policy issues that impact on people and their clinical care. The difficulties and burdens that block treatments and care for those people living with HIV who are not able to secure a Medicare card has gone on long enough: we can and should be doing better.

The issues of how HIV transmission is described and represented in media and through various criminal proceedings is stigmatising and provocative – and ultimately denigrate us all. These representations should be responded to with vigour, and should be challenged by our national leaders – we can and should be doing better.

This is some of the expectation we are placing on new and overdue national strategy documents and committed goals for the next term.

Finally, I have been asked to refer delegates at this meeting to check out a new example of the efforts to see smoking rates reduced in the HIV population - which will be launched by one of our member organisations – [QPP](#) [7] – based here in Brisbane. This project is an outcome of the successful Queensland Health Department Models of Care review, carried out in partnership with HIV physicians, clinical workers, and community groups. I encourage you to explore this project with the group responsible at their stand next door, over the next few days.

NAPWA and its membership are committed to continuing the partnership model so striking in forums such as these, into the terms of future strategies and across all future government agendas. I want to thank you all for your efforts and work in the national HIV response, and NAPWA is keen to raise the bar even more over the next 12 months.

Gatherings and meetings such as this enrich us all, and hopefully inspire more energy for the work ahead.

I commend the proceedings to you all.

- [conference reports](#)
- [Criminalisation of HIV transmission](#)
- [HIV prevention](#)
- [involvement of positive people](#)
- [National HIV strategy](#)

**Links:**

[1] <http://www.napwa.org.au/people/robert-mitchell>

[2] <http://www.hivaidconference.com.au/>

[3] <http://www.napwa.org.au/glossary/term/382>

[4] <http://www.napwa.org.au/papers/2009/models-of-access-and-clinical-service-delivery>

[5] <http://www.napwa.org.au/glossary/term/125>

[6] <http://www.napwa.org.au/glossary/term/188>

[7] <http://www.napwa.org.au/services/queensland-positive-people-qpp>