
New broom: Michael Wooldridge to head federal AIDS body

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HIV community organisations have cautiously welcomed the appointment of Dr Michael Wooldridge to head a new national HIV/AIDS advisory committee. But there are concerns about the government's response to a long-awaited review of the national HIV and hepatitis C strategies.

Dr Wooldridge, a former federal health minister, is to head the "Australian National Council on HIV, AIDS, Hepatitis C (Hepatides) and Sexual Health" (ANCHAHS), which will replace ANCAHRD, the current advisory body headed by Chris Puplick.

ANCHAHS will develop a fifth national HIV/AIDS strategy and a second national hepatitis C strategy.

Announcing the appointment late last month at Melbourne's Positive Living Centre, the then Minister for Health and Ageing, Senator Kay Patterson, said that Dr Wooldridge "is an ideal choice ... because he has a wealth of experience in these fields."

The Australian Federation of AIDS Organisations ([AFAO](#) [1]Australian Federation of AIDS Organisations. AFAO is the peak non-government organisation representing Australia's community-based response to HIV/AIDS. AFAO's work includes education, policy, advocacy and international projects.) welcomed the announcement. "Dr Wooldridge has been involved in the fight against AIDS since the early years of the epidemic," said AFAO President Bill Whittaker. "He has an extensive knowledge of the issue and has a good record of working in partnership with the HIV/AIDS community and people living with HIV/AIDS."

The President of the National Association of People Living With HIV/AIDS (NAPWA), David Menadue, said he was looking forward to working with Dr Wooldridge.

"As health minister, Professor Wooldridge demonstrated a great personal commitment to not only fighting and preventing HIV, but, importantly, was sensitive to the real needs of people living with and affected by HIV/AIDS," Menadue said. "He was a great supporter to NAPWA and its membership."

The Wooldridge appointment came as part of the long-awaited release of a review of the national HIV/AIDS and hepatitis C strategies.

The review report warns that the national response to HIV/AIDS has become complacent and that urgent leadership is needed to prevent a worsening of the epidemic in the near future. It also found that the government's "tough on drugs" policies were at odds with harm minimisation practices that had largely prevented an HIV epidemic among injecting drug users in this country.

There is still a real risk that HIV could become established among injecting drug users, the report warns, and should this happen, "the [virus](#) [2]A small infective organism which is incapable of reproducing outside a host cell. would be very difficult to control."

The report also criticises the government for not doing more to combat hepatitis C.

Speaking on ABC radio, Dr Wooldridge echoed the concerns raised in the report. While Australia had led the world in responding to HIV/AIDS, he said, "we now risk complacency and we have to avoid that."

The second challenge, Dr Wooldridge said, is hepatitis C, which is "an epidemic that's out of control" not just in Australia but around the world. "I believe Australia can lead the world in its response to hepatitis C, as we did with HIV/AIDS twenty years ago," he said.

Although the government has accepted the bulk of the review's recommendations, HIV organisations remain concerned about the level of commitment, especially in relation to providing the necessary funding to respond to the disease.

The decision by Senator Patterson to delay releasing the review report for nine months was widely seen as a discouraging sign, especially in view of the calls from within the AIDS sector to quickly reinvigorate Australia's response to HIV/AIDS and hepatitis C in the light of rising infection rates.

"We have now a window of opportunity to reverse that trend of new infections and to tackle some of the other serious problems highlighted in the review reports," Whittaker said. AFAO especially welcomed the government's commitment to developing a fifth national AIDS strategy.

David Menadue applauded comments from the health minister supporting a stronger focus on the diverse needs of HIV-positive people, including an increased emphasis on mental and emotional health.

"The Minister has clearly taken to heart some of the issues raised by NAPWA in our submission to the National Strategy Review," he said.

Senator Patterson said she was concerned by increasing rates of HIV infection, reports of an apparent relaxation of safe sex practice, and the re-emergence of other sexually transmitted infections ([STIs](#) [3][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).) such as chlamydia, gonorrhoea and syphilis.

"Prevention remains the cornerstone to continued control of HIV/ AIDS," she said. "There appear to be sectors of the community at risk of HIV that current health promotion and prevention initiatives may not be reaching."

Senator Patterson also noted the concerns raised in the report about hepatitis C, and called on doctors to play a greater role in testing, monitoring and treatment.

"I would like to see a greater focus on educating GPs about management of this insidious disease," she said.

The President of the Australian Hepatitis Council, Stuart Loveday, called on Dr Wooldridge to sharpen his focus on dealing with hepatitis C, which infects many more Australians than HIV.

Speaking on ABC Radio, Loveday said he hopes Dr Wooldridge "will be able to make the same commitments to hepatitis C that he did to HIV/AIDS when he was health minister." Hepatitis C, Loveday says, remains the "poor cousin" of HIV/ AIDS, despite rapidly rising infection rates and more than 200,000 Australians infected.

Dr Wooldridge will receive a "nominal sitting fee" for his role which he told ABC radio he will donate to charity.

- [HIV sector](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/385>

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

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