Implementation Plan: Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy

Name/organisation:

Email contact:

| **Higher-level Priority Areas**  |  | **Key area for action** | **PRIORITY FOR ACTION:****H = highest priority for 2019/20L = 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?** |
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| Education and prevention Implement, support and evaluate a range of community (co)-designed and led, evidence-based and multifaceted BBV and STI education and prevention initiatives across priority settings to build community knowledge and awareness and effectively target and engage priority groups Support sexual health education in schools and community settings to improve knowledge and awareness of healthy relationships and STI, reduce risk behaviours associated with the transmission of STI, and highlight the importance of regular STI testing once sexually activeBuild knowledge and awareness of the various means of prevention for BBV and STI, including reinforcing the central role of condoms, the importance of vaccination, the effective use of biomedical tools such as PEP, PrEP and treatment as prevention for HIV and hepatitis C, and the need for sterile injecting practicesSupport widespread and equitable access to all means of STI and BBV prevention across the country in combination with STI and BBV prevention education and regular testing and treatment services | 1 | Ensure meaningful engagement with community members and organisations that represent priority groups in the design and delivery of BBV and STI education prevention initiatives and services for their community |   |   |   |   |
| 2 | Identify and implement culturally safe, innovative, multifaceted education and prevention initiatives, including community-led, peer-based approaches, for priority groups to improve knowledge and awareness, address stigma related to BBV and STI, reduce risk behaviours and transmission and facilitate early testing and treatment |   |   |   |   |
| 3 | Evaluate existing education and prevention programs, including those targeting other priority populations, to inform the design and delivery of new programs and identify opportunities for program adaptation and scale-up |   |   |   |   |
| 4 | Implement comprehensive relationships and sexuality education in primary and secondary schools to improve knowledge, attitudes, skills and behaviours which support young Aboriginal and Torres Strait Islander people to engage in respectful relationships, reduce risky behaviours and increase health-seeking behaviour |   |   |   |   |
| 5 | Implement BBV and STI education and prevention initiatives for young Aboriginal and Torres Strait Islander people outside the school setting to improve knowledge, attitudes, skills and behaviours  |  |  |  |   |
| 6 | Facilitate the development of partnerships between ACCHS, mainstream health services, schools, educational institutions and BBV and STI organisations to improve the delivery, availability and accessibility of sexual health education and services for all young Aboriginal and Torres Strait Islander people and strengthen linkages to BBV and STI testing and treatment |  |  |  |  |
| 7 | Develop initiatives to support further increases in vaccination coverage for HPV in adolescents, in and outside of school settings, in support of the actions of the National Immunisation Strategy |  |  |  |  |
| 8 | Develop options to improve access to hepatitis B catch-up programs for adolescents who were missed in infant vaccination programs in line with national and state and territory based immunisation programs |  |  |  |  |
| 9 | Promote the consistent and effective use of condoms and other prevention methods, including PrEP, PEP and TasP, and support widespread access across priority settings |  |  |  |  |
| 10 | Improve knowledge and awareness of the benefits of hepatitis C DAA treatment and support widespread access across priority settings |  |  |  |  |
| 11 | Promote the importance of evidence-based harm reduction and demand reduction (for example, NSPs and OTP) in preventing the transmission of BBV among people who inject drugs, including through community-led peer education; and support wide availability and equitable access to these prevention measures across priority groups, settings and geographic areas |  |  |  |  |
| 12 | Ensure education and prevention services, including NSPs, are linked to BBV and STI testing and treatment services and other relevant services, such as AOD services, youth services, peer-based services and mental health services |  |  |  |  |
| 13 | Support and foster community leadership to reduce the sharing of injecting equipment and increase access to NSPs and harm reduction approaches |  |  |  |  |
| 14 | Increase prevention education, evidence-based harm reduction and demand reduction for BBV and STI in custodial settings, including youth detention |  |  |  |  |
| 15 | Ensure consistent implementation of evidence-based antenatal and neonatal protocols for BBV and STI for pregnant women and women considering pregnancy to prevent vertical transmission and infant mortality |  |  |  |  |
| Testing, treatment and managementBuild on successful approaches to improve testing rates and coverage to reduce the number of undiagnosed BBV and STI and decrease rates of late diagnosisSupport health professionals to provide culturally responsive and safe, current, innovative and effective BBV and STI testing, treatment, monitoring and careIncrease early and appropriate treatment of BBV and STI to reduce transmission, improve health outcomes and enhance quality of lifeIncrease testing and treatment for BBV and STI in custodial settings, including youth detention, that is respectful of and responsive to the needs of Aboriginal and Torres Strait Islander people | 16 | Identify areas of need for improved BBV and STI testing and treatment coverage and target efforts accordingly |  |  |  |   |
| 17 | Explore the development of key performance indicators for organisations providing health services to Aboriginal and Torres Strait Islander peoples in relation to BBV and STI testing, treatment and care to inform continuous quality improvement cycles |  |  |  |   |
| 18 | Develop and integrate peer support models where Aboriginal and Torres Strait Islander people with lived experience of BBV and STI are peer navigators in diagnosis, treatment and care |  |  |  |   |
| 19 | Improve the knowledge and awareness of Aboriginal and Torres Strait Islander Health Workers, other health professionals, and community-based health workers of risk factors and indications for BBV and STI testing |  |  |  |   |
| 20 | Include a greater emphasis on sexual health and BBV/STI testing in routine primary health protocols and guidelines where appropriate, including in antenatal care and adult health checks |  |  |  |   |
| 21 | Further develop and implement innovative evidence-based testing approaches across priority settings and geographic areas which address barriers to access and include strong linkages to well-coordinated treatment, monitoring and care |  |  |  |  |
| 22 | Explore the use of rapid testing and point of care technologies, where appropriate, to improve access to testing and treatment |  |  |  |  |
| 23 | Increase the capacity of health professionals to undertake culturally safe, rapid contact tracing and partner treatment which builds on established networks and local partnerships; and explore the use of incentives for individuals at risk of ‘loss to follow-up’ |  |  |  |  |
| 24 | Regularly update, maintain and promote the use of evidence-based clinical guidelines and resources for health professionals to guide high-quality testing, treatment, monitoring and care; and identify opportunities to better integrate these guidelines into routine clinical practice |  |  |  |  |
| 25 | Develop systems to ensure active patient management and strong coordination of care to support adherence to treatment and reduce ‘loss to follow-up’ to ensure hepatitis C cure and, in the case of hepatitis B and HIV, support the achievement and maintenance of sustained viral suppression |  |  |  |  |
| 26 | Support community- and peer-based organisations and primary health services to develop the capacity of Aboriginal and Torres Strait Islander people living with chronic BBV to effectively manage their condition |  |  |  |  |
| 27 | Identify and trial opportunities to increase access to prevention, testing and treatment of BBV and STI for people in custodial and youth detention settings, including nurse-led and other treatment programs/approaches, as well as strengthened systems for improving continuity of treatment and care for people upon re-entry into the community |  |  |  |  |
| Addressing stigma and creating an enabling environmentImplement a range of initiatives to address stigma and discrimination and minimise their impact on the health of Aboriginal and Torres Strait Islander people at risk of or living with BBV and/or STIContinue to work towards addressing the legal, regulatory and policy barriers which affect Aboriginal and Torres Strait Islander priority groups and influence their health-seeking behavioursContinue to work towards addressing negative and culturally unsafe experiences of individuals and communities with the healthcare system and other institutions which influence health-seeking behaviours | 28 | Incorporate messaging to counteract stigma, racism and discrimination into prevention education programs and initiatives |  |  |  |  |
| 29 | Work to eliminate stigma, racism and discrimination, including prejudice against Aboriginal and Torres Strait Islander people and priority groups, in the health workforce and wider community through evidence-based education and training programs |  |  |  |  |
| 30 | Provide culturally safe services which support the elimination of stigma and discrimination in Aboriginal and Torres Strait Islander communities and healthcare settings |  |  |  |  |
| 31 | Encourage partnerships and joint action between Aboriginal and Torres Strait Islander organisations, community organisations representing priority groups, health services and other services providers to reduce the experience of stigma and discrimination for individuals and communities |  |  |  |  |
| 32 | Commit to strengthen the coordination efforts across governments, Aboriginal and Torres Strait Islander Community Controlled Health Services and the non-government sector through a shared responsibility for reducing stigma and discrimination |  |  |  |  |
| 33 | Further develop partnerships between governments, Aboriginal and Torres Strait Islander Community Controlled Health Services, BBV and STI organisations, and other key partners in the response, to identify opportunities to reduce the barriers (institutional, regulatory, systems and legal) to accessing BBV and STI testing and treatment |  |  |  |  |
| Culturally responsive, coordinated and accessible servicesIdentify and implement novel multidisciplinary, culturally safe and inclusive coordinated and sustainable programs which successfully address the barriers experienced by communities and significantly increase the uptake of BBV and STI services | 34 | Support models of care that provide effective and culturally responsive prevention, testing, treatment and care at a local level, including mobile services, with strong links and pathways to access multidisciplinary and specialist services |  |  |  |  |
| 35 | Ensure meaningful local community participation and control in the development and delivery of BBV and STI programs and services for their community, including to ensure that gaps in programs and services are identified and addressed |  |  |  |  |
| 36 | Support partnerships between Aboriginal and Torres Strait Islander organisations, mainstream health services, BBV and STI organisations, AODs, youth services, mental health services and other service providers to build capacity, reach and referral pathways for BBV and STI service access |  |  |  |  |
| 37 | Identify opportunities to improve patient management systems to better support the primary healthcare workforce in promptly identifying and providing ongoing treatment and care for people with HIV and hepatitis B |  |  |  |  |
| 38 | Develop mechanisms for strong regional coordination of BBV and STI responses in remote areas, involving local primary healthcare services and with support from specialist services and laboratories |  |  |  |  |
| WorkforceFacilitate and support a highly skilled and stable multidisciplinary health workforce that is respectful of and responsive to the needs of Aboriginal and Torres Strait Islander people in the provision of high-quality BBV and STI services | 39 | Support an increase in the Aboriginal and Torres Strait Islander health workforce trained in BBV and STI and strengthen their role in the provision of services, including prevention education, client support and recall |  |  |  |  |
| 40 | Develop the capacity of health professionals and organisations providing BBV and STI services, including ACCHS, ACCH Sector Support Organisations, BBV and STI organisations and mainstream health services, to deliver effective health promotion and prevention education and testing, treatment, management and care, particularly in areas of high BBV and STI prevalence |  |  |  |  |
| 41 | Improve the cultural awareness of health professionals through cultural safety training, including education regarding the importance of sensitively asking for and recording a patient’s Aboriginal and/or Torres Strait Islander origin; using culturally respectful partner notification, testing and treatment; and understanding the intersecting issues experienced by Aboriginal and Torres Strait Islander priority groups |  |  |  |  |
| 42 | Implement targeted initiatives to improve the education, training, resources and tools provided to health professionals, including the use of digital platforms and face-to-face learning opportunities, to facilitate and support a highly skilled clinical and community-based workforce |  |  |  |  |
| 43 | Continue to regularly update, maintain and make accessible evidence-based clinical guidelines, tools and support for BBV and STI prevention, testing, treatment and antenatal care; and ensure consistent applications across jurisdictions |  |  |  |  |
| 44 | Provide a range of BBV and STI professional development, networking opportunities and supports to Aboriginal and Torres Strait Islander Health Workers and other health professionals, including through existing accredited programs |  |  |  |  |
| 45 | Ensure ACCH Sector Support Organisations are supported to employ staff focused on the provision of BBV and STI services  |  |  |  |  |
| 46 | Promote the engagement of Aboriginal and Torres Strait Islander people with lived experience of BBV as peer navigators to provide support in diagnosis, treatment and care services |  |  |  |  |
| Data, surveillance, research and evaluationWith a focus on identified gaps, continue to build a strong evidence base for effectively responding to existing and emerging BBV and STI issues and challenges among Aboriginal and Torres Strait Islander communities, informed by high-quality, timely data and surveillance systems | 47 | Identify and prioritise strategies that address gaps in data to support the implementation and monitoring of this strategy. Identified areas include the development of a hepatitis C prevalence estimate; improved data on risk behaviours, healthcare access, testing, treatment and care cascades; a valid quality of life tool to measure the impact of BBV and STI; and appropriate stigma and discrimination indicators |  |  |  |  |
| 48 | Improve recording and reporting of Aboriginal and Torres Strait Islander status across all relevant data and administrative collections, including pathology request forms, laboratory results and disease notifications |  |  |  |  |
| 49 | Identify opportunities and mechanisms to partner with community organisations, laboratories and service providers in data collection and surveillance activities |  |  |  |  |
| 50 | Collaboratively identify and address research gaps, with reference to the priority actions of this strategy and specific community priorities, to support a strong evidence-based response |  |  |  |  |
| 51 | Strengthen research translation to guide interventions at the local and national level |  |  |  |  |
| 52 | Support research on the public health implications of the distinct strain of hepatitis B that affects some Aboriginal and Torres Strait Islander communities, and on the epidemiology and public health implications of HTLV-1 in remote communities, in order to better inform responses |  |  |  |  |
| 53 | Evaluate health promotion, prevention, testing and treatment programs and activities for Aboriginal and Torres Strait Islander people and communities and support continuation of those found to be effective |  |  |  |  |
| 54 | Ensure ongoing surveillance of HIV, hepatitis B, hepatitis C and STI, and responses to new notifications, in the cross-border region of Australia and Papua New Guinea |  |  |  |  |
| 55 | Explore opportunities for assessing the impact of legislation and regulation on access to health services |  |  |  |  |
| Outbreak detection and responseEnhance systems and capacity to monitor and respond to changes in BBV and STI incidence among Aboriginal and Torres Strait Islander populations, including enhanced surveillance and rapid responses to potential outbreaks among priority populations and in geographic locations | 56 | Enhance systems and capacity to monitor and respond to changes in BBV and STI incidence among Aboriginal and Torres Strait populations, including rapid identification and response to outbreaks and clusters among priority populations and in specific locations |  |  |  |  |
| 57 | Develop processes to support increased STI testing in outbreak situations and ensure that testing data is collected to monitor and evaluate the effectiveness of increased testing and treatment |  |  |  |  |
| 58 | Ensure that the implementation of the National strategic approach and action plan for an enhanced response to the disproportionately high rates of STI (and blood borne viruses) in Indigenous populations is integrated with and supported by the actions under this strategy |  |  |  |  |
| 59 | Continue collaborative jurisdictional and national level support for effective responses to BBV and STI incidence, including in averting and responding to outbreaks, and develop agreed responsibilities and procedures at a jurisdictional and national level to support these responses |  |  |  |  |
| Would you like to provide any other comments? (Free text) |  |