Implementation Plan: Eighth National HIV Strategy

Name/organisation:

Email contact:

| **Higher-level Priority Areas** |  | **Key area for action** | **PRIORITY FOR ACTION:**  **H = highest priority for 2019/20 L = lower priority - to commence 2021/22** | **CURRENT ACTIVITIES:**  **What current main activities are supporting this key area for action?** | **NEXT STEPS:**  **What additional activity is needed to progress this key area for action?** | **Who is the lead for initiating / implementing this additional action?** |
| --- | --- | --- | --- | --- | --- | --- |
| Education and prevention  Maintain focus on health promotion, prevention and peer education to improve knowledge and awareness of HIV in priority populations and reduce risk behaviours associated with HIV transmission   Ensure priority populations have access to the means of prevention  Increase knowledge of, and access to, treatment as prevention for individuals with HIV  Increase knowledge of treatment as prevention for those individual at risk of HIV | 1 | Maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations |  |  |  |  |
| 2 | Promote the availability and effectiveness of PEP and PrEP and facilitate rapid, widespread and equitable access to PEP and PrEP across the country |  |  |  |  |
| 3 | Ensure clinical prevention approaches are delivered in combination with education on STI prevention and regular STI testing |  |  |  |  |
| 4 | Increase the knowledge and awareness of HIV among general practitioners /primary care professionals in relation to the suite of available prevention methods, including TasP, PEP and PrEP; how to support priority populations; and the availability and effectiveness of HIV treatment, with a particular focus in areas of high need |  |  |  |  |
| 5 | Support and prioritise TasP by increasing awareness of HIV treatment; promoting the benefits of having an undetectable viral load; and by supporting access, uptake and adherence to antiretroviral treatment immediately after diagnosis |  |  |  |  |
| 6 | Ensure the wide distribution and availability of sterile injecting equipment and safer-injecting education among people who inject drugs, including a focus on priority populations and people living in regional, rural and remote areas |  |  |  |  |
| 7 | Improve surveillance and research on priority populations, including through improved data collections and greater granularity of epidemiological data, and use these data to inform approaches |  |  |  |  |
| Testing, treatment and management  Improve the frequency, regularity and targeting of testing for priority populations, and decrease rates of late diagnosis   Improve early uptake of sustained treatment to improve quality of life for people with HIV and prevent transmission | 8 | Expand the use and accessibility of a range of HIV and STI testing technologies and options, and tailor testing approaches to the needs of priority populations and sub-populations, particularly where there is a need to improve early diagnosis |  |  |  |  |
| 9 | Improve the knowledge and awareness of health professionals and community-based health workers of indications for HIV testing, including for health professionals, the investigation of non-specific symptoms without identifiable risk factors |  |  |  |  |
| 10 | Ensure that people diagnosed with HIV are promptly linked to treatment, ongoing care and peer support using approaches that address the specific barriers experienced by priority populations and sub-populations across priority settings |  |  |  |  |
| 11 | Promote the use of evidence-based clinical guidelines and resources |  |  |  |  |
| 12 | Investigate a sustainable model for access to treatment for people with HIV who are ineligible for Medicare |  |  |  |  |
| Equitable access to and coordination of care  Ensure healthcare and support services are accessible, coordinated and skilled to meet the range of needs of people with HIV, particularly as they age  Ensure people with HIV are engaged in the development, delivery and evaluation of the services they use | 13 | Improve the integration of care provided to people with HIV, including by general practitioners, sexual health physicians, psychosocial support services, community pharmacies, community-based nursing, other health services and specialists, and aged care services, particularly in rural and remote locations |  |  |  |  |
| 14 | Identify, implement and evaluate models of care that meet the needs of people with HIV who are ageing and ensure quality of care across services |  |  |  |  |
| 15 | Increase capacity for HIV treatment and care in those health services providing culturally appropriate care to Aboriginal and Torres Strait Islander people and culturally and linguistically diverse populations |  |  |  |  |
| 16 | Increase HIV awareness, capability and collaboration of service providers to support people with HIV, including in settings such as drug and alcohol, mental health, aged care, disability, housing, employment, child and family, and justice and corrective services |  |  |  |  |
| Workforce  Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations | 17 | Continue to regularly update, maintain, and make accessible evidence-based clinical guidelines, tools and support for prevention, testing and management of HIV and related comorbidities |  |  |  |  |
| 18 | Ensure that access to PrEP, TasP and other prevention methods are supported by consistent and targeted information and messaging for health professionals |  |  |  |  |
| 19 | Continue to explore and share experiences of innovative multidisciplinary models of care for HIV prevention and management, particularly models for rural and remote areas and areas of workforce shortage |  |  |  |  |
| 20 | Develop knowledge and awareness of HIV across the multidisciplinary workforce to facilitate the delivery of appropriate services and address the ongoing care and support needs of people with HIV |  |  |  |  |
| 21 | Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations |  |  |  |  |
| Addressing stigma and creating an enabling environment  Implement a range of initiatives to address stigma and discrimination and minimise the impact on people’s health-seeking behaviour and health outcomes  Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours  Strengthen and enhance partnerships and connections to priority populations, including the meaningful engagement and participation of people with HIV | 22 | Implement initiatives to reduce stigma and discrimination across priority settings, including education which incorporates messaging to counteract stigma |  |  |  |  |
| 23 | Implement initiatives that assist people with, and at risk of, HIV to challenge stigma and build resilience |  |  |  |  |
| 24 | Maintain and develop peer support models appropriate for priority populations and maintain support for people with HIV as peer navigators in diagnosis, treatment and care |  |  |  |  |
| 25 | Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response |  |  |  |  |
| 26 | Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities |  |  |  |  |
| 27 | Engage in dialogue with other government sectors to promote the use of up-to-date HIV-related science to improve policies affecting people with HIV and to discuss the impacts of wider public policy decisions on the health of priority populations |  |  |  |  |
| Data, surveillance, research and evaluation  Continue to build a strong evidence base for responding to HIV in Australia that is informed by high-quality, timely data and surveillance systems | 28 | Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action |  |  |  |  |
| 29 | Identify opportunities to improve the timeliness and consistency of data collection |  |  |  |  |
| 30 | Improve surveillance of issues impacting on people with HIV, including morbidity and mortality, stigma and discrimination, quality of life measures, the availability of new biomedical interventions and HIV drug resistance |  |  |  |  |
| 31 | Build on the existing strong evidence base to effectively inform the implementation of the priority actions of this strategy |  |  |  |  |
| 32 | Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy |  |  |  |  |
| 33 | Explore opportunities for assessing the impact of legislation and regulation on barriers to equal access to health care |  |  |  |  |
| Would you like to provide any other comments?  (Free text) |  | | | | | |