Implementation Plan: Fifth National Hepatitis C Strategy

Name/organisation:

Email contact:

Higher-level Priority Areas		Key area for action	PRIORITY FOR ACTION: H = highest priority for 2019/20 L = lower priority - to commence 2021/22	CURRENT ACTIVITIES: What current main activities are supporting this key area for action?	NEXT STEPS: What additional activity is needed to progress this key area for action?	Who is the lead for initiating / implementing this additional action?
Education and prevention 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				
	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				

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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				

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?
Data, surveillance, research and evaluation 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	29	Identify opportunities to improve the timeliness and consistency of data collections				
	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)						

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Fifth National Hepatitis C Strategy 2018 - 2022

IMPLEMENTATION PLAN

2019 - 2020

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy;
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Fifth National Hepatitis C Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Fifth National Hepatitis C Strategy and updated annually. It will:

- Review current BBV and STI activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual reporting framework.

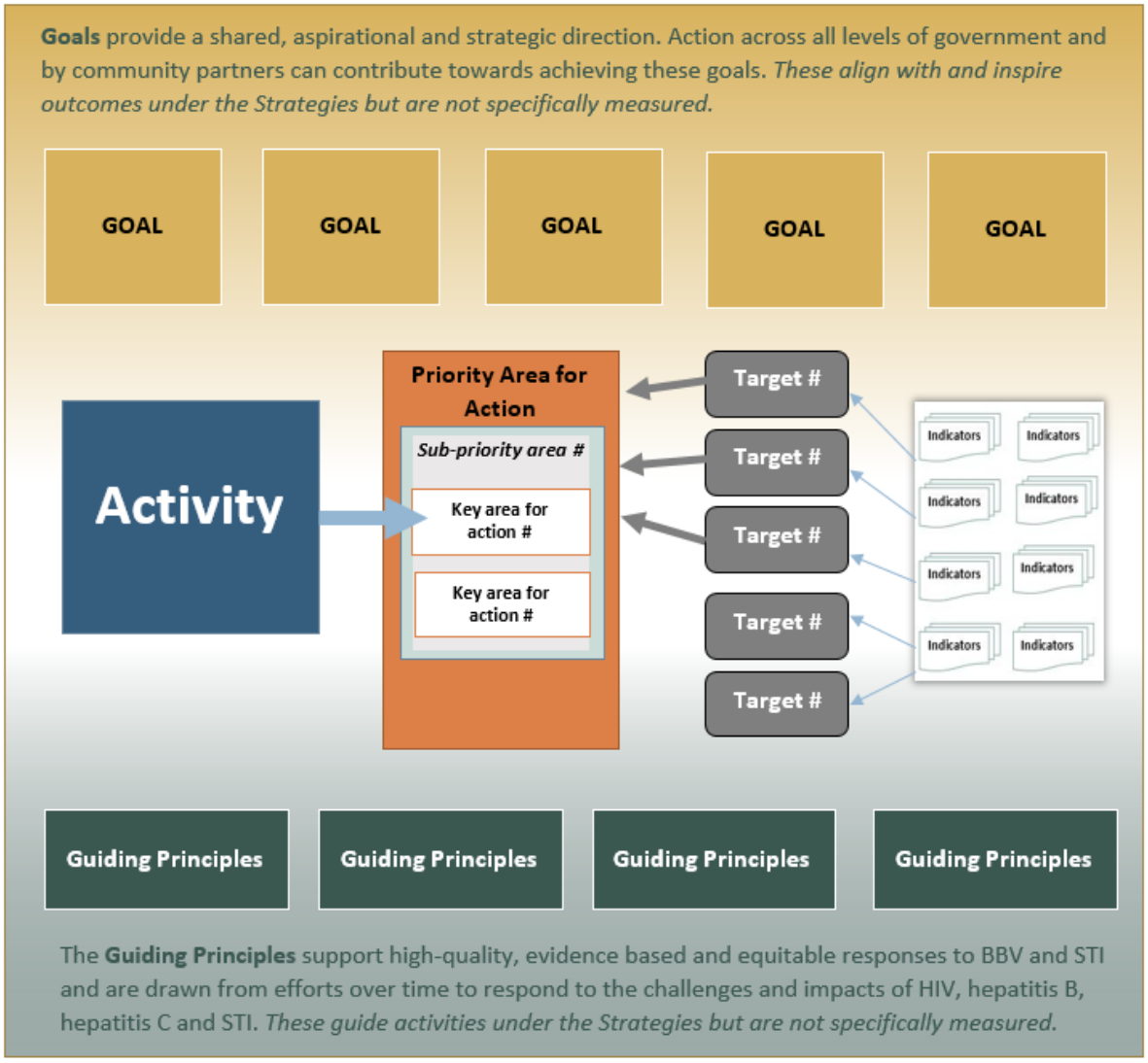
Monitoring and Reporting Framework

Reporting of progress against the Fifth National Hepatitis C Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the Surveillance and Monitoring Report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as a measure of the effectiveness of action via surveillance and monitoring.

Each National Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the Surveillance and Monitoring Plan and these will be used to monitor progress against the Targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Fifth National Hepatitis C Strategy are:

- Make significant progress towards eliminating hepatitis C as a public health threat
- Reduce mortality and morbidity related to hepatitis C
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impact of hepatitis C

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Fifth National Hepatitis C Strategy are:

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

PRIORITY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Fifth National Hepatitis C Strategy. The Key Priority Areas are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION

Sub Priority Areas

1. 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
2. Improve equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through needle and syringe programs (NSPs)

Key Areas for Action

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

Sub Priority Areas

1. 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
2. Support health professionals to provide current, innovative and effective patient testing, and care for people living with hepatitis C

Key Areas for Action

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

Sub Priority Areas

1. Continue to strengthen connections between priority populations, the healthcare workforce, and community organisations to facilitate coordination of care
2. Ensure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure

Key Areas for Action

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
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
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

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Sub Priority Areas

1. 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
2. Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours

Key Areas for Action

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

WORKFORCE
Sub Priority Areas
1. 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
Key Areas for Action
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

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
1. 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
Key Areas for Action
29. Identify opportunities to improve the timeliness and consistency of data collections
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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

TARGETS AND INDICATORS

The National Blood Borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018-2022 (the Plan) supports the National BBV and STI Strategies 2018-2022 and provides details of the indicators that will be used to monitor implementation of the Strategies and progress towards achieving their targets.

The Targets are mapped to one or more Priority Areas for Action.

The Targets of the Fifth National Hepatitis C Strategy, by 2022 are:

- Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 60 per cent
- Increase the proportion of people living with hepatitis C who are diagnosed to 90 per cent
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65 per cent
- Reduce hepatitis C attributable mortality overall by 65 per cent
- Reduce by 50 per cent the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by CDNA and BBVSS to be appropriate for inclusion in the Plan.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Priority Areas is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Priority Areas. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdiction
- Government / non-government
- Investment value [TBC pending BBVSS & BBVSS JEG discussion]
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas* [working title]

Annual progress against targets via the Surveillance and Monitoring Report.

The National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018 – 2022 (the Plan) outlines a series of objectives for the five National Strategies (2018 – 2022) focused on prevention and management of hepatitis B, hepatitis C, STIs and HIV and reducing the transmission of infections and their morbidity, mortality and personal and social impacts they cause. The Plan includes targets, with sets of measurable indicators, to monitor progress towards these objectives.

Annual reporting tracks the national response to these targets and, where feasible, makes reference to short and longer-term (generally since 2008) progress. Surveillance Plans and the annual surveillance and monitoring report also provide the opportunity to identify gaps in existing surveillance systems and may be use to guide future funding decisions.

PART TWO

2019 Priorities for Action and Investment

- DRAFTING NOTES ONLY
- This section will contain high level recommendations on priorities for action and investment under this Strategy.
- It is informed by Appendix A - **Appendix A** – *Annual Progress against Priority Areas* [working title] and **Appendix B** – *Annual Progress against Targets* [working title]
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this strategy.
- The scope of this analysis is to be determined by BBVSS and BBVSS JEG

APPENDIX B

Annual Progress against Targets and Indicators

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets and indicators within this strategy.
- It is informed by the Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets and indicators within this strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Fifth National Hepatitis C Strategy 2018 - 2022

IMPLEMENTATION PLAN

D19-465834

PART ONE

Introduction

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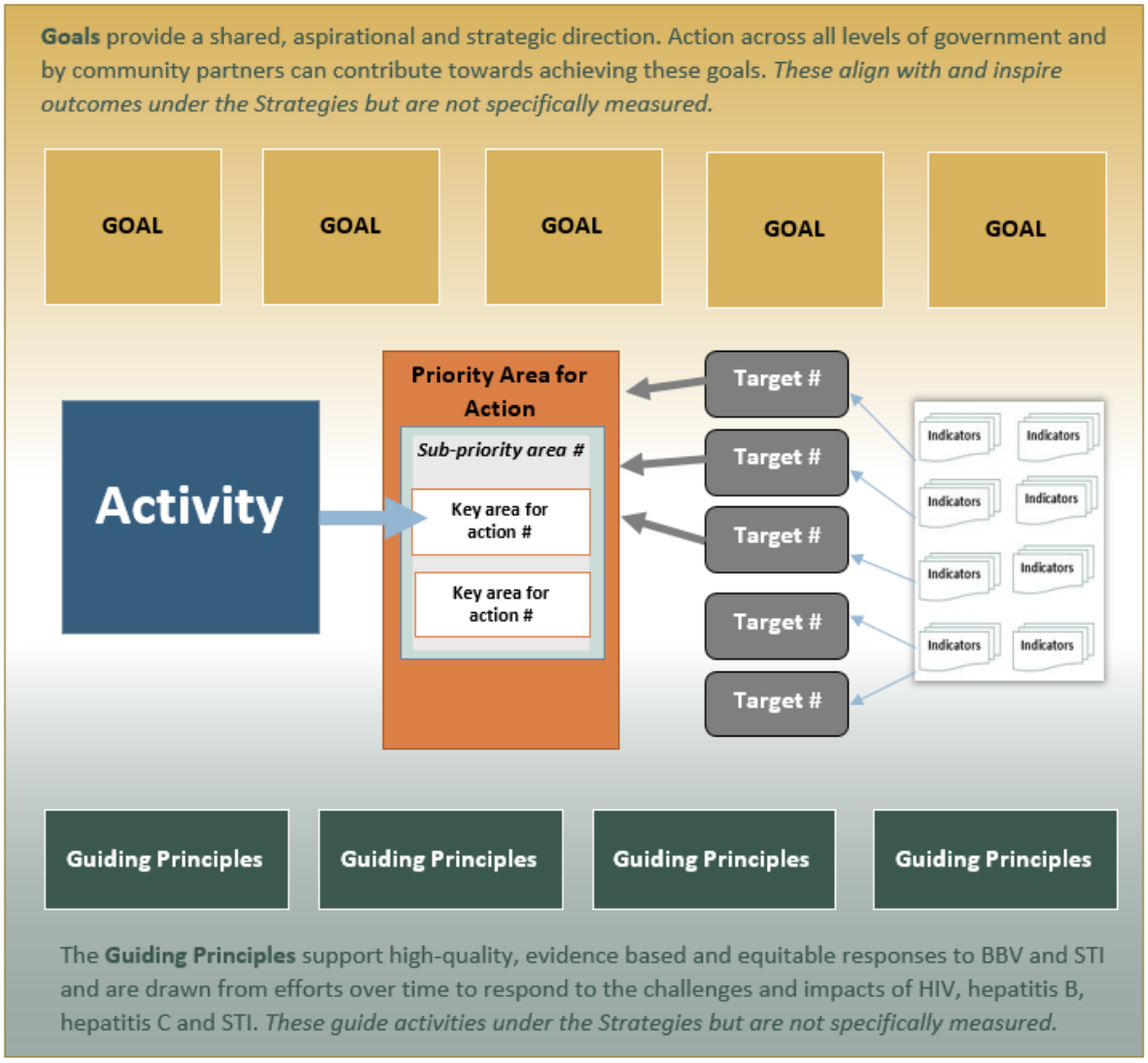

D19-465834

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- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Fifth National Hepatitis C Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION
Sub Priority Areas
• 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 needle and syringe programs (NSPs).
Key Areas for Action
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 opioid treatment programs (OTP) in priority populations and priority settings and address key barriers to access.

TESTING, TREATMENT AND MANAGEMENT
Sub Priority Areas
• 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 patient testing, and care for people living with hepatitis C.
Key Areas for Action
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

Sub Priority Areas

- Continue to strengthen connections between priority populations, the healthcare workforce, and community organisations to facilitate coordination of care.
- Ensure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure.

Key Areas for Action

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.

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.

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.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Sub Priority Areas

- 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.

Key Areas for Action

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.

WORKFORCE

Sub Priority Areas

- 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.

Key Areas for Action

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 direct-acting antivirals (DAA), 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.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
• 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.
Key Areas for Action
29. Identify opportunities to improve the timeliness and consistency of data collections.
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.

TARGETS AND INDICATORS

The Targets of the Fifth National Hepatitis C Strategy are, by the end of 2022:

- Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 60 per cent
- Increase the proportion of people living with hepatitis C who are diagnosed to 90 per cent
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65 per cent
- Reduce hepatitis C attributable mortality overall by 65 per cent
- Reduce by 50 per cent the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / non-government partners
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action.*

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Fifth National Hepatitis C Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets.*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Fifth National Hepatitis C Strategy 2018 - 2022

IMPLEMENTATION PLAN

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy;
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Fifth National Hepatitis C Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Fifth National Hepatitis C Strategy and updated annually. It will:

- Review current hepatitis C activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual reporting framework.

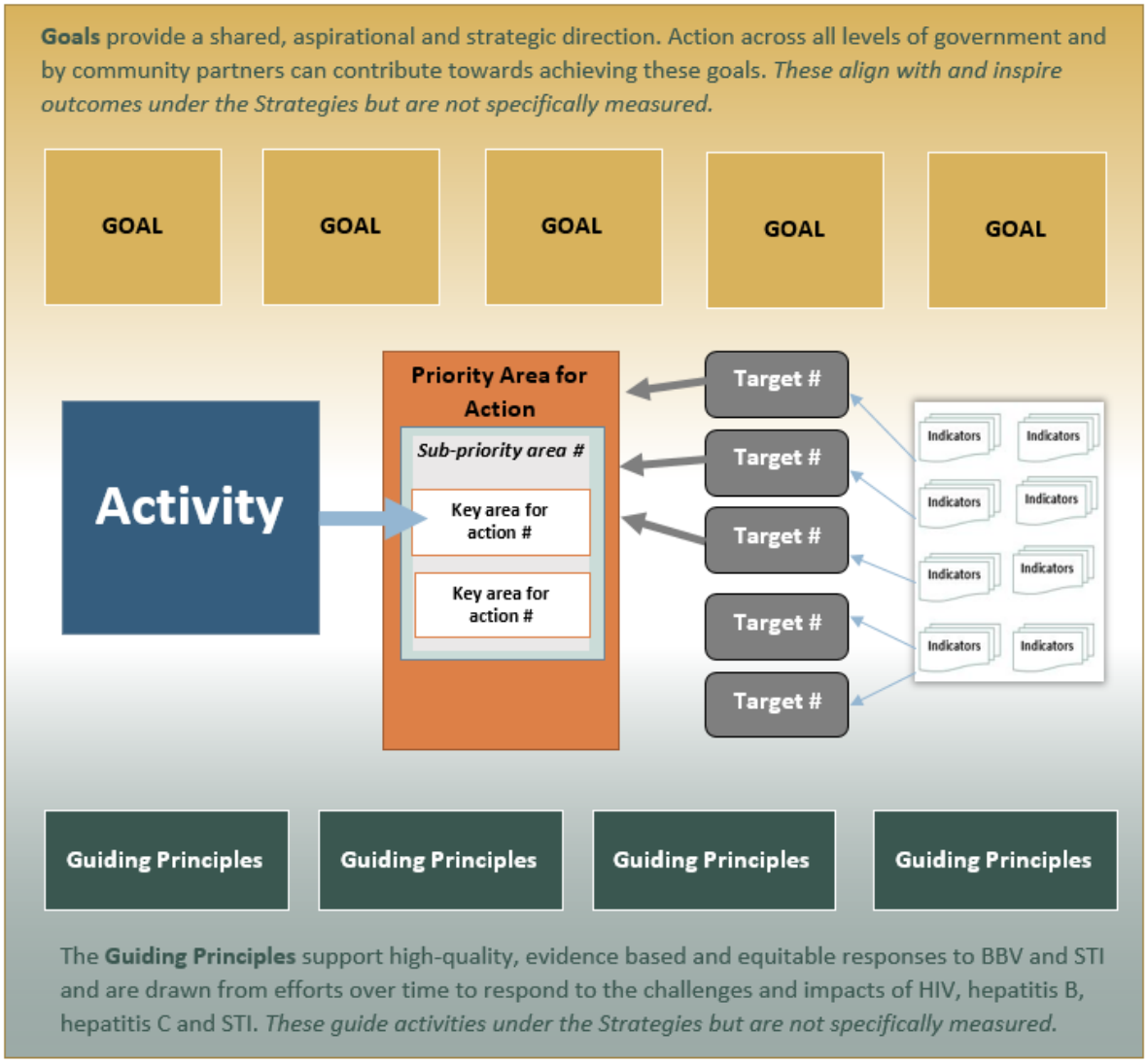
Monitoring and Reporting Framework

Reporting of progress against the Fifth National Hepatitis C Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the surveillance and monitoring report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as a measure of the effectiveness of action via surveillance and monitoring.

Each Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the National BBV and STI Surveillance and Monitoring Plan and these will be used to monitor progress against the targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Fifth National Hepatitis C Strategy are:

- Make significant progress towards eliminating hepatitis C as a public health threat
- Reduce mortality and morbidity related to hepatitis C
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impact of hepatitis C

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Fifth National Hepatitis C Strategy are:

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Fifth National Hepatitis C Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION
Sub Priority Areas
• 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 needle and syringe programs (NSPs).
Key Areas for Action
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 opioid treatment programs (OTP) in priority populations and priority settings and address key barriers to access.

TESTING, TREATMENT AND MANAGEMENT
Sub Priority Areas
• 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 patient testing, and care for people living with hepatitis C.
Key Areas for Action
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

Sub Priority Areas

- Continue to strengthen connections between priority populations, the healthcare workforce, and community organisations to facilitate coordination of care.
- Ensure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure.

Key Areas for Action

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.
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.
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.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT
Sub Priority Areas
• 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.
Key Areas for Action
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.

WORKFORCE
Sub Priority Areas
• 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.
Key Areas for Action
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 direct-acting antivirals (DAA), 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.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
• 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.
Key Areas for Action
29. Identify opportunities to improve the timeliness and consistency of data collections.
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.

TARGETS AND INDICATORS

The Targets of the Fifth National Hepatitis C Strategy are, by the end of 2022:

- Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 60 per cent
- Increase the proportion of people living with hepatitis C who are diagnosed to 90 per cent
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65 per cent
- Reduce hepatitis C attributable mortality overall by 65 per cent
- Reduce by 50 per cent the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / non-government partners
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action.*

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Fifth National Hepatitis C Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets.*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Fourth National STI Strategy 2018 - 2022

IMPLEMENTATION PLAN

D19-465838

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Fourth National STI Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Fourth National STI Strategy and updated annually. It will:

- Review current STI activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual reporting framework.

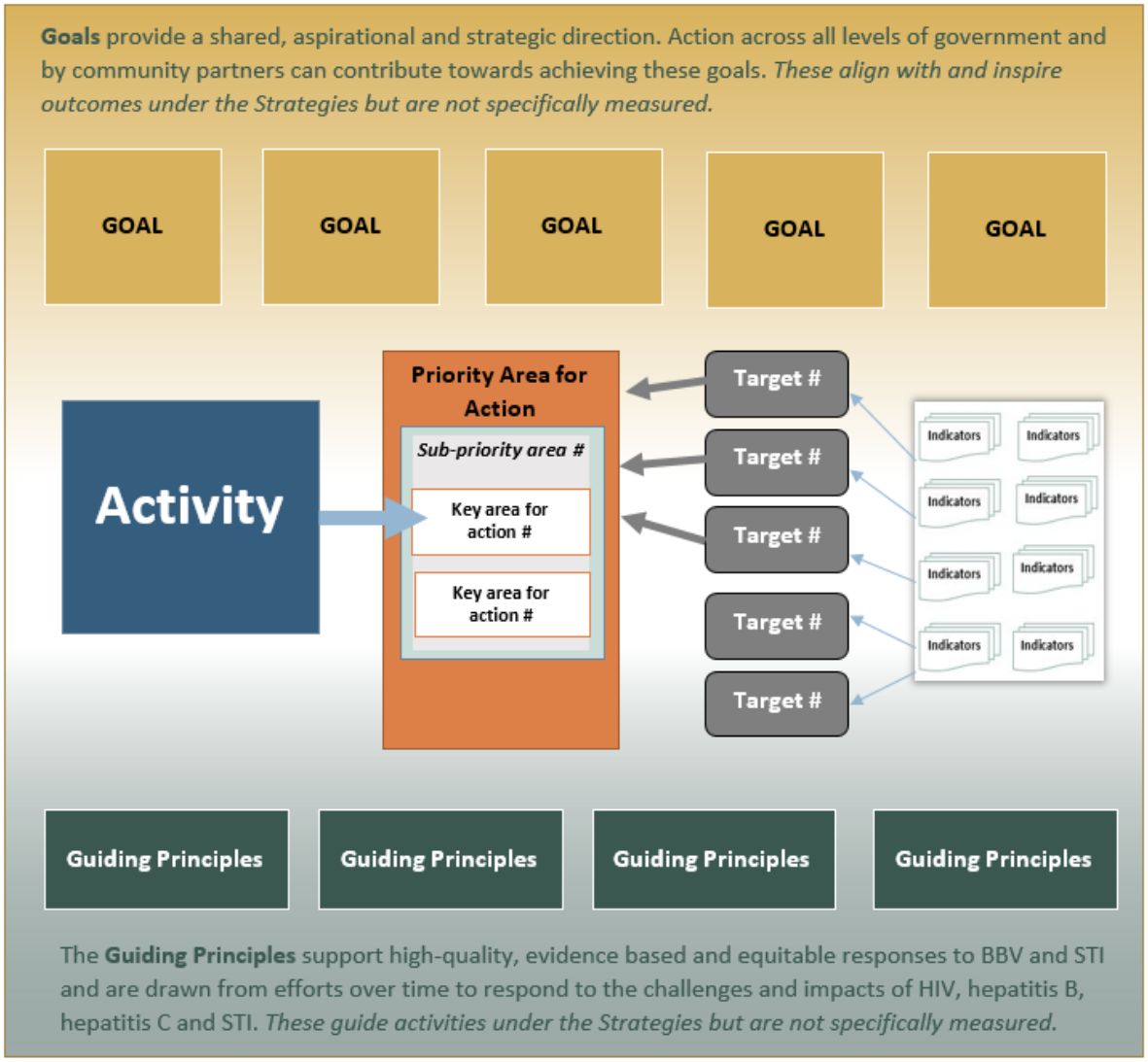
Monitoring and Reporting Framework

Reporting of progress against the Fourth National STI Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the surveillance and monitoring report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as a measure of the effectiveness of action via surveillance and monitoring.

Each Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the National BBV and STI Surveillance and Monitoring Plan and these will be used to monitor progress against the targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Fourth National STI Strategy are:

- Reduce transmission of, and morbidity and mortality associated with, STI in Australia.
- Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health.
- Minimise the personal and social impact of STI.

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Fourth National STI Strategy are:

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Fourth National STI Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION
Sub Priority Areas
• Implement prevention education and other initiatives, including supporting 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.
Key Areas for Action
1. Implement a national STI education initiative for priority populations to improve the community's understanding of STI, improve knowledge of risk behaviours and safer sex practices, assist in reducing STI-related stigma and support pathways to early testing and treatment.
2. Implement targeted, age and culturally appropriate STI prevention education initiatives and resources for priority populations using a variety of relevant channels, including digital platforms (for example, social media) and sites frequented by priority populations.
3. Better connect priority populations to STI prevention education and services, including through outreach and peer-based approaches in priority settings.
4. Promote consistent and effective condom and other barrier method use and increase access to and acceptability of condoms amongst priority populations, including by increasing knowledge of where to access free and affordable condoms and other barrier methods and how to correctly and safely use them.
5. Encourage partnerships between health services, schools, educational institutions and community organisations to improve the delivery, availability and accessibility of sexual health education and services for all young people and strengthen linkages to testing and treatment.
6. Support comprehensive relationships and sexuality education in schools that improve knowledge, attitudes, skills and behaviours to engage in respectful relationships and reduce risky behaviours and encouraging help-seeking behaviour in a holistic manner.
7. Ensure PrEP for HIV prevention is combined with STI prevention education, access to condoms, and recommended regular STI testing.
8. Increase access to HPV vaccination of eligible individuals under the National Immunisation Program and support the actions to expand vaccination coverage outlined in the National Immunisation Strategy.

TESTING, TREATMENT AND MANAGEMENT
Sub Priority Areas
• 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.
Key Areas for Action
9. Develop and implement tailored promotion and engagement strategies for priority populations to improve the uptake of STI testing and treatment.
10. Identify areas of need and frequency required for STI testing for priority populations.
11. Regularly update, maintain and promote the use of evidence-based national clinical guidelines and resources for STI testing and treatment, including guidance on antimicrobial resistance (AMR) and stewardship.
12. Provide a range of testing methods and opportunities across settings for priority populations, including point-of-care testing and integration of testing in existing services, with a focus on rural, regional and remote areas.
13. Ensure strong links are in place between comprehensive voluntary STI and HIV testing.
14. Identify evidence-based approaches for enhancing partner notification systems.
15. Identify opportunities to scale up evidence-based interventions aimed at reducing STI, with a focus on repeat chlamydia infections and infections causing pelvic inflammatory disease, and other complications in young people.
16. Develop the capacity of health infrastructure in remote and very remote areas to effectively respond to outbreaks and epidemics.

EQUITABLE ACCESS AND COORDINATION OF CARE
Sub Priority Areas
• 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.
Key Areas for Action
17. Increase the coverage of publicly funded sexual health services, particularly in rural, regional and remote areas, in places with high numbers of young people and people who are ineligible for subsidised health care.
18. Identify and scale up successful innovative models of STI service delivery tailored to the needs of priority populations and sub-populations, including multidisciplinary team approaches and shared care models.
19. Improve the coordination of and partnerships between STI services and other relevant service providers to better link priority populations with STI prevention, testing and treatment and improve access and acceptability of sexual health services.

20. Build capacity of health services to provide opportunistic STI testing and enhanced STI management.

WORKFORCE

Sub Priority Areas

- Increase health workforce and peer-based capability and capacity for STI prevention, treatment and support.

Key Areas for Action

21. Ensure delivery of effective training and education for the multidisciplinary workforce to support the delivery of high quality, non-stigmatising and culturally appropriate STI prevention, testing and treatment services across priority populations.
22. Implement initiatives to support the integration of appropriate, opportunistic STI prevention and testing into routine health care.
23. Continue to explore and share experiences of innovative multidisciplinary models for STI prevention, testing and treatment, particularly in rural and remote areas and areas of workforce shortage.
24. Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Sub Priority Areas

- 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.

Key Areas for Action

25. Implement initiatives to address STI-related stigma and discrimination expressed in community and healthcare settings.
26. Ensure that STI education, prevention, testing and treatment initiatives support efforts to counteract STI-related stigma.
27. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.
28. Review and address institutional, regulatory and system policies which create barriers to equality of STI prevention, testing, treatment and support for priority populations.
29. Establish a dialogue between health and other sectors aimed at reducing stigma and discrimination against people with STI and affected individuals and communities.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
• 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.
Key Areas for Action
30. Strengthen systems for identifying, monitoring and collaboratively addressing STI as well as new and emerging issues, including AMR, and increases in prevalence and burden.
31. Identify opportunities to improve the quality, completeness, timeliness and national standardisation of demographic and disease data, including Aboriginal and Torres Strait Islander status as well as opportunities for enhanced data collection, for surveillance purposes.
32. Identify ways to support a more coordinated, prompt response between jurisdictions, sexual health services and general practices to STI issues, including real-time accessibility of surveillance data, improved patient management and notification systems, and specialised local and regional support staff.
33. Build on the existing evidence base by supporting research across disciplines to address data gaps and effectively inform the implementation of the priority actions of this strategy.
34. Continue to monitor trends in knowledge and attitudes about sexual health and sexual health behaviours among priority populations, and identify opportunities to expand this data and strengthen collaborative efforts.

TARGETS AND INDICATORS

The Targets of the Fourth National STI Strategy are, by the end of 2022:

- Achieve and maintain HPV adolescent vaccination coverage of 80 per cent
- Increase STI testing coverage in priority populations
- Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis
- Eliminate congenital syphilis
- Minimise the reported experience and expression of stigma in relation to STI

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / community based organisation
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action.*

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Fourth National STI Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets.*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Third National Hepatitis B Strategy 2018 - 2022

IMPLEMENTATION PLAN

D19-465839

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Third National Hepatitis B Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Third National Hepatitis B Strategy and updated annually. It will:

- Review current hepatitis B activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual monitoring and reporting framework.

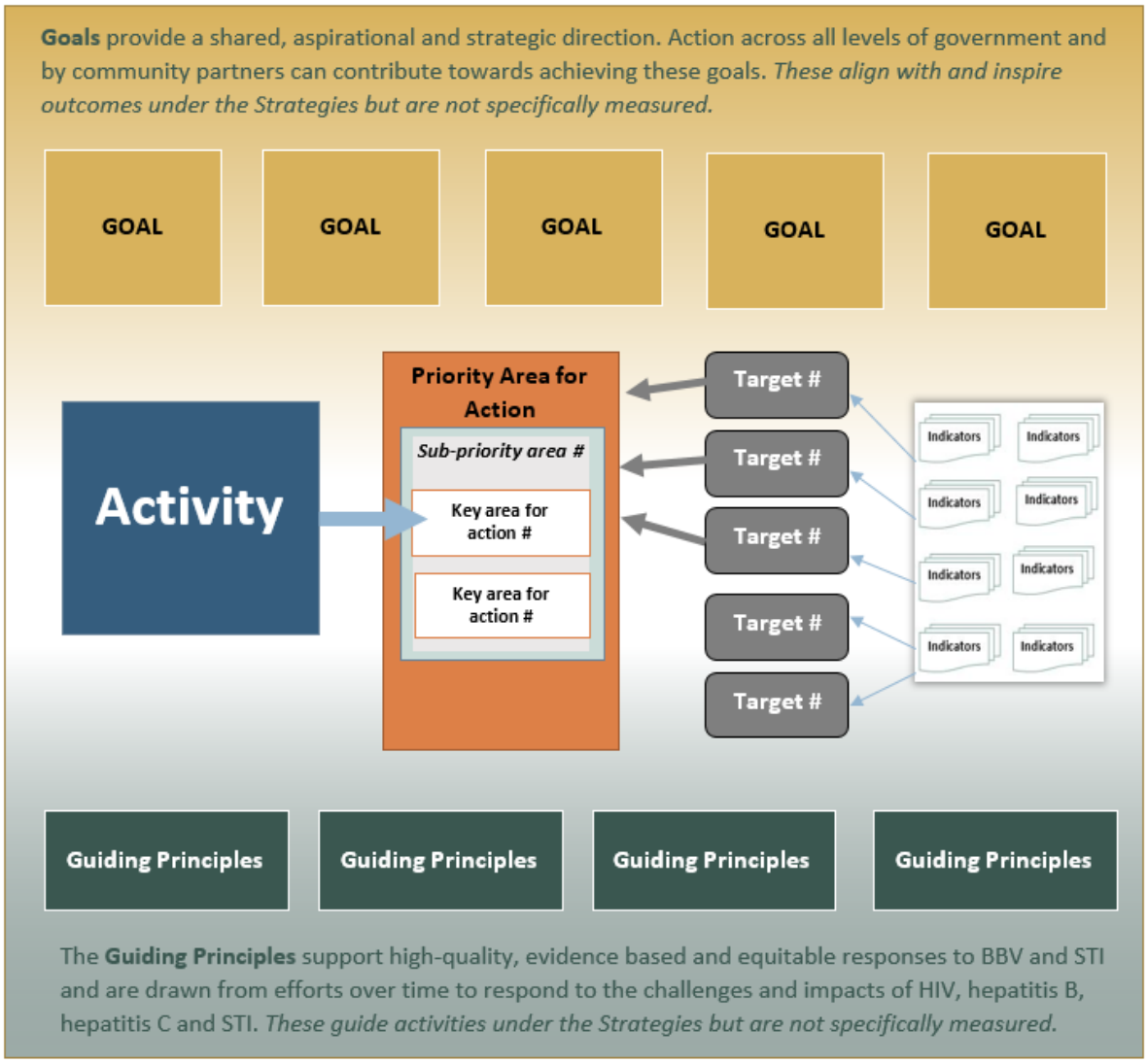
Monitoring and Reporting Framework

Reporting of progress against the Third National Hepatitis B Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the surveillance and monitoring report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as a measure of the effectiveness of action via surveillance and monitoring.

Each Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the National BBV and STI Surveillance and Monitoring Plan and these will be used to monitor progress against the Targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Third National Hepatitis B Strategy are:

- Make significant progress towards eliminating hepatitis B as a public health threat.
- Reduce mortality and morbidity related to hepatitis B.
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health.
- Minimise the personal and social impact of hepatitis B.

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Third National Hepatitis B Strategy are:

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Third National Hepatitis B Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION

Sub Priority Areas

- 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 and territory 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 needle and syringe programs (NSPs).

Key Areas for Action

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
Sub Priority Areas
• 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 testing, vaccination 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 testing, vaccination and care.
Key Areas for Action
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
Sub Priority Areas
• 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. • Continue to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care.
Key Areas for Action
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.
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.

WORKFORCE
Sub Priority Areas
• Increase multidisciplinary workforce capability and capacity to provide and support evidence-based, innovative and effective vaccination and other prevention programs, 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 at risk of or living with hepatitis B.
Key Areas for Action
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.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT
Sub Priority Areas
• 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.
Key Areas for Action
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.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
• 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.
Key Areas for Action
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.
30. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.

TARGETS AND INDICATORS

The Targets of the Third National Hepatitis B Strategy are, by the end of 2022:

- Achieve and maintain hepatitis B childhood vaccination coverage of 95 per cent at 12 and 24 months.
- Reduce the number of newly acquired hepatitis B infections across all age groups by 50 per cent, with a focus on priority populations.
- Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80 per cent.
- Increase the total proportion of people living with chronic hepatitis B receiving care to 50 per cent.
- For people living with chronic hepatitis B, increase the proportion receiving antiviral treatment to 20 per cent.
- Reduce hepatitis B attributable mortality by 30 per cent.
- Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status.

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / community based organisation
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action*

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Third National Hepatitis B Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Eighth National HIV Strategy 2018 - 2022

IMPLEMENTATION PLAN

D19-465828

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Eighth National HIV Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Eighth National HIV Strategy and updated annually. It will:

- Review current HIV activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual reporting framework.

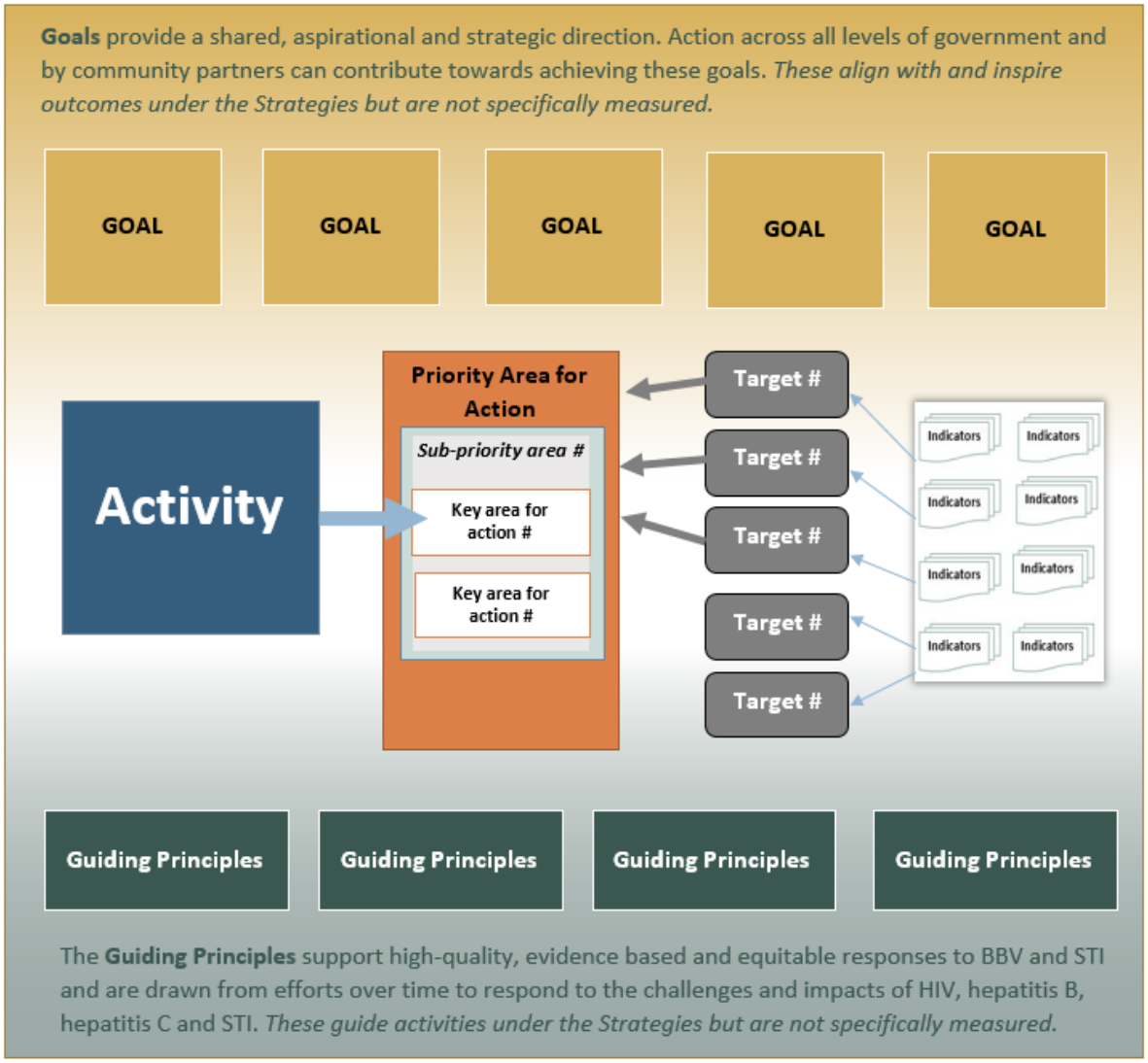
Monitoring and Reporting Framework

Reporting of progress against the Eighth National HIV Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the surveillance and monitoring report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as measure the effectiveness of action via surveillance and monitoring.

Each Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the National BBV and STI Surveillance and Monitoring Plan and these will be used to monitor progress against the targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Eighth National HIV Strategy are:

- Virtually eliminate HIV transmission in Australia within the life of this strategy
- Sustain the virtual elimination of HIV transmission among people who inject drugs, among sex workers and from mother to child
- Reduce mortality and morbidity related to HIV
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impact of HIV

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Eighth National HIV Strategy are:

- Centrality of people with HIV and meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of the Eighth National HIV Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION
Sub Priority Areas
• 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 the transmission of HIV. • 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 individuals at risk of HIV.
Key Areas for Action
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 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
Sub Priority Areas
• Improve the frequency, regularity and targeting of access to testing for priority populations and decrease rate of late diagnoses. • Improve early uptake and sustained treatment to improve quality of life for people with HIV and prevent transmission.
Key Areas for Action
8. Expand the use and accessibility of a range of HIV and STI testing technologies and options and tailor testing approaches to the needs of priority populations and sub-populations, particularly where there is a need to improve early diagnosis.
9. Improve the knowledge and awareness of health professionals and community-based health workers of indications for HIV testing, including, for health professionals, the investigation of non-specific symptoms without identifiable risk factors.
10. Ensure that people diagnosed with HIV are promptly linked to treatment, ongoing care and peer support using approaches that address the specific barriers experienced by priority populations and sub-populations across priority settings.
11. Promote the use of evidence-based clinical guidelines and resources.
12. Investigate a sustainable model for access to treatment for people with HIV who are ineligible for Medicare.

EQUITABLE ACCESS TO AND COORDINATION OF CARE
Sub Priority Areas
• Ensure health care 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.
Key Areas for Action
13. Improve the integration of care provided to people with HIV, including by general practitioners, sexual health physicians, psychosocial support services, community pharmacies, community-based nursing, other health services and specialists, and aged care services, particularly in rural and remote locations.
14. Identify, implement and evaluate models of care that meet the needs of people with HIV who are ageing and ensure quality of care across services.
15. Increase capacity for HIV treatment and care in those health services providing culturally appropriate care to Aboriginal and Torres Strait Islander people and culturally and linguistically diverse populations.
16. Increase HIV awareness, capability and collaboration of service providers to support people with HIV, including in settings such as drug and alcohol, mental health, aged care, disability, housing, employment, child and family, and justice and corrective services.

WORKFORCE
Sub Priority Areas
• Facilitate a highly skilled, multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations.
Key Areas for Action
17. Continue to regularly update, maintain, and make accessible evidence-based clinical guidelines, tools and support for prevention, testing and management of HIV and related comorbidities.
18. Ensure that access to PrEP, TasP and other prevention methods are supported by consistent and targeted information and messaging for health professionals.
19. Continue to explore and share experiences of innovative multidisciplinary models of care for HIV prevention and management, particularly models for rural and remote areas and areas of workforce shortage.
20. Develop knowledge and awareness of HIV across the multidisciplinary workforce to facilitate the delivery of appropriate services and address the ongoing care and support needs of people with HIV.
21. Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT
Sub Priority Areas
• 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.
Key Areas for Action
22. Implement initiatives to reduce stigma and discrimination across priority settings, including education which incorporates messaging to counteract stigma.
23. Implement initiatives that assist people with, and at risk of, HIV to challenge stigma and build resilience.
24. Maintain and develop peer support models appropriate for priority populations and maintain support for people with HIV as peer navigators in diagnosis, treatment and care.
25. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.
26. Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities.

27. Engage in dialogue with other government sectors to promote the use of up-to-date HIV-related science to improve policies affecting people with HIV and to discuss the impacts of wider public policy decisions on the health of priority populations.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION
Sub Priority Areas
• Continue to build a strong evidence base for responding to HIV in Australia, informed by high-quality, timely data and surveillance systems.
Key Areas for Action
28. Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action.
29. Identify opportunities to improve the timeliness and consistency of data collection.
30. Improve surveillance of issues impacting on people with HIV, including morbidity and mortality, stigma and discrimination, quality of life measures, the availability of new biomedical interventions and HIV drug resistance.
31. Build on the existing strong evidence base to effectively inform the implementation of the priority actions of this strategy.
32. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.
33. Explore opportunities for assessing the impact of legislation and regulation on barriers to equal access to health care.

TARGETS AND INDICATORS

The Targets of the Eighth National HIV Strategy are, by the end of 2022:

- Increase the proportion of people with HIV (in all priority populations) who are diagnosed to 95 per cent
- Increase the proportion of people diagnosed with HIV on treatment to 95 per cent
- Increase the proportion of those on treatment with an undetectable viral load to 95 per cent
- Reduce the incidence of HIV transmissions in men who have sex with men
- Reduce the incidence of HIV transmission in other priority populations
- Sustain the virtual elimination of HIV among sex workers, among people who inject drugs and from mother to child through the maintenance of effective prevention programs
- Increase the proportion of eligible people who are on PrEP, in combination with STI prevention and testing to 75 per cent
- 75 per cent of people with HIV report good quality of life
- Reduce by 75 per cent the reported experience of stigma among people with HIV, and expression of stigma, in relation to HIV status

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / non-government partners
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action.*

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Eighth National HIV Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets.*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this Strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of progress against the targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.

National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022

Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy 2018 - 2022

IMPLEMENTATION PLAN

D19-465833

PART ONE

Introduction

In November 2018, the COAG Health Council endorsed the five National Blood Borne Virus (BBV) and Sexually Transmissible Infections Strategies (STI) 2018-2022. The development of the Strategies was led by the Australian Government Department of Health with significant input from state and territory governments and non-government community and workforce organisations.

The Strategies provide an agreed framework for a high quality and coordinated response to BBV and STI in Australia. They include the:

- Eighth National HIV Strategy;
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy;
- Third National Hepatitis B Strategy;
- Fifth National Hepatitis C Strategy; and
- Fourth National STI Strategy.

Each Strategy sets out a range of key areas for action to address gaps in Australia's current response, and complement other jurisdictional, national and international policy documents that contribute to the response to BBV and STI. They also build on previous action and investment under the previous 2014-2017 National Strategies.

Purpose and Scope

This Implementation Plan will guide action against priority areas across the life of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy and will enable reporting to the Australian Health Protection Principal Committee (AHPPC) via the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS).

The plan will be a live document across the life of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy and updated annually. It will:

- Review current BBV and STI activities and identify areas that need additional action.
- Assist governments to prioritise future investment within their jurisdiction.
- Align current activities with one or more Key Area for Action and through that linkage, enable reporting against Priority Areas for Action.
- Identify linkages between targets and Priority Areas for Action.
- Provide the annual reporting framework.

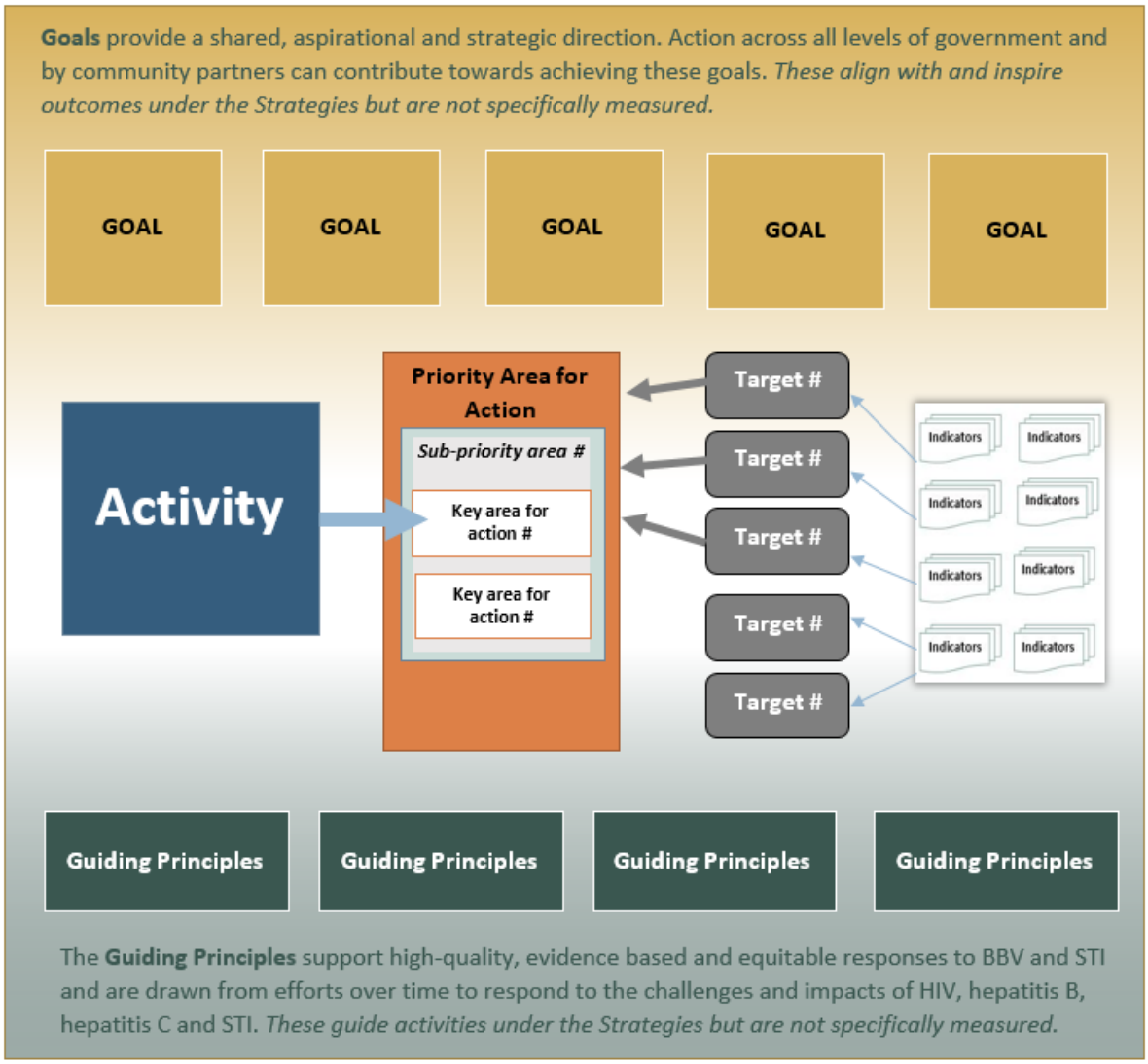
Monitoring and Reporting Framework

Reporting of progress against the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy is delivered across two separate but complementary frameworks.

1. Annual progress against the Priority Areas for Action; and
2. Annual progress against targets via the surveillance and monitoring report.

This combined approach enables measurement of action and investment within each Strategy, and across all Strategies, as well as measure the effectiveness of action via surveillance and monitoring.

Each Strategy relies on a series of aspirational goals and guiding principles, as well as a measurable series of Priority Areas for Action (and associated sub-priority areas), Key Areas for Action and Targets. Indicators will be developed as part of the National BBV and STI Surveillance and Monitoring Plan and these will be used to monitor progress against the targets in each Strategy.



GOALS

Goals provide a shared, aspirational and strategic direction. Action across all levels of government and by community and workforce partners can contribute towards achieving these goals. They align with and inspire outcomes under the Strategies but are not specifically measured. The Goals under the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are:

- Significantly reduce the transmission of BBV and STI among Aboriginal and Torres Strait Islander people
- Close the gap in BBV and STI incidence, prevalence, testing and treatment rates between Aboriginal and Torres Strait Islander and non-Indigenous populations
- Reduce morbidity and mortality related to BBV and STI
- Minimise the personal and social impact of BBV and STI
- Minimise the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal and Torres Strait Islander people's health

GUIDING PRINCIPLES

Guiding Principles support high-quality, evidence based and equitable responses to BBV and STI and are drawn from efforts over time to respond to the challenges and impacts of HIV, hepatitis B, hepatitis C and STI. These guide activities under the Strategies but are not specifically measured. The Guiding Principles under the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are:

- Aboriginal and Torres Strait Islander community control and engagement
- Health equality and a human rights approach
- Partnership
- Accountability

KEY AREAS FOR ACTION

Key Areas for Action support the achievement of the goals and targets of Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy. The Key Areas for Action are nested under a Priority Area for Action (and associated sub-priority areas) but may link to one or more Priority Area for Action:

EDUCATION AND PREVENTION
Sub Priority Areas
• Implement, support and evaluate a range of community (co)-designed and led, evidence-based and multi-faceted 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 post-exposure prophylaxis (PEP), pre-exposure prophylaxis (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.
Key Areas for Action
1. Ensure meaningful engagement with community members and organisations that represent priority groups in the design and delivery of BBV and STI education prevention initiatives and services for their community.
2. Identify and implement culturally safe, innovative, multifaceted education and prevention initiatives, including community-led, peer-based approaches, for priority groups to improve knowledge and awareness, address stigma related to BBV and STI, reduce risk behaviours and transmission and facilitate early testing and treatment.
3. Evaluate existing education and prevention programs, including those targeting other priority populations, to inform the design and delivery of new programs and identify opportunities for program adaptation and scale-up.
4. Implement comprehensive relationships and sexuality education in primary and secondary schools to improve knowledge, attitudes, skills and behaviours which support young Aboriginal and Torres Strait Islander people to engage in respectful relationships, reduce risky behaviours and increase health-seeking behaviour.
5. Implement BBV and STI education and prevention initiatives for young Aboriginal and Torres Strait Islander people outside the school setting to improve knowledge, attitudes, skills and behaviours.
6. Facilitate the development of partnerships between Aboriginal Community Controlled Health Services (ACCHS), mainstream health services, schools, educational institutions and BBV and STI organisations to improve the delivery, availability and accessibility of sexual health education and

services for all young Aboriginal and Torres Strait Islander people and strengthen linkages to BBV and STI testing and treatment.
7. Develop initiatives to support further increases in vaccination coverage for HPV in adolescents, in and outside of school settings, in support of the actions of the National Immunisation Strategy.
8. Develop options to improve access to hepatitis B catch-up programs for adolescents who were missed in infant vaccination programs in line with national and state and territory based immunisation programs.
9. Promote the consistent and effective use of condoms and other prevention methods, including PrEP, PEP and TasP, and support widespread access across priority settings.
10. Improve knowledge and awareness of the benefits of hepatitis C direct-acting antivirals (DAA) treatment and support widespread access across priority settings.
11. Promote the importance of evidence-based harm reduction and demand reduction (for example, needle and syringe programs (NSP) and opiod treatment programs (OTP)) in preventing the transmission of BBV among people who inject drugs, including through community-led peer education; and support wide availability and equitable access to these prevention measures across priority groups, settings and geographic areas.
12. Ensure education and prevention services, including NSPs, are linked to BBV and STI testing and treatment services and other relevant services, such as AOD services, youth services, peer-based services and mental health services.
13. Support and foster community leadership to reduce the sharing of injecting equipment and increase access to NSPs and harm reduction approaches.
14. Increase prevention education, evidence-based harm reduction and demand reduction for BBV and STI in custodial settings, including youth detention.
15. Ensure consistent implementation of evidence-based antenatal and neonatal protocols for BBV and STI for pregnant women and women considering pregnancy to prevent vertical transmission and infant mortality.

TESTING, TREATMENT AND MANAGEMENT
Sub Priority Areas
• 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.
Key Areas for Action

16. Identify areas of need for improved BBV and STI testing and treatment coverage and target efforts accordingly.
17. Explore the development of key performance indicators for organisations providing health services to Aboriginal and Torres Strait Islander peoples in relation to BBV and STI testing, treatment and care to inform continuous quality improvement cycles.
18. Develop and integrate peer support models where Aboriginal and Torres Strait Islander people with lived experience of BBV and STI are peer navigators in diagnosis, treatment and care.
19. Improve the knowledge and awareness of Aboriginal and Torres Strait Islander Health Workers, other health professionals, and community-based health workers of risk factors and indications for BBV and STI testing.
20. Include a greater emphasis on sexual health and BBV/STI testing in routine primary health protocols and guidelines where appropriate, including in antenatal care and adult health checks.
21. Further develop and implement innovative evidence-based testing approaches across priority settings and geographic areas which address barriers to access and include strong linkages to well-coordinated treatment, monitoring and care.
22. Explore the use of rapid testing and point of care technologies, where appropriate, to improve access to testing and treatment.
23. Increase the capacity of health professionals to undertake culturally safe, rapid contact tracing and partner treatment which builds on established networks and local partnerships; and explore the use of incentives for individuals at risk of 'loss to follow-up'.
24. Regularly update, maintain and promote the use of evidence-based clinical guidelines and resources for health professionals to guide high-quality testing, treatment, monitoring and care; and identify opportunities to better integrate these guidelines into routine clinical practice.
25. Develop systems to ensure active patient management and strong coordination of care to support adherence to treatment and reduce 'loss to follow-up' to ensure hepatitis C cure and, in the case of hepatitis B and HIV, support the achievement and maintenance of sustained viral suppression.
26. Support community- and peer-based organisations and primary health services to develop the capacity of Aboriginal and Torres Strait Islander people living with chronic BBV to effectively manage their condition.
27. Identify and trial opportunities to increase access to prevention, testing and treatment of BBV and STI for people in custodial and youth detention settings, including nurse-led and other treatment programs/approaches, as well as strengthened systems for improving continuity of treatment and care for people upon re-entry into the community.

ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Sub Priority Areas

- 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.

Key Areas for Action

28. Incorporate messaging to counteract stigma, racism and discrimination into prevention education programs and initiatives.

29. Work to eliminate stigma, racism and discrimination, including prejudice against Aboriginal and Torres Strait Islander people and priority groups, in the health workforce and wider community through evidence-based education and training programs.

30. Provide culturally safe services which support the elimination of stigma and discrimination in Aboriginal and Torres Strait Islander communities and healthcare settings.

31. Encourage partnerships and joint action between Aboriginal and Torres Strait Islander organisations, community organisations representing priority groups, health services and other services providers to reduce the experience of stigma and discrimination for individuals and communities.

32. Commit to strengthen the coordination efforts across governments, Aboriginal and Torres Strait Islander Community Controlled Health Services and the non-government sector through a shared responsibility for reducing stigma and discrimination.

33. Further develop partnerships between governments, Aboriginal and Torres Strait Islander Community Controlled Health Services, BBV and STI organisations, and other key partners in the response, to identify opportunities to reduce the barriers (institutional, regulatory, systems and legal) to accessing BBV and STI testing and treatment.

CULTURALLY RESPONSIVE, COORDINATED AND ACCESSIBLE SERVICES

Sub Priority Areas

- 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.

Key Areas for Action

34. Support models of care that provide effective and culturally responsive prevention, testing, treatment and care at a local level, including mobile services, with strong links and pathways to access multidisciplinary and specialist services.

35. Ensure meaningful local community participation and control in the development and delivery of BBV and STI programs and services for their community, including to ensure that gaps in programs and services are identified and addressed.

36. Support partnerships between Aboriginal and Torres Strait Islander organisations, mainstream health services, BBV and STI organisations, AODs, youth services, mental health services and other service providers to build capacity, reach and referral pathways for BBV and STI service access.

37. Identify opportunities to improve patient management systems to better support the primary healthcare workforce in promptly identifying and providing ongoing treatment and care for people with HIV and hepatitis B.

38. Develop mechanisms for strong regional coordination of BBV and STI responses in remote areas, involving local primary healthcare services and with support from specialist services and laboratories.

WORKFORCE

Sub Priority Areas

- 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.

Key Areas for Action

39. Support an increase in the Aboriginal and Torres Strait Islander health workforce trained in BBV and STI and strengthen their role in the provision of services, including prevention education, client support and recall.

40. Develop the capacity of health professionals and organisations providing BBV and STI services, including ACCHS, ACCH Sector Support Organisations, BBV and STI organisations and mainstream health services, to deliver effective health promotion and prevention education and testing, treatment, management and care, particularly in areas of high BBV and STI prevalence.

41. Improve the cultural awareness of health professionals through cultural safety training, including education regarding the importance of sensitively asking for and recording a patient's Aboriginal and/or Torres Strait Islander origin; using culturally respectful partner notification, testing and treatment; and understanding the intersecting issues experienced by Aboriginal and Torres Strait Islander priority groups.

42. Implement targeted initiatives to improve the education, training, resources and tools provided to health professionals, including the use of digital platforms and face-to-face learning opportunities, to facilitate and support a highly skilled clinical and community-based workforce.

43. Continue to regularly update, maintain and make accessible evidence-based clinical guidelines, tools and support for BBV and STI prevention, testing, treatment and antenatal care; and ensure consistent applications across jurisdictions.

44. Provide a range of BBV and STI professional development, networking opportunities and supports to Aboriginal and Torres Strait Islander Health Workers and other health professionals, including through existing accredited programs.

45. Ensure ACCH Sector Support Organisations are supported to employ staff focused on the provision of BBV and STI services.

46. Promote the engagement of Aboriginal and Torres Strait Islander people with lived experience of BBV as peer navigators to provide support in diagnosis, treatment and care services.

DATA, SURVEILLANCE, RESEARCH AND EVALUATION

Sub Priority Areas

- 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.

Key Areas for Action

47. Identify and prioritise strategies that address gaps in data to support the implementation and monitoring of this strategy. Identified areas include the development of a hepatitis C prevalence estimate; improved data on risk behaviours, healthcare access, testing, treatment and care cascades; a valid quality of life tool to measure the impact of BBV and STI; and appropriate stigma and discrimination indicators.
48. Improve recording and reporting of Aboriginal and Torres Strait Islander status across all relevant data and administrative collections, including pathology request forms, laboratory results and disease notifications.
49. Identify opportunities and mechanisms to partner with community organisations, laboratories and service providers in data collection and surveillance activities.
50. Collaboratively identify and address research gaps, with reference to the priority actions of this strategy and specific community priorities, to support a strong evidence-based response.
51. Strengthen research translation to guide interventions at the local and national level.
52. Support research on the public health implications of the distinct strain of hepatitis B that affects some Aboriginal and Torres Strait Islander communities, and on the epidemiology and public health implications of HTLV-1 in remote communities, in order to better inform responses.
53. Evaluate health promotion, prevention, testing and treatment programs and activities for Aboriginal and Torres Strait Islander people and communities and support continuation of those found to be effective.
54. Ensure ongoing surveillance of HIV, hepatitis B, hepatitis C and STI, and responses to new notifications, in the cross-border region of Australia and Papua New Guinea.
55. Explore opportunities for assessing the impact of legislation and regulation on access to health services.

OUTBREAK DETECTION AND RESPONSE

Sub Priority Areas

- Enhance systems and capacity to monitor and respond to changes in BBV and STI incidence among Aboriginal and Torres Strait populations, including enhanced surveillance and rapid responses to potential outbreaks among priority populations and in geographic locations.

Key Areas for Action

56. Enhance systems and capacity to monitor and respond to changes in BBV and STI incidence among Aboriginal and Torres Strait populations, including rapid identification and response to outbreaks and clusters among priority populations and in specific locations.

57. Develop processes to support increased STI testing in outbreak situations and ensure that testing data is collected to monitor and evaluate the effectiveness of increased testing and treatment.

58. Ensure that the implementation of the National strategic approach and action plan for an enhanced response to the disproportionately high rates of STI (and blood borne viruses) in Indigenous populations is integrated with and supported by the actions under this strategy

59. Continue collaborative jurisdictional and national level support for effective responses to BBV and STI incidence, including in averting and responding to outbreaks, and develop agreed responsibilities and procedures at a jurisdictional and national level to support these responses

TARGETS AND INDICATORS

The Targets of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are, by 2022:

- Achieve and maintain hepatitis B childhood vaccination coverage of 95 per cent at 12 and 24 months
- Achieve and maintain HPV adolescent vaccination coverage of 80 per cent
- Increase STI testing coverage with a focus on areas of highest need
- Increase the use of sterile injecting equipment for every injecting episode
- Reduce the incidence and prevalence of infectious syphilis, with a particular focus on areas of highest disease burden
- Eliminate congenital syphilis
- Reduce the incidence and prevalence of gonorrhoea and chlamydia with a focus on young people
- Reduce the number of newly acquired hepatitis C infections by 60 per cent
- Reduce the incidence of HIV transmissions
- Achieve the 95–95–95 HIV diagnosis and treatment targets:
    - Increase to 95 per cent the percentage of people with HIV who are diagnosed
    - Increase to 95 per cent the percentage of people diagnosed with HIV on treatment
    - Increase to 95 per cent the percentage of those on treatment with an undetectable viral load
- Increase the proportion of people living with hepatitis C who are diagnosed to 90 per cent and the cumulative proportion who have initiated direct acting antiviral treatment to 65 per cent
- Increase the proportion of people living with hepatitis B who are diagnosed to 80 per cent; receiving care to 50 per cent; and on antiviral treatment to 20 per cent
- Reduce hepatitis C attributable mortality by 65 per cent
- Reduce hepatitis B attributable mortality by 30 per cent

- Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status

The Targets are mapped to one or more Priority Areas for Action.

The National BBV and STI Surveillance and Monitoring Plan 2018-2022 (the Plan) supports all of the five Strategies. The Plan provides details of the indicators that will be used to monitor progress towards achieving the targets of the Strategies.

The Plan is developed through the National BBV and STI Surveillance Subcommittee (NBBVSTISSC) of the Communicable Diseases Network Australia (CDNA), in consultation with BBVSS who are represented on the NBBVSTISSC. The CDNA Jurisdictional Executive Group will endorse the final Plan.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by the NBBVSTISSC to be appropriate for inclusion.

Monitoring and Reporting Methodology

Annual progress against priority areas

Reporting against the Priority Areas for Action and Key Areas for Action is derived from mapping an annual stocktake of activity across all governments and organisations represented on BBVSS. A coded mapping tool enables activities to be mapped to one or more strategies and their associated Priority Areas for Action and Key Areas for Action. This annual analysis provides a real time snapshot of which priority areas are well supported and which may require additional action or investment.

Reporting is also enabled by:

- Jurisdictions
- Government / non-government partners
- Gaps in action against priority areas
- Priority populations

Further detail is available within **Appendix A** – *Annual Progress against Priority Areas for Action*.

Annual progress against targets via the National BBV and STI Surveillance and Monitoring Plan 2018-22

The National BBV and STI Surveillance and Monitoring Plan 2018 – 2022 (the Plan) will measure progress towards reaching the targets of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy. The Plan will include sets of indicators and details on how each of these indicators will be measured and reported.

Annual reporting will track the national response to these targets and, where feasible, make reference to short and longer-term (generally since 2008) progress. The National BBV and STI Surveillance and Monitoring Plan and the annual surveillance and monitoring report will also provide the opportunity to identify gaps in existing surveillance systems.

Further detail is available within **Appendix B** – *Annual Progress against Targets.*

PART TWO

Assessing Progress and Recommendations

- DRAFTING NOTES ONLY
- This section will contain a summary of the progress of actions under this Strategy and high level recommendations for future actions. This section will be updated annually and informed by **Appendix A** – *Annual Progress against Priority Areas for Action* and **Appendix B** – *Annual Progress against Targets*.
- It should be high level, easy to understand and supported by statistics and infographics.

APPENDIX A

Annual Progress against Priority Areas for Action

- DRAFTING NOTES ONLY
- This section provides the annual analysis of activities across this Strategy.
- The scope of this analysis is to be determined by BBVSS

APPENDIX B

Annual Progress against Targets

- DRAFTING NOTES ONLY
- This section provides the annual analysis of targets within this Strategy.
- It is informed by the National BBV and STI Surveillance and Monitoring Plan 2018-2022 and the annual surveillance and monitoring report.
- Analysis should be high level and directly relate to the targets within this Strategy.