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Australasian Society for HIV Medicine Inc

Submission of the  
Australasian Society for HIV Medicine  
to the Preventative Health Taskforce

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The Australasian Society for HIV Medicine (ASHM) is a professional association for those who work in the area of HIV, viral hepatitis and sexually transmissible infections (STIs). Members' interests span a wide variety of fields and disciplines. The organisation's vision is to lead its members to generate knowledge and action in clinical management and research, education, policy and advocacy across Australasia and internationally. Through this, ASHM will prevent HIV, viral hepatitis and STIs and preserve and protect the health and choices of those who are infected. The main ways ASHM will do this are through:

- Providing information, education and training to its members and to the relevant health sectors
- Providing career assistance and recruiting new people to the field
- Supporting networking and collaboration between different professional groups
- Promoting a policy framework that assists members' work and contributes to a strong, relevant and effective public health response.

The Society's purpose, set out above, provides a framework for its submission to the Preventative Health Taskforce's discussion paper. Responses to the discussion paper are general, to the areas of obesity, tobacco and alcohol related harm. ASHM recognises the impact of those areas on people with HIV and viral hepatitis and the need for targeted approaches to reduce tobacco, alcohol and nutrition related harms to these populations. ASHM's responses reflect its experience working in the blood borne virus (BBV) and sexual health sectors.

ASHM is supportive of the approach taken by the taskforce to promote health, and to prevent illness associated with the priority areas of obesity, tobacco and alcohol. It appreciates that for people with HIV and viral hepatitis, health promotion and illness prevention related to alcohol and tobacco use and improved nutrition are fundamental to improving and maintaining good health. In such populations, which are frequently marginalised, this requires complex and sustained interventions. ASHM believes that the preventative approach will be strengthened by addressing social and economic determinants that underpin much of an individual's behaviour. As well as requiring hard decisions, political will and solid funding; effecting changes to socioeconomic determinants

of health requires a major reform agenda and timetable affecting life and business in Australia.

Approaches, whether the focus on social and cultural norms or individuals' actions must reflect the impact of harm associated with the three priority areas (obesity, tobacco and alcohol) on all of the community and across all government. The response then must be coordinated nationally, at the commonwealth level, across state, territory and local government and the non-government sector. The importance of an "all-of-government" approach is mentioned in the discussion paper – this deserves further emphasis because it is difficult to move beyond rhetoric and translate worthy sentiments into sustained improvement in health status. The successes in areas of HIV prevention in Australia are referred to in the paper – these are important because they demonstrate that goals can be realised through collaborative, coordinated and cooperative approaches across the country. These models and the importance of a community development approach for sustainable and enduring outcomes warrant further emphasis. Similarly, the importance of broader based preventative activities (where harm minimisation at primary, secondary and tertiary levels) must be reflected throughout the paper and subsequent strategies.

ASHM supports the principle of a National Prevention Agency to direct, oversee, evaluate and review prevention activities. To undertake the responsibilities of implementing, reviewing and revising a National Preventative Health Strategy set out in the discussion paper, such an agency would require adequate funding, independence and support from and influence with all levels of government (and across government).

Continuing research into effective, sustainable and flexible and responsive public health interventions must be a priority. Responses to the NHMRC Nutbeam review of public health research indicated that a different approach (from that of clinical and laboratory "medicine") to public health research is required. There are 2 particular challenges for research and implementation of interventions which ASHM believes must be considered. The first is our X, Y and Z generations – the messages they respond to and the mode of delivery of those messages and the second is the impact of the global economic crisis which will have far-reaching effects on individuals' and the community's daily priorities and consequent behaviours. Making healthy behaviour a cultural norm and supporting and

developing an enabling environment to make this sustainable, is an important investment into future wellness which may not be popular at a time of economic stress.

Any proposals of the scope and size of these national preventative interventions have risks and benefits associated with them. After an analysis of opportunity costs and benefits, it is important to develop a risk management strategy. A discussion of some of these elements will strengthen the Taskforce's approach. In this time of celebrity, prevention is not glamorous and in the short term it is frequently a less attractive funding option despite the long term benefits.

ASHM supports the principles for preventative health that are set out in the paper (community driven and governance). It believes that these must be more clearly integrated into the priority action areas. It also supports concept of the three tier system of performance indicators. It would strongly recommend that aspects of workforce recruitment, retention and training are also considered, given that workforce capacity is a critically limiting step in the implementation of many public health programs. Furthermore, a workforce strategy should be considered as a key component of the preventative strategy.

More clarity and greater depth is required in the discussion of primary health care – what has been presented appears to be very medically oriented. General practitioners play an important role in the provision of preventative health care, as do many other health professionals who must be included in a preventative health response. Additionally, other models of delivery of preventative health services must be considered and the implementation issues analysed (including funding, training and support). It is essential that we get preventative health care from out behind the clinic's door.

Finally, funding that is recurrent and dedicated and protected from short term populist actions of funding acute health service delivery and leadership that is fearless and resilient area essential to the success of these preventative strategies.

ASHM is please to have the opportunity to respond to this discussion paper. It believes that BBV and STI prevention must be a priority of the next phase of the Preventative Health taskforce's work.