Implementation Plan: Fourth National 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 prevention education and other initiatives, including supporting improved sexual health education in schools and in community settings where people live, work and socialise, to improve knowledge and awareness of healthy relationships and STI and reduce risk behaviours associated with the transmission of STIReinforce the central role of condoms in preventing the transmission of STISupport further increases in HPV vaccination coverage in adolescents in line with the National Immunisation Strategy | 1 | Implement a national STI education initiative for priority populations to improve the community’s understanding of STI, improve knowledge of risk behaviours and safer sex practices, assist in reducing STI related stigma and support pathways to early testing and treatment  |   |   |   |   |
| 2 | Implement targeted, age and culturally appropriate STI prevention education initiatives and resources for priority populations using a variety of relevant channels, including digital platforms (for example, social media) and sites frequented by priority populations |   |   |   |   |
| 3 | Better connect priority populations to STI prevention education and services, including through outreach and peer-based approaches in priority settings |   |   |   |   |
| 4 | Promote consistent and effective condom and other barrier method use and increase access to and acceptability of condoms amongst priority populations, including by increasing knowledge of where to access free and affordable condoms and other barrier methods and how to correctly and safely use them |   |   |   |   |
| 5 | Encourage partnerships between health services, schools, educational institutions and community organisations to improve the delivery, availability and accessibility of sexual health education and services for all young people and strengthen linkages to testing and treatment |  |  |  |   |
| 6 | Support comprehensive relationships and sexuality education in schools that improve knowledge, attitudes, skills and behaviours to engage in respectful relationships and reduce risky behaviours and encouraging help-seeking behaviour in a holistic manner |  |  |  |   |
| 7 | Ensure PrEP for HIV prevention is combined with STI prevention education, access to condoms, and recommended regular STI testing |  |  |  |   |
| 8 | Increase access to HPV vaccination of eligible individuals under the National Immunisation Program and support the actions to expand vaccination coverage outlined in the National Immunisation Strategy |  |  |  |  |
| Testing, treatment and managementIncrease comprehensive STI testing to reduce the number of undiagnosed STI in the communityIncrease early and appropriate treatment of STI to reduce further transmission and improve health outcomes | 9 | Develop and implement tailored promotion and engagement strategies for priority populations to improve the uptake of STI testing and treatment |  |  |  |   |
| 10 | Identify areas of need and frequency required for STI testing for priority populations |  |  |  |   |
| 11 | Regularly update, maintain and promote the use of evidence-based national clinical guidelines and resources for STI testing and treatment, including guidance on AMR and stewardship |  |  |  |   |
| 12 | Provide a range of testing methods and opportunities across settings for priority populations, including point-of-care testing and integration of testing in existing services, with a focus on rural, regional and remote areas |  |  |  |   |
| 13 | Ensure strong links are in place between comprehensive voluntary STI and HIV testing |  |  |  |   |
| 14 | Identify evidence-based approaches for enhancing partner notification systems |  |  |  |  |
| 15 | Identify opportunities to scale up evidence-based interventions aimed at reducing STI, with a focus on repeat chlamydia infections and infections causing pelvic inflammatory disease, and other complications in young people |  |  |  |  |
| 16 | Develop the capacity of health infrastructure in remote and very remote areas to effectively respond to outbreaks and epidemics |  |  |  |  |
| Equitable access and coordination of careEnsure equitable access to prevention programs and resources, testing and treatment in a variety of settings, including sexual health, primary care, community health and antenatal care services, with a focus on innovative and emerging models of service delivery  | 17 | Increase the coverage of publicly funded sexual health services, particularly in rural, regional and remote areas, in places with high numbers of young people and people who are ineligible for subsidised health care |  |  |  |  |
| 18 | Identify and scale up successful innovative models of STI service delivery tailored to the needs of priority populations and sub-populations, including multidisciplinary team approaches and shared care models |  |  |  |  |
| 19 | Improve the coordination of and partnerships between STI services and other relevant service providers to better link priority populations with STI prevention, testing and treatment and improve access and acceptability of sexual health services |  |  |  |  |
| 20 | Build capacity of health services to provide opportunistic STI testing and enhanced STI management |  |  |  |  |
| Workforce Increase workforce and peer-based capability and capacity for STI prevention, treatment and support | 21 | Ensure delivery of effective training and education for the multidisciplinary workforce to support the delivery of high quality, non-stigmatising and culturally appropriate STI prevention, testing and treatment services across priority populations |  |  |  |  |
| 22 | Implement initiatives to support the integration of appropriate, opportunistic STI prevention and testing into routine health care |  |  |  |  |
| 23 | Continue to explore and share experiences of innovative multidisciplinary models for STI prevention, testing and treatment, particularly in rural and remote areas and areas of workforce shortage |  |  |  |  |
| 24 | 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 environmentImplement a range of initiatives to address STI-related stigma and discrimination and minimise the impact on people’s health-seeking behaviour and health outcomesContinue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours | 25 | Implement initiatives to address STI-related stigma and discrimination expressed in community and healthcare settings |  |  |  |  |
| 26 | Ensure that STI education, prevention, testing and treatment initiatives support efforts to counteract STI-related stigma |  |  |  |  |
| 27 | 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 |  |  |  |  |
| 28 | Review and address institutional, regulatory and system policies which create barriers to equality of STI prevention, testing, treatment and support for priority populations |  |  |  |  |
| 29 | Establish a dialogue between health and other sectors aimed at reducing stigma and discrimination against people with STI and affected individuals and communities |  |  |  |  |
| Data, surveillance, research and evaluationContinue to build a strong evidence base for responding to STI and associated new and emerging challenges, informed by high-quality, timely data and surveillance systems | 30 | Strengthen systems for identifying, monitoring and collaboratively addressing STI as well as new and emerging issues, including AMR, and increases in prevalence and burden |  |  |  |  |
| 31 | Identify opportunities to improve the quality, completeness, timeliness and national standardisation of demographic and disease data, including Aboriginal and Torres Strait Islander status as well as opportunities for enhanced data collection, for surveillance purposes |  |  |  |  |
| 32 | Identify ways to support a more coordinated, prompt response between jurisdictions, sexual health services and general practices to STI issues, including real-time accessibility of surveillance data, improved patient management and notification systems, and specialised local and regional support staff |  |  |  |  |
| 33 | Build on the existing evidence base by supporting research across disciplines to address data gaps and effectively inform the implementation of the priority actions of this strategy |  |  |  |  |
| 34 | Continue to monitor trends in knowledge and attitudes about sexual health and sexual health behaviours among priority populations, and identify opportunities to expand this data and strengthen collaborative efforts |  |  |  |  |
| Would you like to provide any other comments? (Free text) |  |