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

Name/organisation: The Royal Australasian College of Physicians

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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 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 active Build 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 practices Support 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	H	Education needs to include what the symptoms of STIs are and that they indicate the urgent need for testing. Symptoms education should be balanced with healthy relationships education.		
	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	H	Education needs to include what the symptoms of STIs are and that they indicate the urgent need for testing.		
	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	H	Education needs to include what the symptoms of STIs are and that they indicate the urgent need for testing.	High level leadership of both education and health ministries will be required to ensure comprehensive implementation of evidence-based programs.	
	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			Dedicated funding at state, territory, and Commonwealth levels to implement previously successful program at scale is high priority areas.	
	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		Led by the Centre for Social Research in Health, a NHMRC-funded partnership trial is underway across NSW ('Deadly Liver Mob')	If successful, extend to other jurisdictions.	State and Territory governments.

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	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				
<u>Testing, treatment and management</u> Build on successful approaches to improve testing rates and coverage to reduce the number of undiagnosed BBV and STI and decrease rates of late diagnosis Support health professionals to provide culturally responsive and safe, current, innovative and effective BBV and STI testing, treatment, monitoring and care Increase early and appropriate treatment of BBV and STI to reduce transmission, improve health outcomes and enhance quality of life Increase 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	H		Make STI POCT available in mainstream primary health care services in areas affected by endemic syphilis. Remove barriers to Aboriginal Health Workers/Practitioners and Community workers conducting STI POCT. State and Commonwealth governments to ensure adequate long term funding for sexual health programs in high prevalence areas.	State, Territory and Commonwealth governments.
	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		Online courses available through the Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine.	Deliver in service training at Aboriginal Community Controlled Health Services State and Commonwealth governments to ensure adequate long term funding for sexual health programs in high prevalence areas.	State, Territory and Commonwealth governments.
	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			State and Commonwealth governments to ensure adequate long term funding for sexual health programs in high prevalence areas.	
	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			Make STI POCT available in mainstream primary health care services in areas affected by endemic syphilis. State and Commonwealth governments to ensure adequate long term funding for sexual health programs in high prevalence areas.	State, Territory and Commonwealth governments.
	22	Explore the use of rapid testing and point of care technologies, where appropriate, to improve access to testing and treatment		STI POCT in Aboriginal Community Controlled Health Services in areas affected by endemic syphilis.	Make STI POCT available in mainstream primary health care services in areas affected by endemic syphilis. Remove barriers to Aboriginal Health Workers/Practitioners and Community workers conducting STI POCT.	State, Territory and Commonwealth governments.
	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'			Make STI POCT available in mainstream primary health care services in areas affected by endemic syphilis. Remove barriers to Aboriginal Health	State, Territory and Commonwealth governments.

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					Workers/Practitioners and Community workers conducting STI POCT. State and Commonwealth governments to ensure adequate long term funding for sexual health programs in high prevalence areas.	
	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	H		Long-term investments in sexual health programs and services is needed to achieve low rates of STIs and good sexual health care for all Australians	State, Territory and Commonwealth governments.
	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			Long-term investments in sexual health programs and services is needed to achieve low rates of STIs and good sexual health care for all Australians	State, Territory and Commonwealth governments.
	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	H			
<u>Addressing stigma and creating an enabling environment</u> Implement 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 STI Continue to work towards addressing the legal, regulatory and policy barriers which affect Aboriginal and Torres Strait Islander priority groups and influence their health-seeking behaviours Continue 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			Make STI POCT available in mainstream primary health care services in areas affected by endemic syphilis. Remove barriers to Aboriginal Health Workers/Practitioners and Community workers conducting STI POCT.	State, Territory and Commonwealth governments.
<u>Culturally responsive, coordinated and accessible services</u> Identify 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	H		Models of care must be relevant and responsive to the particular needs of the local community and the people it serves. Better systems, policies and strategies must be developed with these communities and not imposed upon them. Long term investment in sexual health programs, services and workforce will result	State, Territory and Commonwealth governments.

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					in access multidisciplinary and specialist services. it is important to note that specialists involved in the care of STIs and BBVs include sexual health physicians, infectious diseases physicians, gastroenterologists and public health physicians.	
	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	H			
	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			Long term investment in sexual health programs, services and workforce to build capacity, reach and referral pathways for BBV and STI service access.	State, Territory and Commonwealth governments.
	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			Long term investment in sexual health programs, services and workforce to support regional coordination in in remote areas, involving local primary healthcare services and with support from specialist services and laboratories.	State, Territory and Commonwealth governments.
<u>Workforce</u> Facilitate 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	H			
	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			Ensure long term investment in sexual health programs, services and workforce to develop and maintain the capacity of health professionals and organisations providing BBV and STI services.	State, Territory and Commonwealth governments.
	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			Ensure long term investment in sexual health programs, services and workforce to develop and maintain the capacity of health professionals and organisations providing BBV and STI services.	
	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			Ensure long term investment in sexual health programs, services and workforce to develop and maintain the capacity of health professionals and organisations providing BBV and STI services.	
	45	Ensure ACCH Sector Support Organisations are supported to employ staff focused on the provision of BBV and STI services			Ensure long term investment in sexual health programs, services and workforce to	

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					develop and maintain the capacity of health professionals and organisations providing 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				
<u>Data, surveillance, research and evaluation</u> With 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		The South Australian Health and Medical Research Institute (SAHMRI) is currently conducting the second national survey of the behaviour and health of young Indigenous people (GOANNA-2)	This survey should be repeated every 5-10 years Consider integrating clinical audit processes and continuous quality improvement to create comprehensive data.	SAHMRI and Commonwealth Government
	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		The RACGP has made entering Indigenous status into GP patient management systems an accreditation requirement.	Ensure adherence to this requirement through ongoing accreditation process	RACGP
	49	Identify opportunities and mechanisms to partner with community organisations, laboratories and service providers in data collection and surveillance activities		Through a NHMRC CRE, SAHMRI is establishing a sentinel surveillance system involving a limited number of Aboriginal health services; monitoring clinic attendances, STI/BBV testing patterns, and diagnoses (ATLAS)	If successful, extend to other Aboriginal health services	SAHMRI and Commonwealth Government
	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			Evaluation should be included as a core component of any health promotion, prevention, testing and treatment programs and activities for Aboriginal and Torres Strait Islander people to ensure their effectiveness.	Program and activity planners.
	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				
<u>Outbreak detection and response</u> Enhance 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			Ensure long term investment in sexual health programs, services and workforce to develop and maintain the capacity of health professionals and organisations providing BBV and STI services.	
	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	H		Resolve issues of insufficient Aboriginal and Torres Strait Islander identifying data in private laboratory STI and BBV testing data	State, Territory and Commonwealth governments
	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			Ensure long term investment in sexual health programs, services and workforce from State and Territory governments to mirror Commonwealth government investment in the action plan for an enhanced response to the disproportionately high rates of STI (and blood borne viruses) in Indigenous populations	State and Territory governments.

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	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)	BBV and STI models of care must be relevant and responsive to the particular needs of the local community and people it serves. It is therefore imperative that better systems, policies and strategies are developed with these communities and not imposed upon them. Partnerships with Indigenous organisations need to occur within a framework of self-determination and Indigenous control. Aboriginal and Torres Strait Islander health experts should drive the development of how these principles should be applied in any models of care, initiatives or activities that are intended for Aboriginal and Torres Strait Islander communities. Community input, acceptability and engagement are essential. Patients require timely access to coordinated services including hospitals, dedicated sexual health clinics, education and specialist services when necessary – it's vital that these are culturally appropriate and safe. Access to health care is a powerful prevention tool. Effective sexual health care requires capacity in comprehensive primary health care that is the cornerstone of a sustainable health system for every population in Australia. Comprehensive primary health care controlled by Aboriginal and Torres Strait Islander communities (ACCHOs) should be available as a choice for local 'first-line' sexual health care. However, all mainstream primary health care services must be able to provide culturally safe STI and BBV testing and treatment as not all Aboriginal and Torres Strait Islander people access ACCHOs. The STI elements of the Aboriginal and Torres Strait Islander STI and BBV strategy have an incorrect emphasis on prevention (hard, expensive, small effect size) and not enough of an emphasis on accessible services that can be low cost and highly effective. The prevention of STIs should be considered part of promoting healthy relationships and sexual health. Contraception is not addressed. Promoting healthy relationships links STI and BBV prevention to interpersonal violence prevention, as there is a strong association between intimate partner violence and STIs. Immediate funding is necessary to achieve the priority areas in the implementation plans. Long term investment in sexual health programs, services and workforce is key to achieving consistently low rates of STIs and BBVs. Time limited sexual health programs and Fly In Fly Out (FIFO) workforce models have not been successful in most instances, however there are rare cases where it has suited communities such as Kimberley Aboriginal Medical Service. Long term on the ground primary care staff are required to establish trust with individuals and develop knowledge of communities. Maintaining a permanent professional workforce is integral to rural and remote sexual health care as smaller communities may not engage as readily with newer professionals. We recommend COAG Implementation Principles to ensure working with rather than about Aboriginal people and guarantee co-design of solutions rather than imposition from above.				

2. Implementation Plan: Eighth National HIV Strategy

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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			Investigation should include a particular focus on overseas students studying in Australia	
Equitable access to and coordination of care	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			Long term investment in sexual health programs, services and workforce to support regional coordination in in remote areas, involving local primary healthcare services and with support from specialist services and laboratories.	Commonwealth, state and territory governments.

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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	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				
<u>Workforce</u> 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				
<u>Addressing stigma and creating an enabling environment</u> 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				
<u>Data, surveillance, research and evaluation</u> 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				

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		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)	Rates of HIV diagnosis in Aboriginal and Torres Strait Islander populations has increased significantly. Long term investment in culturally appropriate testing, management are needed to reduce the rates of increasing diagnoses. People with STI infections have a higher susceptibility to HIV.					

3. Implementation Plan: Third National Hepatitis B Strategy

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Education and prevention Ensure a high level of knowledge, health literacy and awareness of hepatitis B in priority populations, affected families, health professionals and the general community, to create a supportive environment for increased engagement in testing, vaccination, treatment and care Increase awareness of the importance of hepatitis B vaccination to support uptake among priority populations Ensure uptake of vaccination for priority populations in line with national and state-based immunisation programs Ensure equitable access to other means of prevention, including education on safer sex practices and the provision of sterile injecting equipment through NSPs	1	Support, develop and implement culturally appropriate and community-based hepatitis B education and health promotion programs in affected communities and their families, to: a. improve understanding of the Australian health care system b. increase hepatitis B related literacy, including knowledge of routes of transmission, risk factors, vaccination and other evidence-based prevention measures, the importance of testing and ongoing monitoring, and available health services and support				
	2	Facilitate the sharing of successful approaches and initiatives to improve education and prevention within priority populations and settings				
	3	Increase awareness and access to support the uptake of hepatitis B vaccination among eligible populations under national and state-based immunisation programs, including infants, adolescents and unvaccinated adults at higher risk of infection				
	4	Increase access to preventative measures, including vaccination, sterile needles and syringes, and condoms, in priority settings and through community- and peer-based interventions				
	5	Ensure implementation of antenatal and neonatal protocols to prevent vertical transmission and increase monitoring of these protocols				
Testing, treatment and management Improve targeted guideline-based testing of priority populations, including follow-up of family and contacts, and voluntary opportunistic testing Strengthen monitoring and appropriate care of pregnant women living with chronic hepatitis B and children born to women living with hepatitis B, including promotion of national vaccination, testing and treatment guidelines Support health professionals to better identify those at risk of or living with hepatitis B and provide current, innovative and effective hepatitis B vaccination, testing and care	6	Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkages to vaccination, ongoing monitoring and care				
	7	Increase voluntary testing in priority populations in primary health and community settings, including through community-provided testing and mobile clinics and, where possible, case finding and follow-up for people who have previously tested hepatitis B surface antigen-positive				
	8	Ensure health promotion and education strategies inform priority populations, and their families, of the importance of early detection, ongoing monitoring and treatment adherence, utilising an appropriate community engagement strategy				
	9	Review and promote national training and clinical guidelines for testing, treatment, monitoring and care, including guidance on pregnancy and follow-up for babies born to hepatitis B positive mothers; and testing for hepatitis B prior to initiation of chemotherapy, immunosuppressive therapies or treatment for chronic hepatitis C				
	10	Support active case finding and linkage to care, including through awareness raising, GP and nurse education, and networks-based approaches among people living with chronic hepatitis B and their family, household and community contacts				
Equitable access and coordination of care Ensure equitable and appropriate access to programs and services, including vaccination and other prevention programs and resources, testing, treatment and care in all relevant settings, with a focus on innovative models of service delivery	11	Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify, and provide treatment and care for, people living with hepatitis B				
	12	Improve the access to, and coordination of, hepatitis B services by strengthening links between service providers (including general practice; CALD and refugee services; Aboriginal and Torres Strait Islander services; sexual health services; NSPs and AODs, and other relevant health, community and peer-based services and organisations) to better engage people living with or at risk of hepatitis B with appropriate vaccination and other prevention, testing, monitoring, treatment and care				

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?
Continue to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care	13	Encourage the provision of culturally appropriate services to priority populations, including engagement of multicultural and multilingual health professionals, peer and hepatitis educators and community liaison officers from priority populations				
	14	Improve the availability of dedicated hepatitis B services and accredited hepatitis B prescribers, particularly in areas with high prevalence and/or large populations of CALD people from intermediate or high-prevalence countries				
	15	Continue to explore and share experiences of innovative models of care for hepatitis B prevention and management, particularly models for rural and remote areas and areas of workforce shortage				
<u>Workforce</u> Increase multidisciplinary workforce capability and capacity to provide and support evidence-based, innovative and effective vaccination and other prevention, testing, monitoring, treatment and care for people at risk of or living with hepatitis B Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with or at risk of hepatitis B	16	Implement targeted initiatives including the use of digital platforms and face-to-face learning opportunities to facilitate a highly skilled clinical and community-based workforce				
	17	Continue to prioritise education and resources to support health professionals in the early detection, monitoring and treatment of hepatitis B and utilising available multidisciplinary referral pathways				
	18	Support the continued provision, dissemination and maintenance of evidence-based, responsive and accessible national clinical guidelines and other information resources on vaccination, testing, monitoring, treatment, care and support for people living with hepatitis B, adapted to the needs of the workforce				
	19	Support community organisations, the healthcare workforce and community-based workers to increase their engagement with priority populations; and consider opportunities to utilise the established networks of NSPs, AOD and peer-based services to improve hepatitis B health literacy and connection to care				
<u>Addressing stigma and creating an enabling environment</u> Implement a range of initiatives to further investigate and address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis B Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours	20	Incorporate messaging to counteract stigma in hepatitis B health promotion education programs and initiatives				
	21	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				
	22	Review and address institutional, regulatory and system policies which create barriers to equality of prevention (including access to vaccination), testing, treatment, care and support for priority populations, including people living with hepatitis B				
	23	Implement initiatives aimed at minimising stigma and discrimination against people living with hepatitis B and other priority populations in the community and in healthcare settings				
<u>Data, surveillance, research and evaluation</u> With a focus on identified gaps, continue to build a strong evidence base for local and national responses to hepatitis B in Australia, informed by high-quality, timely data and surveillance systems	24	Identify opportunities to improve the timeliness and consistency of data collections				
	25	Implement initiatives to improve data completeness in clinical and pathology settings in relation to maternal hepatitis B status, Aboriginal and Torres Strait Islander status, country of birth, and likely place of hepatitis B acquisition; and for collecting data on the impact of hepatitis B on unvaccinated adults at high risk of infection				
	26	Investigate opportunities to better measure and collect data on hepatitis B associated morbidity, mortality and experiences of stigma and discrimination				
	27	Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action				
	28	Support research on emerging hepatitis B issues and risks and associated public health implications				
	29	Promote a balance of social, behavioural, epidemiological and clinical research to better inform all aspects of the response				

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?
	30	Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy				
Would you like to provide any other comments? (Free text)	Long term investment in sexual health programs, services and workforce is needed increase the availability of sustainable services and to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care.					

4. Implementation Plan: Fifth National Hepatitis C Strategy

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 Improve knowledge and awareness of hepatitis C in the general community and priority populations, to support prevention of transmission and engagement in testing and treatment Improve equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through NSPs	1	Implement a national hepatitis C public education initiative which incorporates a focus on transmission routes, risks and evidence-based prevention strategies				
	2	Scale up access to tailored information, education and prevention programs (including peer-based programs, in-language and low literacy resources) targeting each priority population across priority settings, to improve hepatitis C related health literacy, promote transmission risk mitigation, and support engagement in testing and treatment				
	3	Facilitate the sharing of successful prevention approaches and initiatives and support the adaptation of successful approaches to other priority populations and settings, including custodial settings				
	4	Increase the availability and distribution of sterile injecting equipment and information on safer injecting among people who inject drugs across all priority settings, including facilitation of peer-based harm reduction initiatives, education and equipment distribution				
	5	Support an increase in the provision of and equitable access to evidence-based OTP in priority populations and priority settings and address key barriers to access				
Testing, treatment and management Implement approaches that maximise the number of people living with hepatitis C who are diagnosed; and support the completion of confirmatory testing and treatment for priority populations Support health professionals to provide current, innovative and effective testing and care for people living with hepatitis C	6	Incorporate information on new cures and how to access testing and treatment into the national hepatitis C public education initiative				
	7	Explore the use of rapid testing and point-of-care (POC) technologies where appropriate to improve access to testing and engagement with priority populations				
	8	Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkage to treatment				
	9	Identify opportunities to improve the application of recommended testing procedures for hepatitis C by clinicians, including the feasibility of automatic HCV RNA testing for priority populations				
	10	Support best-practice case finding, treatment and management for hepatitis C in all primary care settings				
	11	Develop and integrate peer-based support models that include people with lived experience of hepatitis C as peer navigators in diagnosis, treatment and care for all priority populations				
Equitable access and coordination of care Continue to strengthen connections between priority populations, the healthcare workforce and community organisations to facilitate coordination of care	12	Support models of care that provide effective testing, treatment and management of people living with hepatitis C in primary health settings, including links and referral pathways to specialist and multidisciplinary services			Long term investment in sexual health programs, services and workforce to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care.	Commonwealth, State and Territory governments.
	13	Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify and provide treatment and care for people living with hepatitis C				

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?
Ensure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure	14	Improve the coordination of hepatitis C treatment services and other service providers, including general practice, Aboriginal and Torres Strait Islander health services, AOD, NSPs, sexual health services, peer-based services and mental health services to better link people at risk of or living with hepatitis C to prevention, testing, and relevant follow-up and management				
	15	Enhance partnerships between jurisdictional health and justice systems and facilitate knowledge sharing across jurisdictions regarding prevention, testing, treatment and support services for inmates and those recently released				
	16	Identify and trial opportunities to increase access to prevention, testing and treatment in custodial settings				
	17	Establish and support nurse-led and other treatment programs in custodial settings, review prescribing arrangements for authorised nurse practitioners in these settings, and develop systems for active case management of people released from prison upon re-entry into the community				
	18	Explore the inclusion of hepatitis C related key performance indicators, aligned to the targets of this strategy, for organisations central to the delivery of hepatitis C programs or services, including Primary Health Networks and custodial facilities				
<u>Addressing stigma and creating an enabling environment</u> Implement a range of initiatives to address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis C Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours	19	Incorporate messaging to counteract stigma into the national hepatitis C public education initiative				
	20	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				
	21	Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment, care and support for people living with hepatitis C and priority populations				
	22	Implement initiatives in the community and healthcare settings aimed at minimising stigma and discrimination against people living with hepatitis C, people who inject drugs and other priority populations				
<u>Workforce</u> Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people at risk of or living with hepatitis C	23	Implement targeted initiatives to facilitate a highly skilled clinical and community sector workforce, including the use of online learning, web-based resources, mobile applications and face-to-face learning opportunities				
	24	Continue to prioritise education and resources to support GPs and other prescribers in prescribing DAAs, managing patient care, and utilising available multidisciplinary referral pathways				
	25	Support community organisations, the healthcare workforce and peer workers to increase their engagement with priority populations to improve health literacy and connection to care				
	26	Facilitate and support the involvement of the primary care workforce in the early detection and treatment of hepatitis C, including access to remote support for those new to treating hepatitis C, upskilling and training, and other approaches				
	27	Support the continued provision, dissemination and maintenance of evidence-based, responsive and accessible national clinical guidelines and other information resources on testing, treatment, care and support for people living with hepatitis C that are adapted to the needs of the workforce				
	28	Continue to explore and share experiences of innovative models of care for hepatitis C prevention and management, particularly models for rural and remote areas and areas of workforce shortage				
<u>Data, surveillance, research and evaluation</u>	29	Identify opportunities to improve the timeliness and consistency of data collections				

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?
Continue to build a strong evidence base for responding to hepatitis C in Australia, informed by high quality, timely data and surveillance systems that underpin evidence-based local and national responses	30	Implement initiatives to improve data completeness of Aboriginal and Torres Strait Islander status and country of birth in clinical and pathology settings; and for collecting data on the impact of hepatitis C on sex workers in Australia				
	31	Investigate opportunities to better measure incidence and prevalence of hepatitis C in the community, including linkage of data on the incidence of reinfection				
	32	Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action				
	33	Improve surveillance of issues that impact people living with hepatitis C, including stigma and discrimination and quality of life measures				
	34	Promote a balance of social, behavioural, epidemiological and clinical research to better inform all aspects of the response				
	35	Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy				
Would you like to provide any other comments? (Free text)	Long term investment in public health and sexual health programs, services and workforce to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care.					

5. Implementation Plan: Fourth National STI Strategy

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 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 STI Reinforce the central role of condoms in preventing the transmission of STI Support 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	H	Education should include the key STI symptoms that require urgent attendance to health care.		Commonwealth, COAG Health Council, AHMAC, Principals Committee in the first instance for a national approach with States more involved in targeted prevention. 1 2 and 4 can be combined into 1 funded activity.
	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	H			
	3	Better connect priority populations to STI prevention education and services, including through outreach and peer-based approaches in priority settings			Increase education services. Integration of education with clinical services would improve both. There is an incorrect emphasis on prevention (hard, expensive, small effect size) and not enough of an emphasis on accessible services that can be low cost and highly effective. Changing behaviour is hard and expensive. Outreach is expensive as STI service are under resourced.	
	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	H			
	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	H	Access to health care is key. Young people need have accessible information and knowledge of where to access services.	High level leadership of both education and health ministries will be required to ensure comprehensive implementation of evidence based programs	Education and health ministries
	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	H		Dedicated funding to implement previously successful program at scale is high priority areas	State responsibility. This priority area should occur regardless of the politicisation of relationship and sexuality education. Similar effective initiatives were funded by Commonwealth were defunded despite programmes functioning well. A Nationally consistent approach is needed.
	7	Ensure PrEP for HIV prevention is combined with STI prevention education, access to condoms, and recommended regular STI testing	H	Regular STI testing is key to PrEP. HIV prevention services must be sufficiently resourced to allow sufficient time for STI testing and education.		States provide services.

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?
	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	L		Alternative sites for provision of vaccines must be considered as school vaccination programs do not reach all children.	State responsibility with Commonwealth funding.
<u>Testing, treatment and management</u> Increase comprehensive STI testing to reduce the number of undiagnosed STI in the community Increase 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	**H**	Need to educate the public about what are the key STI symptoms that require urgent attendance to health care.	A comprehensive education, prevention strategy is dependent on have adequate clinical services to deal with those who perceive themselves at risk.	Part of 1,2 and 4 above.
	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	H			Need to continue the current Commonwealth funding to groups responsible for the development of guidelines and resources.
	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	H	Access to services for symptomatic individuals is key to control.	There needs to be funding streams to pay for testing that is not onsite clinic based. Current Medicare rules preclude paying for testing without direct clinician involvement. Alternative ways of funding testing that are more convenient for people need to be addressed. Once they have been found to have an infection then there need to be appropriate services. Currently publicly funded services are very under resourced in most states. Point of care testing is not currently eligible for Medicare funding which precludes its use. There needs to be more of an emphasis on accessible services that can be low cost and highly effective.	
	13	Ensure strong links are in place between comprehensive voluntary STI and HIV testing				
	14	Identify evidence-based approaches for enhancing partner notification systems	H	Web-based methods such as 'Let them know'.		
	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	H	Access to services for symptomatic individuals is key to control. Epidemics are much easier to control if they are controlled early rather than late.		Needs Commonwealth input and directed funding to ensure this happens.
<u>Equitable access and coordination of care</u> Ensure 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	H	Access to services for symptomatic individuals is key to control.	Provide resources to improve service delivery from regional sexual health clinics. Medicare ineligible travellers and students are potentially high-risk groups for transmission. Expecting them to access paid primary care services is unrealistic. Investment in publicly funded services that can offer free testing and treatment is essential.	State responsibility, a Commonwealth lead to prioritise the need for these services is essential.

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	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	H			See above.
	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	H		Access to services for symptomatic individuals is key to control.	
	20	Build capacity of health services to provide opportunistic STI testing and enhanced STI management	H	Access to services for symptomatic individuals is key to control.	Create a funding stream to allow for offsite testing with corresponding adjustments to regulatory systems (Medicare) as needed.	
<u>Workforce</u> 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	H	Ongoing education is essential. Current training and education is delivered by ASHM and Sexual Health physicians employed in publicly funded services. Improved funding for such services will improve access to teaching and education.		
	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	H			Better coordination is required. With devolution of responsibility to smaller health services, sexual health is often not seen as a priority and therefore services are not established or improved.
	24	Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations				
<u>Addressing stigma and creating an enabling environment</u> Implement a range of initiatives to address STI-related 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	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	L		Sex worker law reform is an ongoing issue that needs to be addressed.	State and territory governments.
	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				
<u>Data, surveillance, research and evaluation</u> Continue 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	H		The recent group that formed to consider multi drug resistant gonorrhoea is an example of what is required ongoing.	Commonwealth, Territory and State governments.

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	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)	The STI implementation plan has an incorrect emphasis on prevention (hard, expensive, small effect size) and not enough of an emphasis on accessible services that can be low cost and highly effective (currently grossly inadequate in Victoria). This strategy does not informed by the relative cost effectiveness of different control strategies. Access to health care so early symptomatic STIs can be treated and onward transmission can be prevented is by far the strongest STI control strategy and this is not adequately discussed or emphasised. Each strategy has detailed how testing needs to be improved but Medicare restriction means that there are very new novel testing initiatives that are not financially viable. Given this is a Commonwealth document we urge those responsible to address this Medicare issue as an urgent matter. Whilst tied grants no longer exist, other mechanisms to encourage states to improve education, testing and treatment for STIs need to be considered. The recommendations in the STI and BBV strategies and action areas of the implementation plan must be appropriately resourced to ensure action area activities are achieved. The prevention of STIs should be considered part of promoting healthy relationships and sexual health. Contraception is not addressed. Promoting healthy relationships links STI and BBV prevention to interpersonal violence prevention, as there is a strong association between intimate partner violence and STIs.					