

VICTORIAN STATE ELECTION 29 NOVEMBER 2014  
**HIV/AIDS: WHAT YOUR GOVERNMENT CAN DO**

# MEDIA RELEASE

**For immediate release – Thursday, 18 September 2014**

Living Positive Victoria and the Victorian AIDS Council (VAC) call on all political parties to commit to:

- **Fund HIV treatment for all people living with HIV (PLHIV) by removing the co-payment for HIV treatment in Victoria**
- **Implement a state wide community dispensing model for HIV medication that does not require consumers to attend inner city clinics for dispensing**

Access and adherence to successful treatment has been proven to be beneficial for both the individual and the community, lowering the amount of damage the virus can do to the body and limiting onward transmission of HIV. With campaigns such as *Ending HIV* championing early treatment, barriers such as cost of treatments become a real issue for newly diagnosed individuals.

“I totally agree. Meds should be cheaper, especially when [you are] first diagnosed and you can’t work full time and you can’t get a health card. Paying \$36 a pop for how many meds you are on makes it not that easy and only escalates the trauma to learning about your new disease,” says community member Garry Hildtich.

In January 2014, the Burnet Institute issued a report *Financial barriers to HIV treatment in Victoria*<sup>1</sup> on the issue of access in Victoria. The report outlines the impact of cost barriers to treatment on people living with HIV, including the cost burden of having to fill multiple scripts and co-morbidities.

Associate Professor Mark Stoové, one of the lead researchers on the Burnet report, states “there are anomalies and inequities in the current system and there is no doubt that removal of barriers relating to cost and access to HIV treatments among those who can least afford it will mean more people living with HIV are on and adhering to effective treatments. Finding ways to alleviate financial

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<sup>1</sup> *Financial barriers to HIV treatment in Victoria: A brief report, January 2014, Burnet Institute, Wilkinson, A. et al*

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pressures associated with HIV treatments needs to be supported by the state to ensure the system is properly funded and supported.”

In the *Seventh National HIV Strategy (2014)* the Commonwealth acknowledges that “for some people living with HIV, issues around side effects, adherence, treatment failure, drug resistance, cost, and arrangements that restrict dispensing of antiretroviral medication to selected hospital pharmacies present barriers to commencing or continuing treatment. Systemic and structural barriers to treatment uptake, such as dispensing arrangements and treatment access across all groups, need to be addressed by Commonwealth, state and territory governments.”

Presently, Victoria has an inequitable system. Treatments are provided free of charge; however, this only applies to individuals obtaining treatment from the Melbourne Sexual Health Centre (MSHC). This means the one third of Victorian PLHIV not accessing MSHC are required to pay the co-payment, which leaves these individuals incurring upwards of \$800 in medical costs per year. Accessing MSHC can be an issue for PLHIV living in rural and regional Victoria as well as for those in full time employment, who find it difficult to get time away from work when the pharmacy is open.

Living Positive Victoria and VAC welcome commitments from all political parties and individuals running for election on the actions identified in the joint election platform relating to Access to Treatment.

### **MEDIA RELEASE ENDS**

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**For editors:**

<http://www.livingpositivevictoria.org.au/announcements/vac-and-living-positive-victoria-announce-joint-election-platform>

The Burnet report on *Financial barriers to HIV treatment in Victoria* can be found at:

<http://www.livingpositivevictoria.org.au/living-with-HIV/resources>

The Seventh National HIV Strategy can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-hiv>