



Australian Government

Department of Health and Ageing

IMPLEMENTATION PLAN: NATIONAL STRATEGIES 2010 – 2013

THIRD NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY

NATIONAL HEPATITIS B STRATEGY

SIXTH NATIONAL HIV STRATEGY

SECOND NATIONAL SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY

THIRD NATIONAL HEPATITIS C STRATEGY

IMPLEMENTATION PLAN NATIONAL STRATEGIES 2010 – 2013

Background

This implementation plan for the National Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Strategies (the Strategies) was developed by the Australian Government Department of Health and Ageing in consultation with the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and the Blood Borne Viruses and Sexually Transmissible Infection Subcommittee (BBVSS), following extensive consultation with stakeholders, including community and consumer organisations, health, workforce, professional and research organisations.

Members of MACBBVSS and BBVSS attended a joint workshop in March 2010 to collaborate on this implementation plan. The workshop identified that there were similarities between many of the priority action areas outlined in each strategy, and also identified which priority actions were the most important at this time.

Purpose of the Implementation Plan

This document is a high level plan which will provide guidance as to the mechanisms by which each priority action will be addressed and how progress will subsequently be measured.

In particular the implementation plan will:

- assign responsibility to lead and partner agencies
- map key performance indicators to measure the success of the Strategies, and
- identify linkages with priorities across the Strategies.

The design of attachment C - G of the electronic version of the document (the priority actions) is such that the actions can be sorted by:

- disease
- lead agency
- priority population, and
- same and similar priority actions

Timeframes

The Strategies and their priority actions and targets are based on calendar. Financial data provided in this plan is based on a financial year.

Monitoring/Evaluation/Reporting

It is intended that progress with the implementation of the Strategies be assessed 18 months (approximately December 2011) after release of the Strategies, as well as at the conclusion of the term of the Strategies. The Department of Health and Ageing will oversee this process, and it is intended BBVSS will have significant input. It is expected that through BBVSS, all States and Territories will participate and that MACBBVS will also have a role. All other members of the partnership will be invited to contribute. The mid-term assessment will provide an opportunity to re-order the priorities if necessary.

In addition, a National Monitoring and Surveillance Plan funded by AHMAC, through APHDPC, will provide a national framework and tool for regular monitoring and reporting of the progress and performance of HIV, STIs and viral hepatitis in line with the Strategies. It will be important to measure the qualitative success of the strategies in addition to the quantitative.

The Partnership – Roles and Responsibilities

The work of implementing the Strategies relies on the combined efforts of all partners to work together to better coordinate their responses to blood borne viruses and sexually transmissible infections. Responsibilities differ across all parties to the Strategies and each partner will develop their own implementation or action plan for achieving the goals of the national BBVs and STIs strategies. The partnership includes: state and territory governments; peak national organisations; other community based organisations; the Commonwealth, through the Department of Health and Ageing; and Committees.

Leadership will be provided through the Australian Government, working through Australian Health Ministers' Conference and its sub-committees to facilitate national policy formulation and coordination. The Australian Government further seeks advice through:

- ***The Blood Borne Viruses and Sexually Transmissible Infection Subcommittee (BBVSS)***

The BBVSS is a key advisory body reporting to the Australian Health Ministers' Conference (AHMAC) through the Australian Population Health Development Principal Committee (APHDPC) on strategic policy, programs, social issues and activities related to HIV/AIDS, viral hepatitis and STIs. The BBVSS forms part of a coordinated response across Australian government, state and territory government, key organisations, peak national organisations and national research centres for hepatitis B, hepatitis C, HIV, STIs and Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections.

The committee initiates, coordinates and progresses priority action areas within the National Hepatitis B Virus, HIV, STIs, Hepatitis C strategies and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy.

- ***Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBVVS)***

The MACBVVS is the Australian Government's key advisory body on the national response and management of blood borne viruses and sexually transmissible infections. It is responsible for providing independent and expert advice to the Minister for Health and Ageing as well as the implementation and evaluation of the national strategies for BBVs and STIs. MACBBVS works on an advisory structure and its key role is to provide specialist advice to inform the Australian government's response to BBVs and STIs, identify emerging issues and ways these may be addressed.

Responsibilities for priority action areas

While each strategy has its own specified priority actions, these fall broadly into the following categories which are consistent across the strategies:

- Prevention and health promotion
- Supporting and strengthening community action
- Screening and diagnosis
- Clinical management and support

The following areas are also identified under all strategies:

- Surveillance and Research
- Workforce and organisational development

The National Monitoring and Surveillance Plan will be the primary mechanism for addressing surveillance issues and contributing to the evaluation of the strategies.

In addition, the joint BBVSS/MACBBVS workshop identified the following as high priority areas:

- Addressing stigma and discrimination, and legal impediments to treatment
- Improving testing rates
- Strengthening and supporting the role of primary health care
- Identifying emerging research priorities
- Reinforcement of existing linkages within the partnership and establishment of new linkages in health and across portfolio responsibilities

The following table provides a broad outline of current activities and responsible areas.

Table 1

Responsibility	Mechanism	Area of priority action
Commonwealth	<ul style="list-style-type: none"> • Funding to Peak National Organisations • Funding to Research Centres • Committee membership and support <p>Other mechanisms:</p> <ul style="list-style-type: none"> • National Immunisation Program • Pharmaceutical Benefits Schedule (In particular, S100 medications) • Funding to Aboriginal Community Controlled Health Services • Funding to Aboriginal medical services <p>In addition, the Commonwealth funds GPs and specialists to provide testing and treatment via Medicare, and provides funding to states and territories under the National Health Care Agreements.</p> <p>Noting changes to all systems as a result of Health Reform, the Commonwealth, in collaboration with BBVSS and MACBBVS will look to ensure opportunities and risks are identified.</p>	<ul style="list-style-type: none"> • Prevention and health promotion • Supporting and strengthening community action • Surveillance and Research • Screening and Diagnosis • Clinical management and support
States and Territories	<ul style="list-style-type: none"> • Strategic action plans • Funding to CBOs • Clinical service planning and delivery 	<ul style="list-style-type: none"> • Prevention and health promotion • Supporting and strengthening community action • Screening and diagnosis • Clinical management and support • Workforce and organisational development
BBVSS	<ul style="list-style-type: none"> • Annual Workplan • Development of Monitoring and Surveillance Plan • Liaison with relevant bodies 	<ul style="list-style-type: none"> • Surveillance and Research • Supporting and strengthening community action • Identifying emerging priorities

Peak National Organisations	<ul style="list-style-type: none"> • Individual operational plans • Funding agreements with commonwealth, state and territory governments • Liaison and advocacy • Policy analysis and advice on strategic and programmatic issues • Public advocacy and media responses educating the public on the rationale for BBVS and STI policies and programs 	<ul style="list-style-type: none"> • Prevention and health promotion • Supporting and strengthening community action • Workforce development and Clinical Education and standards • Identifying emerging priorities
MACBBVS	<ul style="list-style-type: none"> • Annual Workplan • Liaison with relevant bodies 	<ul style="list-style-type: none"> • Addressing stigma and discrimination, and legal Identify legal barriers and impediments to a human rights approach to the prevention, management, treatment, reporting and monitoring of blood borne viruses and sexually transmissible infections • Identifying emerging priorities • Exploring research priorities and promoting research agenda

The Australian Government

In the area of BBVs and STIs, the Australian Government provides funding for medications, including s100 drugs via the Pharmaceutical Benefits Scheme; funds doctors, including specialists to treat people with BBVs and STIs via Medicare; and provides funding for hospitals and other health services to states and territories via the National Healthcare Agreements. In addition, the Australian Government directly funds a number of peak national organisations to provide leadership, advice and education and prevention services, and also directly funds research organisations to undertake research specific to BBVs and STIs. It is expected that the peak national organisations funded by the Australian Government will, during the lifetime of the strategies, ensure that projects undertaken will align with priorities contained within the strategies.

The table below outlines the major areas of expenditure for the Commonwealth for the 2009-10 financial year. The Department of Health and Ageing also funds social marketing prevention campaigns.

Table 2

Approximate DoHA funding for BBVs and STIs										
\$m (Ex GST)										
Year	Research	CBOs (1)	OATSIH	S100 Drugs (2)	Immunisation (3)	Pathology and Diagnostic Imaging (4)	States (5)	NHMRC (6)	Chlamydia and STI Campaign	TOTAL
2009-10	\$9.0	\$6.2	\$16.2	\$221.2	\$7.2	See footnote	See footnote	\$28.5	\$4.2	\$292.5

1. CBO: This amount includes funding from the department's Community Sector Support Scheme.
2. 2008-09 Latest complete data.
3. Immunisation: Amounts shown above do not include approx \$54m for drugs that cover multiple diseases including hepatitis B.
4. Pathology and Diagnostic Imaging: Amounts for these services are not included.
5. States and Territories: Under the New Healthcare Agreement, amounts allocated to HIV and STIs by States and Territories as part of broader public health education and prevention are not known. Similarly, funding by States and Territories for needle and syringe programs including education, counselling and referral, and service provision are not known.
6. NHMRC: Extracted from NHMRC Databases - RMIS/GMS.

State and Territory Governments

The State and Territory Governments oversee matters in relation to sexual health within their jurisdictions such as prevention and health promotion, supporting and strengthening community action, screening and diagnosis, clinical management and support, and workforce and organisational development. In the area of BBVs and STIs, the State and Territory Governments work collaboratively with the Australian Government through provision of Healthcare Agreements to community organisations, researchers, clinicians and health sector workforce organisations to reshape existing policies and programs or extend them where possible.

The States and Territories play a critical role in implementing the national BBV and STI strategies at the coalface through their individual strategic action plans and funding to the community sector.

Peak National Organisations

The role of the peak national organisations is to represent their constituents in a policy context in dealings with the Australian Government, and to provide education and prevention services. In addition, many of these organisations provide support to people living with BBVs and STIs.

The peak national organisations are:

- Australian Federation of AIDS Organisations
- Australian Injecting and Illicit Drug Users League
- Australasian Society for HIV Medicine
- Hepatitis Australia
- National Associations of People Living with HIV/AIDS
- Scarlet Alliance

Research Centres

Four national research centres, funded by the Department of Health and Ageing, undertake research and surveillance of blood borne viruses, sexually transmissible infections, social determinants contributing to behavioural change, and virology. The research centres collect and publish surveillance data, and research and analyse behavioural data. The data collected by these research centres are critical to identify trends in infection patterns and assist in guiding governments' responses to blood borne viruses and sexually transmissible infections. Research also targets the development of new treatments for viral infections of national and international public health importance including HIV, hepatitis B and C, human papilloma virus and herpes simplex virus.

The four national research centres, funded by the Department are:

- Australian Centre for HIV and Hepatitis Virology Research
- Australian Research Centre for Sex, Health and Society
- National Centre in HIV Epidemiology and Clinical Research
- National Centre in HIV Social Research

Links to relevant workplans and other useful documents

National Strategies: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010>

ACT Strategic Framework 2007-2012: <http://www.health.act.gov.au/c/health?a=dlpubpoldoc&document=915>

NSW HIV, STI and Hepatitis C Strategies 2006-2010, and the supporting Implementation Plan for Aboriginal People: <http://www.health.nsw.gov.au/publichealth/sexualhealth/healthprofessionals.asp>

Victorian HIV, STI and Hepatitis C Strategies: http://www.health.vic.gov.au/ideas/publications/strategy_evaluation

South Australian Health Care Plan:

<http://www.health.sa.gov.au/Default.aspx?tabid=247&error=Exception+of+type+System.OutOfMemoryException+was+thrown.&content=0>

SA HIV Action Plan 2009-2012: <http://www.health.sa.gov.au/pehs/publications/090525-hiv-action-plan.pdf>

SA HCV Action Plan 2009-2012: <http://www.health.sa.gov.au/pehs/publications/090525-hepc-action-plan.pdf>

Western Australian Policies and Action Plans: http://www.public.health.wa.gov.au/3/467/3/policies_and_action_plans.pm

Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy: <http://www.health.qld.gov.au/sexhealth/documents/28206.pdf>

Northern Territory Sexual Health and Blood Borne Virus Unit Resources and Publications:

http://www.health.nt.gov.au/Centre_for_Disease_Control/Sexual_Health_and_Blood_Borne_Viruses/index.aspx

Explanatory Notes

Lead Organisations

The lead organisation(s) has been generalised so that, in most cases, it does not identify a specific organisation but instead lists, for example, 'relevant peak national organisations', or peak 'community based organisations' (CBOs).

The term 'professional bodies' represents organisations such as the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Australasian Society for HIV Medicine (ASHM). It should be noted that ASHM is also considered to be a peak national organisation for purposes of this document.

The term 'Australian Government' is used where it does not refer specifically or solely to the Department of Health and Ageing, but to other Commonwealth agencies (eg. agencies operating in the justice, education or social welfare sectors). The acronym DoHA is used to identify actions specifically for the Department of Health and Ageing.

A number of actions are listed with the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS) as the lead. This means that the action is the responsibility of the appropriate states, territories, and/or Australian government but that BBVSS would be responsible for identifying the appropriate mechanism to proceed.

A number of actions are listed with the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) as lead. This means that MACBBVS will either progress an action item or will identify an appropriate pathway forward, in keeping with its role as an advisory body.

Timeframes

The timeframes provided are indicative and may take into account the following: whether projects that meet the theme of the action(s) are currently being undertaken as part of other programs (these are referred to as 'ongoing'); future funding rounds for research and other projects; and the capacity for the lead organisations to commence work on the action(s) which they have undertaken to develop (indicative dates for the commencement of these actions are given). As lead organisations further develop their respective action(s) and implementation plans, more concrete timeframes will be developed.

Indicators and Measures of success

The indicators from the strategies have been provisionally mapped against each action item, while the measures of success will be developed consultatively and with regard to the National Monitoring and Surveillance Plan that will be undertaken by NSW on behalf of BBVSS. This will, of necessity, mean that the “Indicators and measures of success” column will remain somewhat fluid until the monitoring and evaluation plan is complete.

Plan of approach

The *Plan of approach* outlines which mechanism will be used to address the priority action (for example, BBVSS Workplan, S/T Government action plan etc).

Acronyms

HIV	Human Immunodeficiency Virus
STI	Sexually Transmissible Infections
PNG	Papua New Guinea
BBVs	Blood Borne Viruses
DoHA	Department of Health and Ageing
BBVSS	Blood Borne Virus and Sexually Transmissible Infections Sub-Committee
NACCHO	National Aboriginal Community Controlled Health Organisation
CBO	Community Based Organisation
NSP(s)	Needle and Syringe Program(s)
ACCHS(s)	Aboriginal Community Controlled Health Service(s)
MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections
HPV	Human Papillomavirus
AHW	Aboriginal Health Worker
ASHW	Aboriginal Sexual Health Workers
CDNA	Communicable Diseases Network Australia
NCHECR	National Centre in HIV Epidemiology and Clinical Research
CALD	Culturally and Linguistically Diverse
PLHIV	People Living with HIV
NHCAs	National Health Care Agreements
ASHM	Australasian Society for HIV Medicine

Priority populations

	Aboriginal and Torres Strait Islander Strategy	HIV Strategy	Hepatitis B Strategy	Hepatitis C Strategy	STI Strategy
Aboriginal and Torres Strait Islander People	•	•	•	•	•
People from culturally and linguistically diverse backgrounds			•	•	
Young people	•		•		•
People living with the HIV and/or viral hepatitis	•	•		•	
Gay, bisexual and transgender men and other men who have sex with men and transgender people	•	•			•
People who inject drugs	•	•		•	
Sex workers		•			•
People in custodial settings	•	•		•	
People with hepatitis C with co-morbidities			•	•	
People living in the cross-border region of Australia and Papua New Guinea (PNG)	•				
People from (or who travel to) high prevalence countries		•	•		
Unvaccinated adults at higher risk of infection			•		

IMPLEMENTATION PLAN

THIRD NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY

Objectives and indicators

GOAL	OBJECTIVE	INDICATOR ⁽¹⁾
To reduce the transmission of, and morbidity and mortality caused by, STIs and BBVs and to minimise the personal and social impact of these infections, in Aboriginal and Torres Strait Islander communities	Reduce hepatitis B infections	A. Coverage of hepatitis B vaccination among Aboriginal and Torres Strait Islander children and adolescents (Essential Vaccines National Partnership Agreement)
	Work towards elimination of infectious syphilis in Aboriginal and Torres Strait Islander peoples	B. Incidence of infectious syphilis in Aboriginal and Torres Strait Islander peoples (National Healthcare Agreement)
	Decrease the proportion of HIV and hepatitis C infections caused by injecting drug use	C. Proportion of newly diagnosed HIV and newly diagnosed hepatitis C infection caused by injecting drug use in Aboriginal and Torres Strait Islander peoples
	Increase the level of systematic testing and treatment of sexually active 15 to 30-year olds, noting that testing will likely increase the notifications of bacterial STIs in the short term before a reduction in the long term	D. Proportion of young Aboriginal and Torres Strait Islander young peoples who report having had an STI test in the previous 12 months E. Proportion of Aboriginal and Torres Strait Islander young people receiving a chlamydia and gonorrhoea test in the previous 12 months
	Improve Aboriginal and Torres Strait Islander young people's knowledge of STIs and BBVs	F. Proportion of Aboriginal and Torres Strait Islander young peoples giving correct answers to knowledge questions on STI and BBV
	Increase the number of Aboriginal and Torres Strait Islander peoples receiving treatment for HIV, hepatitis C and hepatitis B treatment	G. Proportion of Aboriginal and Torres Strait Islander people with HIV receiving antiretroviral treatment H. Proportion of Aboriginal and Torres Strait Islander people with chronic hepatitis C who are dispensed drugs for hepatitis C infection through the Highly Specialised Drugs Program in the previous 12 months I. Proportion of Aboriginal and Torres Strait Islander people with chronic hepatitis B who are dispensed drugs for hepatitis B infection through the Highly Specialised Drugs Program in the previous 12 months
	Implement a national accreditation scheme for Aboriginal and Torres Strait Islander sexual health workers, under COAG Program	J. Number of Aboriginal and Torres Strait Islander Sexual Health Workers registered under the National Registration Program

(1) In areas where data are available

Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013		Lead organisations	Timeframe	Indicators and measures of success	Plan of approach
Testing and Treatment of Sexually Transmissible Infections (STIs)					
<i>Highest priority actions</i>					
1	Build the capacity of primary healthcare services, the ACCHS, National Aboriginal Community Controlled Health Organisation (NACCHO) and general practitioners to initiate testing, diagnosing, treating and engaging in culturally appropriate partner notification strategies, particularly among those aged 15 to 30 years.	DoHA	Ongoing	J	OATSIH program to reduce STI and BBV, via projects and direct funding
2	Integrate provider-initiated STI testing and treatment into routine health checks provided in primary care.	DoHA	Commence 2010	D,E	Promoting use of Adult Health Check in primary care settings
3	Improve systematic, integrated surveillance systems using existing patient information management systems that can report on the proportions of people aged 15 to 30 years who are offered regular STI testing and treatment.	CDNA, DoHA, State and Territory Governments	Commence 2010	D,E	State and Territory Strategic Plans
4	Improve partner notification initiatives in communities that encompass cultural and social considerations.	Peak national organisations, state and territory governments	Commence 2010		State and Territory Strategic Plans

Other priority actions					
5	<p>Investigate models that normalise health-seeking behaviour and specifically reach those aged 15 to 19 years, particularly in high prevalence communities. Models could include:</p> <ul style="list-style-type: none"> • specific youth health programs within primary healthcare services • active outreach models • uptake of the Adult Health Check and other such initiatives. 	DoHA, relevant peak national organisations, state and territory governments, CBOs	Ongoing		<p>Indigenous Early Childhood Development NP could provide models</p> <p>Any models to be referred to BBVSS for consideration</p> <p>Youth Demonstration Projects funded by OATSIH</p> <p>State and Territory Strategic Plans</p>
6	<p>Respond to high rates of syphilis in Aboriginal and Torres Strait Islander communities through greater emphasis on comprehensive sexual health programs in the primary care setting (that may include syphilis testing, treatment, contact tracing and follow up), as well as healthcare provider and community education.</p>	DoHA State and Territory governments	Ongoing	B,D	Promote use of Adult and Young Person's Checks in primary care settings
7	<p>Encourage the development of testing, treatment and care guidelines for specific target groups:</p> <ul style="list-style-type: none"> • those aged 15 to 30 years • those in custodial settings • sex workers • gay men, other men who have sex with men, sistergirls and transgender people. 	MACBBVS, professional bodies	Ongoing		For consideration on MACBBVS workplan
8	<p>Conduct a systematic review of the evidence base around trichomonas vaginalis infection to develop actions to deal with it.</p>	DoHA, MACBBVS, BBVSS, State and Territory governments	Commence 2010		<p>Funding for National Research Centres</p> <p>*NB Priority action duplicated on pages 20 and 51</p>

Prevention of Blood Borne Viruses (BBVs) from injecting drug use

Highest priority actions

9	Increase the coverage and accessibility of NSPs to Aboriginal and Torres Strait Islander communities, particularly in urban and regional areas where most injecting drug users are.	State and territory governments	Commence 2010		State and Territory Strategic Plans
10	Promote peer education-based models and outreach to reach marginalised groups.	State and territory governments, relevant peak national organisations	Ongoing	F	State and Territory Strategic Plans
11	Encourage and support partnerships between ACCHS, peer-based drug user organisations, community-based and peak HIV and hepatitis C organisations, and research bodies in developing and delivering tailored harm reduction strategies; and between different health programs (e.g. drug and alcohol, mental health, sexual health, corrections) to ensure testing and treatment pathways are accessible.	Australian government, state and territory governments, peak national organisations	Ongoing		Investigate or establish/support appropriate forum for discussion of these issues State and Territory Strategic Plans
12	Promote an environment free of discrimination on the basis of sexual practice, ethnicity and drug use behaviour.	DoHA State and Territory governments	Ongoing		Relevant workplans and behaviour modelling State and Territory Strategic Plans

13	Strengthen evidence-based harm reduction approaches to BBV and STIs in custodial settings, including through drug substitution programs, the availability of condoms and lubricant, exploring the feasibility of implementing access to safe tattooing and piercing programs, and state and territory governments identifying opportunities to pilot regulated needle and syringe distribution.	State and territory governments, peak national organisations	Commence 2010		State and Territory Strategic Plans
<i>Other priority actions</i>					
14	Facilitate the provision of high-quality, timely, primary healthcare that will provide prevention, early detection, treatment and follow-up services for HIV, viral hepatitis, BBVs and STIs.	Australian government	Ongoing	G,H,I	Funding to Aboriginal Community Controlled Health Organisations Promote the Adult Health Check in all primary care settings
15	Consider issues around re-entry into the community for those leaving custodial settings such as prevention, testing, treatment and completion of vaccination courses.	State and Territory Governments	Commence 2010		State and Territory Strategic Plans
16	Ensure initiatives are fully evaluated and findings disseminated as widely as possible to community partners, health departments, research centres, ACCHS and professional bodies.	DoHA, State and Territory Governments	End of Strategy		Consider approach to evaluation State and Territory Strategic Plans

Cross border issues					
Highest priority areas – Nil					
<i>Other priority actions</i>					
17	Continue the multi-agency and systematic response in the Torres Strait Island region to ensure the potential for HIV to escalate in the region does not occur.	Australian government, Queensland government	Ongoing		Work with Queensland Health to improve primary health care capacity in the Torres Strait region and participate in the Health Issues Committee
Health promotion and health literacy					
<i>Highest priority actions</i>					
18	Develop social marketing campaigns in consultation with target groups to ensure local relevance and support.	State and territory governments	Commence 2010		State and Territory Strategic Plans
19	Link sexual health education with access to testing and treatment.	State and territory governments, funded CBO	Commence 2010		State and Territory Strategic Plans
<i>Other priority actions</i>					
20	Ensure that comprehensive school-based and out-of-school sexual health and BBV education programs are available, with quality training attached, for delivery by those who work with populations at risk.	Australian government, state and territory governments	Ongoing	F	Continued work through Indigenous Early Childhood NP State and Territory Strategic Plans
Gay men, men who have sex with men, sisters and transgender people					
<i>Highest priority actions – Nil</i>					
<i>Other priority actions</i>					
21	Continue support for mechanisms for communities affected by HIV to identify emerging priorities and	Australian, state and territory governments,	Ongoing		Funding to ACCHOs and peak national organisations State and Territory Strategic Plans

	refine HIV and BBV responses.	relevant peak national organisations			
22	Improve the capacity of these groups to contribute to initiatives that address the risks associated with injecting drug use.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
23	Continue support for peer-based, nationally co-ordinated prevention and health promotion initiatives	Australian government, state and territory governments	Ongoing	F	Funding to ACCHOs and peak national organisations State and Territory Strategic Plans
24	Support efforts to address violence (including sexual violence).	State and territory governments	Ongoing		State and Territory Strategic Plans
25	Support research that will help enhance sexual health responses for these groups and help them address emerging issues.	Australian government, national research centres	Commence 2010	F	Funding for national research centres
People living with HIV and viral hepatitis					
<i>Highest priority actions</i>					
26	Increase assessment of hepatitis B status, hepatitis B immunisation coverage for those at risk, and management of those who have chronic hepatitis B.	DoHA, state and territory governments, professional bodies	Ongoing	A,I	State and Territory Strategic Plans
27	Ensure that people living with HIV have adequate access to treatment options at a range of health services, including through ACCHS.	DoHA, state and territory governments, professional bodies	Ongoing	G	State and Territory Strategic Plans
28	Explore options to increase the number of people with viral hepatitis accessing and completing treatment.	DoHA, state and territory governments, professional bodies	Commence 2010	H,I	State and Territory Strategic Plans

Emerging Issues					
<i>Highest priority actions</i>					
29	Continue with efforts to improve Pap smear testing in older women because of the very high rates of cervical cancer and death from cervical cancer in this group.	DoHA, state and territory governments	Ongoing		State and Territory Strategic Plans
<i>Other priority actions</i>					
30	Conduct a systematic review of the evidence and develop a national trichomoniasis action plan.	DoHA, MACBBVS, BBVSS, State and Territory governments	Commence 2010		Funding for National Research Centres *NB Priority action duplicated on pages 15 and 51
31	Closely monitor coverage of HPV vaccination among young women. Any extension of HPV vaccination to boys and men should be evidence based and include actions that aim to reach all eligible cohorts.	DoHA	Ongoing		PBAC processes
32	Explore the role of HPV immunisation in high-risk older women.	DoHA	Commence 2010		Liaison with relevant committee/body for immunisation
Workforce Development					
<i>Highest priority actions</i>					
33	Map the workforce of Aboriginal and Torres Strait Islander sexual health workers nationally and identify gaps, particularly in ACCHSs.	DoHA	Commence 2010	J	Urbis review
34	Improve the training, qualification and career pathways for Aboriginal	Australian government,	Ongoing		Engagement with ATSI Workforce Group (a subcommittee subgroup of HPPPC)

	and Torres Strait Islander sexual health workers and generalist Aboriginal Health Workers, by linking them to national competency standards, encompassing STI and BBVs and encompassing public health and epidemiology.	state and territory governments			State and Territory Strategic Plans
35	Collaborate with new initiatives and other national strategies and programs to advocate for increased Aboriginal and Torres Strait Islander sexual health workers positions in ACCHS and mainstream services.	DoHA	Commence 2010	J	Engagement with ATSI Workforce Group (a subcommittee subgroup of HPPPC)
36	Improve the effectiveness of training, recruitment and retention for both Aboriginal and Torres Strait Islander staff and non-indigenous staff in primary healthcare services.	Australian government, NACCHO	Commence 2010	D,E	Engagement with ATSI Workforce Group (a subcommittee subgroup of HPPPC)
<i>Other priority actions</i>					
37	Provide training for health service leaders and managers to develop and run organised, systematic STI programs incorporating opportunistic and targeted screening, health education and use of data to evaluate programs.	DoHA, state and territory governments, relevant peak national organisations	Ongoing	J	State and Territory Strategic Plans
38	Employ gender-specific workers, where necessary, using women's and men's health workers to offer a wide range of services.	DoHA, state and territory governments, relevant peak national organisations	Ongoing	J	State and Territory Strategic Plans
39	Explore barriers to workforce development and approaches to addressing them.	DoHA, state and territory governments, relevant peak national organisations	Commence 2010	J	State and Territory Strategic Plans

40	Increase the number of Aboriginal and Torres Strait Island sexual health workers in jurisdictions where there are few.	DoHA, state and territory governments	Commence 2010	D,E	State and Territory Strategic Plans
Surveillance					
<i>Highest priority actions</i>					
41	Support enhancement of existing data collection and surveillance strategies to improve the accuracy and completeness of Aboriginal and Torres Strait Islander and other demographic information required to underpin program development, monitoring and evaluation.		Commence 2010		CDNA workplan <i>National Surveillance and Monitoring Plan</i>
42	As part of the implementation planning process the following specific issues should be considered: <ul style="list-style-type: none"> • supporting the extension of enhanced sentinel surveillance programs such as the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance project • investigating data linkage as a mechanism for improving the completeness and accuracy of data sets on Aboriginal and Torres Strait Islander status • following up the implementation of the Communicable Diseases Network Australia's improving Indigenous Identification in Communicable Disease Reporting Systems • ensuring that NACCHO, the Royal Australasian College of 	CDNA, Australian government, state and territory governments, professional bodies	Commence 2010	D,E	<i>National Surveillance and Monitoring Plan</i>

	Physicians, the Royal College of Pathologists of Australia and other stakeholders identify, develop and implement strategies that will improve the completeness and accuracy of Aboriginal and Torres Strait Islander status in the National Notifiable Diseases Surveillance System.				
Research					
<i>Highest Priority actions</i>					
43	Identify specific research priorities in relation to primary healthcare access, epidemiological surveillance and health promotion needs for responding to this strategy's priority population groups.	MACBBVS, DoHA, National Research Centres, CDNA	Commence 2010		MACBBVS workplans
44	Continue with established partnerships with national research centres to maximise the development and implementation of Aboriginal and Torres Strait Islander sexual health and BBV-related research.	DoHA	Ongoing		Funding to research centres
<i>Other priority areas</i>					
45	Develop strategies and partnerships to actively involve local Aboriginal and Torres Strait Islander peoples in the collection, analysis and interpretation of research data related to their experiences of sexual health and BBVs, and ensure the findings are communicated to their communities and other interested parties, such as policy makers and planners.	Australian government, national research centres	Commence 2010		Funding to research centres

46	Encourage research that examines behaviours associated with sexual practices and injecting drug use in the Aboriginal and Torres Strait Islander community.	Australian government, national research centres	Commence 2010		Funding to research centres
47	Evaluate strategies designed to, and interventions aimed at, reducing risk behaviours.	Australian government, national research centres	Commence 2010		Funding to research centres

IMPLEMENTATION PLAN

NATIONAL HEPATITIS B STRATEGY

Objectives and indicators

GOAL	OBJECTIVE	INDICATOR ⁽¹⁾
To reduce the transmission of hepatitis B	Reduce hepatitis B infections	A. Incidence of hepatitis B (National Healthcare Agreement)
		B. Coverage of hepatitis B vaccination among children and adolescents (Essential Vaccines National Partnership Agreement)
To reduce the morbidity and mortality caused by hepatitis B	Reduce the proportion of people with chronic hepatitis B who have not been diagnosed	C. Estimated proportion of people with chronic hepatitis B who have not been diagnosed D. Notifications of acute and unspecified hepatitis E. Proportion of people who die from hepatocellular carcinoma within 12 months of hepatitis B diagnosis
To minimise the personal and social impact of hepatitis B	Improve the health and wellbeing of people with chronic hepatitis B, through access to clinical services, screening, treatment, education and support	F. Proportion of people with chronic hepatitis B who meet criteria for hepatocellular carcinoma who are receiving annual screening
		G. Incidence of hepatocellular carcinoma attributed to hepatitis B
		H. Proportion of people with chronic hepatitis B dispensed drugs for hepatitis B infection through the Highly Specialised Drugs (s100) Program

(1) In areas where data are available

National Hepatitis B Strategy 2010 – 2013		Lead organisations	Timeframe	Indicators and measures of success	Plan of approach
Building Partnerships and Strengthening Community Action					
<i>Highest priority actions</i>					
0	Map and identify partners to be included in local, state, territory and national responses to chronic hepatitis B.	BBVSS, DOHA	Commence 2011		
1	Develop partnerships between BBV committees and organisations representing communities most at risk of chronic hepatitis B infection at local, state, territory and national levels.	Peak national organisations, DoHA, CBOs, state and territory governments	Ongoing		Various State and Territory Strategic Plans Funding to peak national organisations
2	Develop health promotion interventions for people with chronic hepatitis B, and their families: build health literacy, create supportive environments in which it is safe to disclose infection, and support their clinical and non-clinical needs.	Relevant peak national organisations	Commence 2010		
<i>Other priority actions</i>					
3	Increase access to clinical services.	State and territory governments	Ongoing		State and Territory Strategic Plans Professional organisations through clinical education
4	Support Aboriginal and Torres Strait Islander health organisations to develop their capacity and expertise in hepatitis B.	Relevant peak national organisations, professional bodies, DoHA	Commence as soon as possible		OATSIH funded activities via professional organisations and peak national organisations

Prevention (Note: all prevention actions identified as 'Highest priority')					
5	Promote national consistency in groups and communities eligible for funded vaccination, giving priority to communities at greatest risk of hepatitis B infection.	DoHA, state and territory governments, MACBBVS	Ongoing		State and Territory Strategic Plans MACBBVS workplan Professional organisations through clinical education
6	Increase the uptake of hepatitis B vaccination among priority populations, thereby reducing the social impact, morbidity and mortality associated with undetected or untreated infection.	DoHA, professional bodies, state and territory governments	Ongoing	B	State and Territory Strategic Plans
7	Increase awareness of hepatitis B prevention through integrated health promotion interventions promoting safe sex and safe injecting.	State and territory governments, peak national organisations	Ongoing		State and Territory Strategic Plans
8	Identify an appropriate follow-up schedule for children born to at-risk mothers and promote appropriate monitoring.	BBVSS, state and Territory Governments	Commence 2010		BBVSS workplan State and Territory Strategic Plans Professional Organisations CDNA
Testing and Diagnosis					
<i>Highest priority actions</i>					
9	Review the Hepatitis C Testing Policy (2007) and consider expanding it to a Viral Hepatitis Testing Policy to include hepatitis B testing.	MACBBVS, BBVSS	Commence 2010		MACBBVS and BBVSS workplans Funding to professional bodies if appropriate
10	Develop a model of care that helps doctors who diagnose chronic hepatitis B to conduct appropriate follow-up tests, assessments, referrals and management as appropriate.	Professional bodies, DoHA, state and territory governments	Commence 2010		Funding agreements with relevant body/ies State and Territory Strategic Plans

Other priority actions					
11	Promote household (and other appropriate contact) follow up for newly diagnosed chronic and acute hepatitis B cases with specific priority given to checking the immunisation profile and serostatus of household members—including, as a priority, vaccinating children in the same household.	State and territory governments, relevant peak national organisations, professional bodies	Ongoing		State and Territory Strategic Plans
Clinical management <i>Note: all Clinical Management actions from the National Strategy are identified as 'Highest priority'</i>					
Highest priority areas					
12	Trial innovative models of the monitoring and treatment of hepatitis B which will increase access to clinical services (including increased involvement of general practitioners, nurses and other healthcare professionals in monitoring and follow up) and address the needs of a range of populations, including those living in remote communities and custodial settings.	DoHA, state and territory governments, relevant peak national organisations, professional bodies	Commence 2010	H	State and Territory Strategic Plans Funding Agreements Funding to professional bodies
13	Explore options for primary care practitioners to prescribe hepatitis B treatments, particularly in areas with limited access to specialist care, to free up access to specialist services for more complex management.	DoHA, state and territory governments	Commence 2010		DoHA internal mechanisms State and Territory Strategic Plans
14	Review the evidence for removing the requirement for mandatory liver biopsy for treatment, taking into account the impact of this requirement on ATSI communities.	DoHA, professional bodies, MACBBVS	Commence 2010		Internal DoHA mechanisms Professional ORGs and direct communication with PBAC and MSAC

Health Maintenance, care and support					
<i>Highest Priority areas - Nil</i>					
<i>Other priority areas</i>					
15	Develop accurate and appropriate information for people with chronic hepatitis B to inform them about: the impact of infection; its natural history; the availability of health promotion information, including how to reduce their risk of developing liver disease and how to access specialist services; and their legal rights.	Relevant peak national organisations	Ongoing	H	Collaboration with peak national organisations doing clinical education
16	Ensure organisations working with communities with a greater prevalence of chronic hepatitis B are able to provide services, information and support.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
17	Establish forums in which lessons learned by service providers are shared.	MACBBVS, relevant peak national organisations, state and territory governments	Commence 2010		MACBBVS workplan State and Territory Strategic Plans
18	Develop chronic disease management strategies that incorporate changes to diet, exercise and alcohol intake.	Relevant professional bodies	Commence 2010		
19	Identify barriers to accessing information on hepatitis B and to the support available in rural and remote areas and custodial settings.	Relevant peak national organisations, state and territory governments	Commence 2010		State and Territory Strategic Plans

20	Use referral mechanisms between general practitioners, specialist clinics and other health and welfare services to help with the clinical and psychosocial needs of patients.	State and territory governments, relevant professional bodies	Ongoing		State and Territory Strategic Plans
Surveillance					
<i>Highest priority areas</i>					
21	In the context of the development of a surveillance plan for the five national BBV and STI strategies, develop a national hepatitis B surveillance strategy, under the supervision of the Communicable Diseases Network of Australia.	CDNA	Commence 2010		CDNA workplan <i>National Surveillance and Monitoring Plan</i>
22	Encourage prioritisation within national research funding bodies of basic science research to improve understanding of hepatitis B pathogenesis, identify biomedical markers for disease progression and antiviral drug resistance.	Australian Government, MACBBVS	Commence as soon as possible		MACBBVS workplan Funding agreements
<i>Other priority areas</i>					
23	Improve reporting of country of birth and Aboriginal and Torres Strait Islander status on routine hepatitis B notifications.	CDNA	Ongoing		CDNA workplan <i>National Surveillance and Monitoring Plan</i>
24	Encourage prioritisation within national research funding bodies of socio-behavioural and clinical research to identify the barriers to testing and accessing treatment.	Australian government, MACBBVS	Commence 2011		DoHA and NHMRC liaison Encourage consortia applying for HBV partnership and other grants
25	Investigate the establishment of a national database to track antiviral drug resistance, including clinical correlates.	CDNA	Commence 2011 or 2012		CDNA workplan

Workforce and Organisational Development					
<i>Highest priority areas</i>					
26	Develop nationally consistent and accurate information about chronic hepatitis B for the community and health sectors, including national benchmarks or minimum standards.	Australian government, professional bodies	Commence 2010		Funding to relevant body
27	Develop education on chronic viral hepatitis B for the medical practitioners, nurses, pharmacists, other healthcare workers, interpreters and people working with communities most affected.	State and territory governments, professional bodies	Commence 2010		State and Territory Strategic Plans
<i>Other priority areas</i>					
28	Identify research on the capacity and need for workforce development and models which may be transferable.		Commence 2011		MACBBVS workplan State and Territory Strategic Plans

IMPLEMENTATION PLAN

THIRD NATIONAL HEPATITIS C STRATEGY

Objectives and indicators

GOAL	OBJECTIVE	INDICATOR ⁽¹⁾
Reduce the transmission of hepatitis C	Reduce the incidence of hepatitis C	A. Incidence of hepatitis C (National Healthcare Agreement)
	Increase access to new injecting equipment through needle and syringe programs	B. Per capita rate of needles and syringes distributed in the public and pharmacy sector in the previous 12 months (National Healthcare Agreement) C. Proportion of people who inject drugs who report re-using another person's used needle and syringe in the last month
Reduce the morbidity and mortality caused by hepatitis C	Reduce the burden of disease attributed to chronic hepatitis C	D. Estimated number of people with hepatitis C infection by stage of liver disease: <ul style="list-style-type: none"> chronic hepatitis C infection with stage F0/1 liver disease chronic hepatitis C infection with stage F2/3 liver disease living with hepatitis C-related cirrhosis E. Self-reported health status by people with hepatitis C
	Increase access to clinical care for people with chronic hepatitis C	F. Proportion of people with chronic hepatitis C dispensed drugs for their infection through the Highly Specialised Drugs (s100) Program in the previous 12 months
Minimise the personal and social impact of hepatitis C	Reduce hepatitis C related stigma and discrimination in health care settings	G. Proportion of people with hepatitis C who report discrimination in health care settings

(1) In areas where data are available

Third National Hepatitis C Strategy 2010 - 2013		Lead organisations	Timeframe	Indicators and measures of success	Plan of approach
Prevention and Education					
<i>Highest priority actions</i>					
0	Continue to support, expand access to, and evaluate the effectiveness of the range of opioid pharmacotherapy programs throughout Australia in reducing transmission of hepatitis C.	DOHA, state and territory governments	Ongoing		
1	Increase access to sterile injecting equipment, particularly in priority populations.	State and territory governments, peak national organisations	Ongoing	B,C	State and Territory Strategic Plans
2	Strengthen the capacity of education providers and the providers of services to young people to ensure that they have access to harm reduction knowledge and skills.	Peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
3	Conduct a feasibility study into providing the full range of hepatitis C prevention interventions in custodial settings throughout Australia, with the view to piloting the provision of prison-based NSP.	MACBBVS	Commence 2010	B,C	MACBBVS Workplan
<i>Other priority actions</i>					
4	Strengthen collaboration with the alcohol and other drug sector.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
5	Enhance the capacity of the NSP workforce to engage with people who have, or are at risk of getting, hepatitis C infection and provide	State and territory governments, relevant peak national	Ongoing	B,C	State and Territory Strategic Plans Funding to relevant peak national organisations

	targeted education and health promotion interventions.	organisations, DoHA			
6	Develop innovative health service delivery models, particularly for people who inject drugs.	State and territory governments, peak national organisations	Ongoing		State and Territory Strategic Plans
7	Enhance training and support for community based hepatitis C educators, including injecting drug user peer educators.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
Stigma and Discrimination					
<i>Highest priority actions (Note: all actions in National Strategy identified as Highest Priority)</i>					
8	Develop and implement a national hepatitis C public education campaign to dispel the myths and misconceptions around hepatitis C and reduce discriminatory attitudes and behaviour in the general community, specifically within healthcare settings.	MACBBVS, human rights organisations	Commence 2010	G	MACBBVS workplan
9	Create supportive and enabling environments, promote the health and human rights of those living with or at risk of hepatitis C and support access to hepatitis C prevention, treatment and care services.	MACBBVS, State and territory governments	Ongoing	G	MACBBVS workplan State and Territory Strategic Plans
10	Include information on mechanisms for reporting discriminatory practices in healthcare and other settings in resources developed for people living with hepatitis C and address stigma and discrimination in healthcare worker training.	Peak national organisations, state and territory governments	When possible	G	State and Territory Strategic Plans
11	Identify and work to address legal barriers to evidence-based prevention strategies across jurisdictions.	MACBBVS	Commence 2010		MACBBVS workplan

Testing and Diagnosis					
<i>Highest priority actions</i>					
12	Ensure that people with or at risk of hepatitis C have access to high quality services at the time of diagnosis.	Professional bodies, peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
<i>Other priority actions</i>					
13	Promote testing and treatment in line with guidelines.	State and territory governments, professional bodies	Ongoing		State and Territory Strategic Plans
14	Implement targeted initiatives with priority CALD communities and healthcare providers with high caseloads of patients from priority CALD communities to promote awareness of and support measures to improve compliance with the National Hepatitis C Testing Policy.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
15	Develop education for people who inject drugs, those on pharmacotherapy and their healthcare providers—including all general practices and primary healthcare services—to ensure that hepatitis C testing and diagnosis process is understood and based on informed consent.	Relevant peak national organisations, professional bodies	When possible		Incorporate into existing programs and initiatives

Treatment, Health and Wellbeing					
<i>Highest priority actions</i>					
16	Investigate innovative projects that increase the participation of general practitioners, nurses and other members of primary healthcare teams in the management of hepatitis C, including the delivery of treatment.	DoHA, professional bodies, state and territory governments	Ongoing		State and Territory Strategic Plans DoHA internal liaison
17	Strengthen the capacity of existing tertiary hepatitis C treatment services to treat more people with hepatitis C and to support innovative models of care.	State and territory governments	Ongoing		State and Territory Strategic Plans
18	Increase the participation across the health workforce in the delivery of hepatitis C management, including through the integration of peer support for people undergoing treatment and people who inject drugs.	Professional bodies, peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
<i>Other priority actions</i>					
19	Implement innovative projects to link people with hepatitis C with support services at the time of diagnosis.	Relevant peak national organisations, state and territory governments	Commence 2010		State and Territory Strategic Plans

Models of Care and Clinical Management					
<i>Highest Priority actions</i>					
20	Review and revise the model of care for the management of adults with chronic hepatitis C (2003) regularly to ensure that it stays in step with clinical advancement and changes to management standards.	Professional bodies	Commence 2011		
<i>Other priority actions</i>					
21	Monitor implementation of the Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings.	BBVSS	Ongoing	F	BBVSS workplan
22	Support general practitioners, nurses and other primary care providers to improve their skills in hepatitis C management, treatment and referral.	Professional bodies, peak national organisations	Ongoing		
Health maintenance, care and support					
<i>Highest priority actions</i>					
23	Undertake education about hepatitis C for the health, community and welfare sectors to engender a supportive social environment for people with hepatitis C and their families.	Relevant peak national organisations	Ongoing		
24	Provide accurate and appropriate information for people with, or at risk of, hepatitis C and their support network, on the impact of infection, natural history of the infection, self-management options (including how to reduce the risk of developing liver disease and	Professional bodies, relevant peak national organisations, DoHA, state and territory governments	Ongoing	F,G	State and Territory Strategic Plans

	how to access specialist services), and how to exercise legal and health rights.				
Surveillance					
<i>Highest priority action Note: (only one action identified in National Strategy)</i>					
25	Develop and implement a National Viral Hepatitis Surveillance Strategy under the supervision of the Communicable Diseases Network of Australia which facilitates the collection of demographic data, including country of birth, Indigenous Australian status and sentinel surveillance for priority populations.	CDNA	Commence 2010		<i>National Surveillance and Monitoring Plan</i>
Research					
<i>Highest priority actions</i>					
26	Maintain a balance between strategic research (to guide the development of the national response, including policy formulation and health promotion activities) and investigator-driven research (to respond to unique contexts and circumstances).	MACBBVS, DoHA, national research centres	Ongoing		MACBBVS workplan Funding Agreements with Research Centres
<i>Other priority actions</i>					
27	Facilitate communication between basic scientific and virology, epidemiology, clinical, social and behavioural researchers and policy and program providers at the national, state and territory level and affected communities so that the evidence base is developed and	Australian government, national research centres MACBBVS	Ongoing		Funding to national research centres MACBBVS workplan

	appropriately applied.				
28	Prioritise socio-behavioural and clinical research to identify methods of overcoming the barriers to prevention, testing, diagnosis, treatment and management of hepatitis C, including identifying preferred models of care.	Australian government	Commence 2010		Funding to national research centres
29	Continue translational research to improve understanding of hepatitis C pathogenesis, antiviral resistance for emerging therapeutic agents and prevention strategies (including vaccine development).	Australian government, national research centres	Ongoing		Funding to national research centres
30	Enhance capacity for collaborative clinical research that evaluates potential improved treatment regimens, particularly those that reduce treatment duration.	Australian government	Ongoing		Funding to national research centres NHMRC and ARC funding for contested grants
Workforce					
<i>Highest priority actions - Nil identified</i>					
<i>Other priority actions</i>					
31	Prioritise workforce development for the hepatitis C prevention workforce—including NSP workers; alcohol and other drug workers; medical, nursing and certain allied health professionals; youth workers; the Aboriginal and Torres Strait Islander workforce; the CALD workforce; and custodial workers such as health professionals and custodial staff—to increase awareness and understanding of the infection, reduce discrimination surrounding it and improve access to services	Australian government, state and territory governments	Commence as soon as possible	B,C	Funding to relevant organisations State and Territory Strategic Plans

	for people who inject drugs.				
32	Develop and implement cultural competency training for hepatitis C treatment providers to build their capacity to work with people from CALD backgrounds and Aboriginal and Torres Strait Islander peoples.	Relevant peak national organisations, professional bodies	When possible		Look at mechanisms to share these initiatives including through the viral hepatitis conference
33	Encourage universities and other health and education training organisations to include viral hepatitis, blood awareness, anti-discrimination and cultural awareness issues in their curricula.	MACBBVS, Australian government, state and territory governments	Commence 2010		MACBBVS workplan Liaison with all levels of government State and Territory Strategic Plans

IMPLEMENTATION PLAN
SIXTH NATIONAL HIV STRATEGY

Objectives and indicators

GOAL	OBJECTIVE	INDICATOR ⁽¹⁾
To reduce the transmission of and morbidity and mortality caused by HIV and to minimise the personal and social impact of HIV.	Reduce the incidence of HIV	A. Incidence of HIV infection (National Healthcare Agreement Indicator)
	Reduce the risk behaviours associated with the transmission of HIV	B. Proportion of men who have engaged in any unprotected anal intercourse with casual male partners in the previous six months (National Healthcare Agreement Indicator) C. Proportion of people who inject drugs who re-used another person's used needle and syringe in the previous month
	Increase the proportion of people living with HIV on treatments with undetectable viral load	D. Proportion of people receiving antiretroviral treatment for HIV infection whose viral load is less than 400 copies/ml
	Decrease the number of people with undiagnosed HIV infection	E. Proportion of cases of newly diagnosed HIV infection that are a late HIV diagnosis (defined as newly diagnosed HIV infection with a CD4+ cell count of <200 cells/ μ l)
	Improve the quality of life of people living with HIV	F. Proportion of people with HIV who report their general health status and their general wellbeing to be excellent or good.

(1) In areas where data are available

Sixth National HIV Strategy 2010 – 2013	Lead organisations	Timeframe	Indicators and measures of success	Plan of approach
Prevention targeting priority communities and populations				
<i>Highest priority actions</i>				
1	Use the expertise of community sector agencies within the partnership to develop and implement an expanded and comprehensive national program aimed at: <ul style="list-style-type: none"> reversing the resurgent epidemic among gay men through the use of national media, new communication technologies and other relevant approaches maintaining low rates of HIV among priority groups (sex workers and drug users) through the implementation of peer education and community led health promotion. 	Relevant peak national organisations	Commence 2010	Reporting and monitoring via <i>National Surveillance and Monitoring Plan</i>
2	Continue to invest in and monitor prevention programs for priority risk populations.	Australian government, state and territory governments	Ongoing	B,C Australian government and state and territory government business planning <i>National Surveillance and Monitoring Plan</i>
3	Continue with the professional development of the HIV prevention and health promotion workforce, including by investing in a new generation of peer education and prevention workers.	Peak national organisations, state and territory governments	Ongoing	State and Territory Strategic Plans

Other priority actions					
4	Monitor research developments to inform policy and program development on new prevention technologies before introducing them to local populations.	Relevant peak national organisations, DoHA	Ongoing		Funding agreements with relevant peak national organisations
5	Invest in evaluation and evidence-building approaches to support evidence-based and innovative policy and program decisions.	Peak national organisations, DoHA, state and territory governments	Ongoing		Funding to relevant peak national organisations State and territory Strategic Plans Australian Government Mid-term Review of Strategies Evaluation of Strategies
Human rights, legislation and anti-discrimination					
Highest priority actions					
6	Promote programs to challenge stigma and discrimination including education, compliance and measurement (such as attitude surveys), support for advocacy, and improved access to effective complaint systems.	Peak national organisations	Commence as soon as possible		
7	Identify and work to address the legal barriers to evidence-based prevention strategies across jurisdictions.	MACBBVS	Commence 2010		MACBBVS workplan
Other priority actions					
8	Closely monitor the implementation of the <i>National Guidelines for the Management of People with HIV Who Place Others at Risk</i> .	BBVSS, state and territory governments	Commence 2010		BBVSS Workplan State and Territory Strategic Plans

HIV Diagnosis and Testing					
<i>Highest priority actions Note: all Diagnosis and Testing actions identified as 'Highest priority'</i>					
9	Increase the number of people in priority populations who voluntarily seek HIV testing and increase the rate of testing among people at higher risk of exposure to HIV infection to decrease the burden of undiagnosed HIV in the community.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
10	Promote HIV testing among gay men, including gay men from CALD backgrounds and other priority populations through targeted campaigns.	Relevant peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
Treatment, Health and Wellbeing					
<i>Highest priority actions</i>					
11	Improving models of care by adapting chronic disease models to the HIV context and by promoting of implementation of the recommendations of the Final Report of the project Models of Access and Clinical Service Delivery for HIV Positive People Living in Australia, including through the reorientation of some existing services.	Peak national organisations, professional bodies	Ongoing		
12	As part of broader programs to reduce HIV related stigma and discrimination, integrating programs to build resilience and coping strategies for people living with HIV.	Peak national organisations	Ongoing		

13	Continuing investigation of new laboratory technologies with benefits for individual patients and/or applications that improve broader population surveillance and data collection.	Relevant national research centres, CDNA, professional bodies	Ongoing		Increased participation in CDNA activities, including biannual CDC conference
14	Ensuring health technology assessments that allow for the best utilisation of drugs to patient populations as well as diagnostic and screening tools for best practice in clinical management will be considered for their relevance to the Australian HIV response.	Professional bodies	Ongoing		Increased participation in CDNA activities, including biannual CDC conference
Other priority actions					
15	Defining the social and economic cost-burden of care and support on HIV-positive people.	Peak national organisations	Ongoing		
16	Investigating the changing needs of a significant population of people living with HIV, on treatments, living longer and ageing with HIV.	Peak national organisations, national research centres, state and territory governments	Ongoing		State and Territory Strategic Plans Funding to relevant peak national organisations
Surveillance					
Highest priority actions					
17	HIV surveillance will be reviewed to ensure data is being collected which best informs targeted prevention with priority populations—including nationally consistent data on Indigenous status and ethnicity, data relating to sex workers, transgender persons, sexuality, injection drug use and location where transmission has	CDNA	Commence 2010		CDNA workplan <i>National Surveillance and Monitoring Plan</i>

	occurred.				
18	Refinements to behavioural surveillance of unprotected anal intercourse will be supported to help determine trends in high risk behaviours.	Relevant national research centres	Ongoing	B	Funding to relevant organisations Reporting through HIV Conference supported
19	Improved approaches to measuring testing rates among priority populations will be supported.	Relevant national research centres, CDNA	Commence as soon as possible		<i>National Surveillance and Monitoring Plan</i>
Other priority actions					
20	New technologies will be assessed that help identify the proportion of HIV diagnoses that are newly acquired.	Relevant national research centres, CDNA	Ongoing		
Research					
Highest priority actions					
21	Establish more structured and formal consultative mechanisms to set the agenda for social, behavioural, evaluative, epidemiological, clinical and basic research.	MACBBVS, DoHA, National Research Centres	Commence 2010		MACBBVS workplan Funding to research centres
22	Create opportunities for increased interaction between and collaboration with researchers, participants in research and the users of research.	MACBBVS, DoHA, National Research Centres	Commence 2010		MACBBVS workplan Sponsorship of HIV Conference
Other priority actions					
23	Investigate the utility of rapid HIV testing for use in clinical and community settings in areas of high HIV prevalence, informed by experiences in comparable countries.	Peak national organisations	When possible		

24	Evaluate and further develop effective peer education and peer support programs for people living with HIV as their needs and experiences change.	Relevant peak national organisations, national research centres	Ongoing		
Workforce					
<i>Highest priority actions</i>					
25	Strengthen training programs and continuing medical education in HIV for GPs, recognising the differing needs of GPs with low and high HIV caseloads.	DoHA, State and territory governments, professional bodies, peak national organisations	Ongoing		State and Territory Strategic Plans
26	Facilitate the development of a primary healthcare team-based approach in collaboration with specialised services.	DoHA, State and territory governments, professional bodies	Commence as soon as possible		State and Territory Strategic Plans
27	Improve collaboration between mental health, clinical and welfare services to address the care and support needs of people living with HIV who have cognitive illness and drug and alcohol dependency issues.	Peak national organisations, state and territory governments	Ongoing		State and Territory Strategic Plans
<i>Other priority actions</i>					
28	Ensure high quality knowledge and skills in relation to HIV in government and non-government health and community services.	State and territory governments, peak national organisations	Ongoing		State and Territory Strategic Plans
29	Strengthen community agencies in the provision of education, prevention support and advocacy services to affected and infected communities.	Australian government, state and territory governments	Ongoing		NHCAs and funding agreements with relevant bodies State and Territory Strategic Plans

IMPLEMENTATION PLAN

SECOND NATIONAL SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY

Objectives and indicators

GOAL	OBJECTIVE	INDICATOR ⁽¹⁾
To reduce the transmission of and morbidity and mortality caused by STIs and to minimise the personal and social impact of the infections	Reduce the incidence of gonorrhoea	A. Incidence of gonorrhoea (National Healthcare Agreement)
	Reduce the incidence of infectious syphilis	B. Incidence of infectious syphilis (National Healthcare Agreement)
	Reduce the incidence of chlamydia	C. Incidence of Chlamydia
	Increase testing for chlamydia among priority populations	D. Proportion of 16-25 year olds receiving a Chlamydia test in the previous 12 months E. Proportion of gay men who report having had an STI test in the previous 12 months
	Increase young people's knowledge of STIs including through improved delivery of age-appropriate education within the school curriculum	F. Proportion of secondary school students giving correct answers to STI knowledge questions
	Incorporate STI-related prevention and treatment into broader health reforms.	G. Proportion of the population who undergo a chlamydia test in general practice

(1) In areas where data are available

Second National Sexually Transmissible Infections Strategy 2010 - 2013		Lead organisations	Timeframe	Indicators and measures of success	Plan of approach
Promotion and Prevention					
<i>Highest priority actions</i>					
1	Foster a partnership approach with the Australian Government and state and territory government education departments to ensure a national education teaching and assessment framework supporting the implementation of a comprehensive approach to age-appropriate sexuality and sex education.	MACBBBVS, BBVSS	Commence as soon as possible		MACBBBVS Workplan BBVSS Workplan
2	Develop and implement targeted prevention and health promotion programs for high priority groups building on past and current work.	Peak national organisations, state and territory governments	Ongoing	F	BBVSS Workplan Funding agreements with peak national organisations and CBOs State and Territory Strategic Plans
3	Improve access to condoms for high priority groups through building on existing interventions and developing and testing new methods.	Peak national organisations	Ongoing		
4	Promote the uptake of, and access to, HPV and Hepatitis B vaccine.	DoHA, State and territory governments	Ongoing		State and Territory Strategic Plans

<i>Other priority actions</i>					
5	Support the professional development of a health promotion workforce in this area.	Peak national organisations, DoHA, state and territory governments	Ongoing		Funding agreements with peak national organisations State and Territory Strategic Plans
6	Continue to build an evidence base, especially for priority populations.	Australian government, national research centres	Ongoing		Funding agreements with research centres Support the annual Sexual Health Conference
Testing and early detection					
<i>Highest priority actions</i>					
7	Develop strategies to improve STI testing rates and coverage in priority populations to reduce rates in gonorrhoea, syphilis, chlamydia, and trichomonas and the appropriate surveillance of this testing activity, particularly among Aboriginal and Torres Strait Islander peoples.	DoHA, Peak national organisations, state and territory governments	Commence as soon as possible	E,G	State and Territory Strategic Plans
<i>Other priority actions</i>					
8	Consider strategies to facilitate access to health services for younger people, including the provision of independent Medicare cards.	Australian government, state and territory governments	Ongoing	F	Internal Australian Government discussion State and Territory Strategic Plans
9	Consider the recommendations from the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance and Australian Chlamydia Control Effectiveness Pilot and their impact on the implementation plan for this strategy.	DoHA, BBVSS	Commence on receipt of recommendations (2010 for ACCESS and 2011/12 for ACCEPt)		Evidence to be reviewed – BBVSS workplan

10	Develop and implement a process to consider and evaluate models of contact tracing and partner notification that may apply to different contexts in Australia—particularly with respect to cost-benefit and legal responsibilities—to guide public health policy.	State and territory governments, professional bodies and peak national organisations	Commence 2010		State and Territory Strategic Plans
11	Conduct a systematic review of the evidence base around <i>Trichomonas vaginalis</i> infection, to develop actions to deal it.	DoHA, MACBBVS, BBVSS, State and Territory governments	Commence 2010		Funding for National Research Centres *NB Priority action duplicated on pages 15 and 20
12	Respond to high rates of syphilis in Aboriginal and Torres Strait Islander populations through greater emphasis on comprehensive sexual health programs in the primary care setting that may include improved syphilis testing, contact tracing and follow up as well as healthcare provider and community education.	DoHA, state and territory governments	Ongoing		Liaison between DoHA, state and territory governments and service providers State and Territory Strategic Plans
Clinical Management, Care and Support					
<i>Highest priority actions</i>					
13	Improve access to sexual health services to priority groups through the support and action of strategy partners.	All	Ongoing	F	Workplans State and Territory Strategic Plans Commonwealth programs (including Medicare)
14	Explore improvements to primary healthcare provision of sexual health services and develop and implement models of care for priority populations.	Professional bodies	Ongoing	G	

15	Investigate and apply models to improve recruitment, retention and training of primary healthcare professionals in STI prevention, clinical and public health management.	Australian government	Commence as soon as possible		Discussions with Registration Board and Primary Care Professionals Funding to CBOs to develop models
16	Consider methods to encourage general practitioners into sexual health training, including specialist sexual health training.	Professional bodies, DoHA, States and Territories	Ongoing		
Other priority actions					
17	Maintain currency and broaden the accessibility of sexual health clinical guidelines.	State and territory governments, professional bodies	Ongoing		State and Territory Strategic Plans
Surveillance					
Highest priority actions					
<i>Note:</i> Highest priority areas for surveillance and monitoring will be identified according to the 'National Surveillance and Monitoring plan for the HIV, STI, Hepatitis B and Hepatitis C Strategies and National Aboriginal and Torres Strait Islander STI and BBV Strategy'.					
Other priority actions					
18	Improve knowledge of the prevalence and incidence of STIs in priority groups.	CDNA, DoHA, state and territory governments, peak national organisations	Ongoing	F	<i>National Surveillance and Monitoring Plan</i> State and Territory Strategic Plans
19	Promote culturally appropriate STI surveillance and behavioural research in priority populations and emerging groups.	CDNA, DoHA, national research centres, state and territory governments, peak national organisations	Ongoing		<i>National Surveillance and Monitoring Plan</i>

20	Support the extension of enhanced sentinel surveillance programs such as the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (for chlamydia surveillance).	DoHA, CDNA	When possible		DoHA and CDNA discussions
21	Investigate data linkage as a mechanism to improve the completeness and accuracy of Aboriginal and Torres Strait Islander status within data sets.	CDNA	When possible		CDNA workplan
22	Through partnerships, investigate the status of the Communicable Diseases Network Australia's work on Improving Indigenous Identification in Communicable Disease Reporting Systems.	CDNA	Commence 2010		Workplan
Workforce development					
<i>Highest priority actions</i> - See priority actions under Clinical Management, Care and Support					
<i>Other priority actions</i>					
23	Strengthening training programs, continuing education in STIs and supporting mechanisms for primary healthcare providers.	Australian government states and territories, professional bodies	Ongoing		Funding to CBOs – work to influence other Australian Government Programs State and Territory Strategic Plans
24	Strengthening the capacity of non-specialist service providers in health, education, justice and other related services to take on STI education and prevention and to respond to the needs of priority populations in respect to STI prevention and other needs.	State and territory, governments, Australian government, professional bodies	Commence 2010		Funding to CBOs – work to influence other Australian Government Programs State and Territory Strategic Plans

Research

Highest priority actions

25	Establish consultative mechanisms to set the agenda for social, behavioural, clinical and health service, and basic scientific research at national, state and territory levels.	MACBBVS, National Research Centres, DoHA	Commence 2010		Workplans Support the Annual Sexual Health Conference
26	Create opportunities for increased collaboration between national centres, other research centres and researchers in Aboriginal and Torres Strait Islander health.	MACBBVS, National Research Centres, DoHA	Ongoing		Workplans Support the Annual Sexual Health Conference and associated Ngarra exhibition