



Department for Health and Ageing

South Australian Sexually Transmissible Infection Implementation Plan 2016-2018

South Australia's plan for addressing the
Third National Sexually Transmissible
Infections Strategy 2014-2017 and the
Fourth National Aboriginal and Torres Strait
Islander Blood Borne Virus and Sexually
Transmissible Infections Strategy 2014-2017



Government
of South Australia

SA Health

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Acronyms

ACCHS	Aboriginal Community Controlled Health Services
ADAC	Aboriginal Drug and Alcohol Council
AHCSA	Aboriginal Health Council of South Australia
ASHHNA	Australasian Sexual Health and HIV Nurses Association
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
ATSI	Aboriginal and Torres Strait Islander
BBV	blood borne virus
CAG	South Australian STI and HIV Collaborative Action Group
CALD	culturally and linguistically diverse
CALHN	Central Adelaide Local Health Network
CBD	central business district
CDCB	Communicable Disease Control Branch, SA Health
ChEX	An express chlamydia screening service for heterosexual men and women
CoPAHM	Community of Practice for Action on HIV and Mobility
DECD	Department for Education and Child Development
GP	general practitioner
HIV	human immunodeficiency virus
HOI	Health Outcomes International
HPV	human papillomavirus
LGBTIQ	lesbian, gay, bisexual, transgender, bisexual, intersex and queer
MOSAIC	MOSAIC Counselling and Case Management Services, RASA
MSM	men who have sex with men
NGO	non-government organisation
PCR	polymerase chain reaction
PDPT	patient delivered partner therapy
PEACE	PEACE Multicultural Services, RASA
PLHIV	people living with HIV
POC	point of care
POCT	point of care testing
PrEP	pre exposure prophylaxis
SA	South Australia
SAACHAC	SA African Communities Health Advisory Committee
SAHMRI	South Australian Health and Medical Research Institute
SAM	sexually adventurous men
SAMESH	South Australian Mobilisation and Empowerment for Sexual Health
SASBAC	SA STI and BBV Advisory Committee
SHAYPE	Sexual Health and Young Peer Education
SHine SA	Sexual Health information, networking and education SA
SIN	SA Sex Industry Network
SMS	short message service
STI	sexually transmissible infection
TTANGO2	Test, Treat and Go 2

Background

This *South Australian STI Implementation Plan 2016-2018* articulates local priorities and actions for implementing the *Third National Sexually Transmissible Infections Strategy 2014-2017* and the *Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014-2017* and accompanying implementation plans. As such, the *South Australian STI Implementation Plan 2016-2018* should be read in conjunction with both National Strategies.

This *South Australian STI Implementation Plan 2016-2018* builds on the work carried out under the *Sexually Transmissible Infection Action Plan 2012-2015*.

Activities under this plan are expected to be funded within existing resources. Some of the actions leverage off existing relationships and work activities to create new directions or new capacity. For longer term objectives, some activities may require new funding streams.

Goals, objectives and targets

The goals, objectives and targets of the *South Australian STI Implementation Plan 2016-2018* are aligned to the National Strategies.

Goals

Third National Sexually Transmissible Infections Strategy 2014-2017

Reduce the transmission of, and morbidity and mortality caused by, sexually transmissible infections and to minimise the personal and social impact of the infections.

Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014-2017

Reduce the transmission of and morbidity and mortality caused by BBV and STI and to minimise the personal and social impacts of these infections in Aboriginal and Torres Strait Islander communities.

Objectives

Third National Sexually Transmissible Infections Strategy 2014-2017

1. Achieve and maintain high levels of HPV vaccination
2. Reduce the incidence of STI
3. Improve knowledge and safe behaviours associated with the transmission of STI
4. Increase testing among priority populations
5. Increase appropriate management and reduce associated morbidity
6. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health.

Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014-2017 (note that only STI related objectives are included here)

- > Improve knowledge and awareness of STI and BBV
- > Reduce the incidence of STI in Aboriginal and Torres Strait Islander people and communities
 - o reduce the risk behaviours associated with transmission [of STI]
 - o increase appropriate testing and follow up [of STI]
- > Reduce the incidence of BBV in Aboriginal and Torres Strait Islander people and communities
 - o reduce the risk behaviours associated with the transmission [of BBV]

- decrease the number of people with undiagnosed BBV
- > Increase the number of Aboriginal and Torres Strait Islander people with BBV receiving appropriate management, care and support for BBV
- > Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on Aboriginal and Torres Strait Islander health
 - increase engagement with Aboriginal and Torres Strait Islander communities through sustained and authentic action
 - improve the delivery of and access to appropriate services.

Targets

Third National Sexually Transmissible Infections Strategy 2014-2017

1. Achieve HPV adolescent vaccination coverage of 70%
2. Increase testing coverage in priority populations
3. Reduce the incidence of chlamydia
4. Reduce the incidence of gonorrhoea
5. Reduce the incidence of infectious syphilis and eliminate congenital syphilis.

Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014-2017 (note that only STI related targets are included here)

1. Increase the use of clean injecting equipment for every injecting episode.

Priority populations

The priority populations for this Implementation Plan are those identified in the *Third National Sexually Transmissible Infections Strategy 2014-2017* which reflect epidemiological data and social context. Individuals may be members of more than one priority population.

Priority populations are:

- > sexually active young people under 30
- > Aboriginal and Torres Strait Islander people
- > gay men and other men who have sex with men
- > sex workers
- > culturally and linguistically diverse people
- > travellers and mobile workers
- > people in custodial settings.

Roles and responsibilities

The National Strategies and this Implementation Plan acknowledge that achieving these goals requires collaboration between Commonwealth, State and Territory governments, clinical services, community organisations, service delivery organisations, professional bodies, research organisations and people living with BBV and/or STI, their families and communities.

SA Health

SA Health is primarily responsible for delivery of specialist, tertiary referral, STI and BBV clinical health services, training of specialist HIV and sexual health clinical workforce and service planning activities.

SA Health's responses to BBV and STI are guided by jurisdictional policy and planning that align with the National Strategies.

Partners

The non-government sector, in particular primary care clinicians, non-government organisations (NGO), peak bodies, professional organisations and research facilities, are a strong part of Australia's response to BBV and STI, and continue to play a vital role in the implementation and outcomes of the current National Strategies.

Stakeholders involved in the development of this Implementation Plan are listed in *Appendix A*.

Evaluation and reporting

This *South Australian STI Implementation Plan 2016-2018* is a working document that can be amended at any time with the endorsement of all parties. The actions will be reviewed and updated annually by the South Australian STI and BBV Advisory Committee (SASBAC). For NGO partners directly funded by SA Health, the actions in this Implementation Plan may include specific activities within Annual Work Plans, which are reported on each year by 31 August.

Priority Area 1: Prevention

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
1. Increase the use, access to and acceptability of condoms among priority populations	a. Explore the use of existing and new media tools to target activities supporting and encouraging condom use among priority populations	All Governments and Partners	<p>AHCSA</p> <ul style="list-style-type: none"> > Support and promote statewide and locally generated primary health care health promotion initiatives that focus on improving sexual health outcomes for Aboriginal community members especially those in the 16 to 30 year age group including ensuring condoms are free and accessible in Aboriginal communities. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue promotion of condom use and safer sex practices in clinic and through health promotion materials developed by sector partners. > Free distribution of condoms through government funded clinics is an important STI prevention strategy. Clinic 275 relies upon sector partners, SAMESH and other NGOs to provide condoms for distribution. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide knowledge and education through counselling to individuals within priority populations using up to date tools and information. <p>PEACE</p> <ul style="list-style-type: none"> > Provide support and health promotion services targeting CALD priority populations (African and Asian), gay men and men who have sex with men (MSM), young people and international students. > Engage people from CALD priority populations to learn about safe and respectful relationships. > Advocate for the use of the Condom Checklist by service providers to increase the level of condom use. 	Objectives 2 and 3

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Promote the use and distribution of condoms across CALD priority populations. SA Sex Industry Network > Provide peer based health promotion resources and information both printed and electronic and strengthen the online presence through the SIN website, various social media platforms and where appropriate, phone applications. SHine SA > Promote condom use among priority populations on social media and via the website. > Distribute condoms at health promotion and community education events, in clinics and through other channels as identified. > SAMESH to provide free condoms to gay men and MSM at community events and at lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) venues. > SAMESH to produce and promote SAMESH party and play packs for sexually adventurous men (SAMs) through existing social media sites and new platforms (e.g. Grindr, Scruff). Draft SA Prisoner Blood Borne Virus (BBV) Prevention Action Plan > The draft SA Prisoner BBV Prevention Action Plan 2016 is in consultation. The draft plan identifies access to condoms and lubricant as “usual care and/or prevention strategy” for people in the community but notes that condoms and lubricant are not available in all prisons in SA. The draft plan also identifies the potential lead agencies and partners for progressing access to free issue condoms and lubricant in all prisons as the Department for Correctional Services along with SA Health (SA Prison Health Service) and SHine SA. 	

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
2. Increase the promotion of safe sex behaviours and regular testing	a. Support implementation of best practice primary care based sexual health programs in urban and remote Aboriginal communities through continuous quality improvement approaches	State and Territory Governments	<p>AHCSA</p> <ul style="list-style-type: none"> > Continue community engagement activities and clinical capacity development by supporting ACCHS and other services working with young Aboriginal people in the promotion of and improved access to opportunistic and voluntary annual STI screening (including syphilis serology and screening for BBVs) for young people 16 to 30 years of age. > Regular visits, phone calls, emails and web page updates on new evidence relevant to sexual health including HIV and syphilis, BBVs, drug and alcohol issues and relevant policies (e.g. in regards to confidentiality, contact tracing, latest treatments, reducing harm, news stories and activities of the program). > AHCSA's Sexual Health Program to work collaboratively with AHCSA's Education, Training and Workforce Team to arrange Aboriginal Health Worker placements at Clinic 275. > Develop and support continuous quality improvement activities in ACCHS in SA and continue to build monitoring, surveillance and research capacity. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide clinical support to urban and remote Aboriginal Health Services through Sexual Health Consultant availability by information line, referral systems or in person, as requested. > Continue to provide specialist support to AHCSA, including specialist input into STI guidelines used in Aboriginal Health Services. > Continue to provide teaching resources and speakers for training events such as AHCSA training courses for Aboriginal Health Workers, including Clinic 275 Partner Notification Officers, nurses and doctors, as requested. 	Objectives 3, 4 and 5

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Implement planned clinical attachments at Clinic 275 for Aboriginal Health Workers, in collaboration with AHCSA. > Continue to provide best practice model of walk-in, free, non-judgemental and confidential specialist STI services. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Continue to work collaboratively with AHCSA's Aboriginal Sexual Health Program Advisory Group. 	
	<p>b. Maintain & update STI related websites and evidence-based web information and other relevant social marketing and targeted education campaigns where appropriate</p>	<p>All Governments with Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > Maintain AHCSA's Sexual Health Program website with up to date information and links to evidence-based web information. > Participate in the development of Aboriginal specific resources in collaboration with ACCHS and other relevant organisations and education campaigns. <p>Clinic 275</p> <ul style="list-style-type: none"> > Clinic 275 provides the South Australian STI Diagnosis and Management Guidelines, which reflect local epidemiology and antimicrobial sensitivities. All sector websites should primarily direct health care workers to these SA specific clinical guidelines, and secondarily direct traffic to the Australian STI Management Guidelines for Use in Primary Care. Prioritising dissemination of local guidelines is critical given SA-specific emergence of gonococcal antimicrobial resistance. Local gonococcal antimicrobial resistance patterns require SA treatment guidelines to diverge from the current national guidelines. > Clinic 275 website is regularly updated. > Clinic 275 welcomes a collaborative approach to social marketing strategies developed by sector partners. 	<p>Objectives 2 and 3</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>PEACE</p> <ul style="list-style-type: none"> > Maintain and continue to contribute to the online blog dedicated to CALD MSMs and gay men as a support/health promotion resource focusing on messages related to the Ending HIV campaign. > Maintain and promote the Australian Institute of Social Relations online BBV induction resource. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Provide sexual health information and peer education using various social media platforms and SIN website for the sex worker community. <p>SHine SA</p> <ul style="list-style-type: none"> > Maintained and regularly update website including the Get Checked Now website. > Undertake targeted marketing through multiple channels such as radio, social media and education campaigns. > SAMESH to review STI content of website and continue to promote testing and treating of STIs through social marketing and targeted education through campaigns, workshops and forums, as per 2016/17 annual work plan and beyond. 	
	c. Consider and, where appropriate, implement lessons learnt from the National Gay Men's Syphilis Action Plan	All Governments with Partners	<p>AHCSA</p> <ul style="list-style-type: none"> > Collaborate with other partners including SAMESH and ACCHS to increase awareness of risks of syphilis and HIV co-infection for Aboriginal people with a focus on gay men and MSM. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide expert specialist STI/HIV clinical and technical resource for SA, including screening, case finding, diagnosis and management of syphilis, and state-wide partner notification for all syphilis notifications in SA. 	Objectives 2 and 3

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Continue to provide syphilis-related health promotion materials developed by sector partners in the Clinic. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to include the Action Plan recommendations in STI training for clinicians. > SAMESH to deliver community forums on STIs, including syphilis and HIV co-infection. > SAMESH to be responsive to any further syphilis outbreaks and inform community through social media and hook-up apps. > SAMESH to develop STI fact sheets as part of the community education package. 	
	d. Evaluate findings from local efforts to engage with young people who are socially excluded and not engaged in educational settings to develop improved programs and activities	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide accessible, free, confidential and non-judgemental specialist sexual health services to youth, especially sexually active youth at high risk of STIs/BBV. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Continue to collaborate with allied organisations to establish methods of engagement with young and vulnerable sex workers. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to work in partnership with other lead organisations to contribute to this action item. 	Objectives 3 and 4
3. Build STI-related knowledge and skills in priority populations	a. Continue to deliver STI education programs with a focus on priority populations; support peer-based prevention & health promotion initiatives for priority populations	State and Territory Governments with Partners	<p>AHCSA</p> <ul style="list-style-type: none"> > AHCSA's Sexual Health Program to continue to build on the strengths of previous community engagement activities and clinical capacity development. Central to the program is supporting ACCHS and other services working with young Aboriginal people using peer education in the promotion of respectful relationships and improved access to opportunistic and voluntary annual STI screening (including syphilis serology and screening for BBVs as 	Objectives 3 and 6

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>indicated) for young people aged 16 to 30 years.</p> <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide education to priority populations including youth through clinical contact and schools based programs. > Continue to provide education to health care workers in primary care, Aboriginal health services and tertiary referral centres, focussing on sexual health care for priority populations. > Continue to refer priority populations to peer based organisations' websites, services and educational resources. > Roll out health promotion materials targeting priority populations. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Support peer education programs amongst newly arrived women from Bhutanese background addressing women's health including sexual health screening. <p>MOSAIC</p> <ul style="list-style-type: none"> > Promote safer sex practices through individual counselling and group sessions to priority populations. <p>PEACE</p> <ul style="list-style-type: none"> > Advocate to improve new arrivals' access to BBV information particularly refugees through various community centres offering English language classes and home visits. > Provide community education sessions for by community groups. > Improve access for settlement workers, PEACE's volunteers and community champions to the online BBV induction package. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Continue to deliver peer education to SA sex workers via outreach, workshops/skill shares and on site via shop front. 	

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to implement and evaluate SHAYPE, the Sexual Health and Young Peer Education program. > SHine SA to deliver STI education to priority populations with a focus on capacity building. > SAMESH through its volunteer program to provide STI and HIV education workshops to community including gay men, MSM and CALD gay men from ages 18 to 75 years. The Drama Down Under Campaign to be implemented quarterly. 	
	<p>b. Support community based organisations, including peer based organisations, to provide information, education & community engagement & health hardware to priority populations</p>	<p>State and Territory Governments</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide an expert specialist STI/BBV resource for SA, including support and training for peer based organisations. Examples include partner notification training for Aboriginal Health Workers attending sexual health training by ACHSA, STI screening for sex worker peer support workers and pre- and post-test counselling training for HIV point of care testing (POCT) collaborative partner organisations. <p>PEACE</p> <ul style="list-style-type: none"> > Develop a pilot outreach service at the newly established African Communities Council's venue in the northern suburbs. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Work in collaboration with community based organisations to increase access and availability to condoms and other safer sex products. > Continue to provide 'sex worker sensitivity training' to community organisations that work with sex workers to reduce stigma and discrimination and increase meaningful engagement with sex workers as a priority population. 	<p>Objectives 2, 3 and 6</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	c. Establish opportunities to deliver STI education programs through appropriate youth health settings	Commonwealth	<p>Clinic 275</p> <ul style="list-style-type: none"> > See 1.3.b. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Collaborate with government and NGOs to identify opportunities to deliver peer education through youth health settings. 	Objectives 3 and 6
4. Increase uptake of HPV vaccine	a. Continue to provide HPV vaccination through the national school-based HPV vaccination Program under the National Immunisation Program	All Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to advocate for free HPV vaccination for MSM with few lifetime partners who are not able to access school based vaccination. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Continue to provide HPV vaccinations as part of the catch up schedule for eligible newly arrived refugee and asylum seeker clients. 	Objective 1
	b. Initiate discussion with Australian Technical Advisory Group on Immunisation on the upper age limit for HPV vaccination under the National Immunisation Program	Commonwealth Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Lifetime number of partners is a key indicator of need for HPV vaccination. Continue to provide prescription of HPV vaccine for at risk individuals, with few lifetime partners who are not eligible for school based HPV vaccination. > Continue to provide counselling and obtain informed consent where off label use is indicated, such as outside the labelled age limits. > Continue attempts to secure funding for HPV vaccination for MSM with few lifetime partners, who do not benefit from heterosexual herd immunity, and have missed out on school based free vaccination. 	Objective 1
	c. Identify individual, community, system and policy enablers and barriers to increasing HPV vaccination &	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > The largest barrier to increasing HPV vaccination in at risk populations not eligible for school based vaccination is cost. MSM with few lifetime sexual partners who have missed school-based 	Objective 1

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>develop focused evidence-based strategies to address them</p>		<p>vaccination are not protected by herd immunity among female partners, unlike their heterosexual male peers. This group requires funding for free HPV vaccination.</p> <ul style="list-style-type: none"> > Collaborate with research focussed on HPV to contribute to the expansion of evidence based knowledge of HPV transmission and vaccination. Continue collaboration in current IMPACT and IMPRESS multicentre trials. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to continue to promote the importance of HPV vaccination in teacher training. 	

Priority Area 2: Testing

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>1. Build on successful activities to improve testing rates and coverage in priority populations and age groups</p>	<p>a. Explore and implement, where appropriate, innovative models to make STI testing easier and scale these projects up where appropriate, including in rural and remote areas</p>	<p>State and Territory Governments and Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > AHCSA is a partner in the Test, Treat and Go 2 (TTANGO2) project through the Kirby Institute. TTANGO2 will make POCT for chlamydia, gonorrhoea and trichomonas available in at least two remote ACCHS in SA. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide ChEX, the express chlamydia testing service. > Continue to provide accessible, acceptable, free, confidential and non-judgemental STI/BBV testing services for all priority populations. > Continue to provide results by short message service (SMS). > Evaluate increase in HIV/STI testing to non-gay identifying MSM through the provision of POCT for HIV as part of a collaborative demonstration project. <p>SA Sex Industry Network</p> <ul style="list-style-type: none"> > Continue to provide Testing Buddy service. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to continue to provide and promote the Get Checked Now online testing initiative for chlamydia and gonorrhoea, with a focus on young people in rural and remote settings. > SHine SA to undertake a scoping project to identify the feasibility of outreach STI testing models in rural and remote areas. > SHine SA to provide a peer based HIV and STI screening service located in the CBD of Adelaide. Rapido Clinic offers rapid HIV testing, STI screening and free HBV testing and vaccinations to gay men, MSM and transgender people. 	<p>Objective 4</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Support training & education resources for health professionals to encourage opportunistic testing, including in endemic regions where appropriate.</p>	<p>All Governments and Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > AHCSA to promote and coordinate with other government and NGOs regular training and updates for ACCHS staff to ensure education in STI diagnosis and management, and other aspects of STI control including mandatory notification, contact tracing, pre- and post-test counselling and the provision of culturally sensitive sexual health education. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide specialist sexual health speakers for training and education for health professionals in SA. > Continue to provide an expert specialist STI/BBV resource for SA, including training, education and phone advice line for health professionals throughout metropolitan, rural and remote SA. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Support the Adelaide Primary Health Network to provide training and education to community GPs on current STI screening recommendations and culturally appropriate screening practices with clients from refugee and asylum seeking background. <p>PEACE</p> <ul style="list-style-type: none"> > Promote the use of the online BBV induction package. > Use social media, newsletters and radio to promote understanding of the importance of early treatment. > Support the delivery of cross cultural training. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to offer BBV testing to all new admissions to prison using standardised order forms. > Consider options for increasing testing uptake. 	<p>Objective 4</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to coordinate training and education for professionals as identified in the STI Workforce Strategy. > SAMESH to offer training and education to health professionals and non-government organisations. 	
2. Explore the feasibility, accessibility and cost effectiveness of the range of existing and emerging testing methods such as rapid testing	a. Monitor and share the outcomes of rapid testing trials for chlamydia and gonorrhoea	All Governments and Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide quick turnaround results for STI screening. > Continue to provide convenient SMS results service. > Explore and evaluate use of POCT technologies in context of specialist urban STI Clinical Service. > Continue to disseminate findings of trials such as the TTANGO trial supporting rapid POCT for chlamydia, gonorrhoea and trichomonas in remote settings. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to provide and evaluate POCT for chlamydia and gonorrhoea. > SHine to contribute to this action and distribute the outcomes via professional networks, training and education. 	Objective 4
3. Develop & promote nationally consistent STI testing & retesting guidelines	a. Promote the National STI Guidelines and consider, where appropriate, their adaption to local needs	All Governments with Partners	<p>AHCSA</p> <ul style="list-style-type: none"> > Ensure the AHCSA STI manual is consistent with national guidelines and adapted to the local SA context. > Continue to promote the AHCSA STI manual in ACCHS including during induction for new staff. > Continue to work towards embedding an annual STI screen for 16 to 30 year olds and promoting opportunistic testing throughout the year to target those who are at higher risk of (re) infection. 	Objective 4

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide the South Australian STI Diagnosis and Treatment Guidelines on the Clinic 275 webpage, which reflect local STI/BBV epidemiology and antimicrobial sensitivities. > All SA sector websites should direct health care workers to these SA specific guidelines, especially in the current context of locally emerging gonococcal antimicrobial resistance, in which SA guidelines contrast with national guidelines due to epidemiological variation between SA and other states. Direction to South Australian guidelines must be prioritised. National guidelines should be referred to as an additional resource. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Continue to offer STI screening to all new arrival women in a culturally appropriate Well Women’s Clinic setting utilising accredited interpreters. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to promote the South Australian STI Diagnosis and Treatment Guidelines and the Australian STI Management Guidelines for Use in Primary Care via the website and in professional education and training courses/sessions. 	
	<p>b. Promote STI testing from clinician and consumer perspectives to ensure testing messages are comprehensive and appropriate</p>	<p>All Governments with Partners</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide extensive free and confidential STI testing, in an accessible and acceptable manner for priority populations, and work collaboratively with our sector partners to design appropriate messages to increase STI testing. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to utilise their community advisory panel and targeted focus groups to ensure STI testing messages are comprehensive and appropriate. > SHine SA to promote STI testing messages via the website, social 	<p>Objective 4</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>media and other targeted marketing initiatives.</p> <ul style="list-style-type: none"> > SAMESH to focus test STI health promotion campaigns to ensure testing messages resonate with community members. > SAMESH to promote STI testing through its Drama Down Under campaigns, and ongoing social media posts including promoting testing for STIs at the Rapido Clinic and other sexual health services and GPs. 	
<p>4. Maintain and strengthen links between comprehensive voluntary STI and voluntary HIV testing</p>	<p>a. Work to ensure coherence and linkages between the STI and HIV testing guidelines</p>	<p>All Governments with Partners</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide comprehensive and targeted testing strategies. ChEX, the express chlamydia screening service for heterosexual men and women at Clinic 275, provides carefully selected patients with chlamydia and gonorrhoea testing only, without HIV testing using local epidemiological markers of very low risk of HIV and high risk of chlamydia. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA's clinical practice guidelines and processes to be reviewed to ensure coherence and linkages between STI and HIV testing guidelines. > SHine SA to promote the guidelines through professional education courses and updates. 	<p>Objective 4</p>

Priority Area 3: Management, care and support

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
1. Assess and implement effective tools and activities to improve STI treatment, management and referral	a. Support contact tracing by primary, public and sexual health providers	State and Territory Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide the statewide STI/HV partner notification (contact tracing) service for gonorrhoea, syphilis and HIV, in collaboration with SA Health. > Continue to provide an expert resource for SA in partner notification. > Continue to provide phone support for clinicians undertaking chlamydia partner notification, and support for Aboriginal Health Services undertaking partner notification of all infections. > Continue to provide support and training for health care workers, including Aboriginal Health Workers, in partner notification by Clinic 275's specialist Partner Notification Officers. > Continue to provide web links and referrals to the online partner notification services: Let Them Know, Drama Down Under and Better to Know. 	Objective 2
2. Explore methods to enhance partner notification and treatment systems	a. Explore options for implementing Pilot Partner Delivered Patient Therapy and support partner notification across relevant providers	State and Territory Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Suspension of pilot for patient delivered partner therapy (PDPT) recommended due to the emergence of azithromycin resistant gonorrhoea in South Australia in the first quarter of 2016. This azithromycin resistant gonorrhoea prevents the promotion of 1 gram single dose azithromycin PDPT for chlamydia. Recipients of this regimen have a risk of coinfection with gonorrhoea and should not be exposed to low dose azithromycin due to the risk of further high level gonococcal antimicrobial resistance emerging in SA. We recommend that this strategy is suspended in SA until and unless the azithromycin resistant gonococcal clone disappears from circulation in SA and hat data is reviewed in 12 months. 	Objective 2

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
3. Improve models of care for priority populations in primary health care settings	a. Support primary care and ACCHSs to provide appropriate and contemporary STI services	All Governments	<p>AHCSA</p> <ul style="list-style-type: none"> > The AHCSA Sexual Health Program to continue to build on the strengths of previous community engagement activities and clinical capacity development. Central to the program is supporting ACCHS and other services working with young Aboriginal people in the promotion of and improved access to opportunistic and voluntary annual STI screening (including syphilis serology and screening for BBVs as indicated) for young people aged 16 to 30 years. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide technical STI/BBV support for ACCHSs and primary care, including phone or telemedicine consultation and management advice accessible to clinicians in primary care in metro, rural and remote settings. > Continue to provide SA specific diagnosis and treatment guidelines. > Participate in demonstration project to evaluate benefit of POCT testing for MSM in primary care, peer-led and specialist clinical settings. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to offer BBV testing to all new admissions to prison using standardised order forms. > Consider options for increasing testing uptake. 	Objectives 2, 4, 5 and 6
4. Broaden access to current evidence-based sexual health clinical guidelines	a. Promulgate National STI Guidelines	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Clinic 275 provides the South Australian STI Diagnosis and Management Guidelines which reflect local epidemiology and antimicrobial sensitivities. > All sector websites should primarily direct health care workers to these SA specific clinical guidelines and secondarily direct traffic to the Australian STI Management Guidelines for Use in Primary 	Objective 5

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>Care. Prioritising dissemination of local guidelines is critical given SA-specific emergence of gonococcal antimicrobial resistance. Local gonococcal antimicrobial resistance patterns require SA treatment guidelines to diverge from the current national guidelines.</p> <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to promote the South Australian STI Diagnosis and Treatment Guidelines and the Australian STI Management Guidelines for Use in Primary Care via the website and in professional education and training courses/sessions. 	

Priority Area 4: Workforce

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>1. Work together with relevant organisations to ensure delivery of targeted responsive and coordinated training, continued education and professional support programs</p>	<p>a. Support training and professional development for health professionals working with priority populations.</p>	<p>All Governments with Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > AHCSA's Sexual Health Program to continue to deliver annual STI and BBV training in collaboration with AHCSA's Viral Hepatitis Coordination Program and other partners in the sexual health and BBV sector for ACCHS staff participating in STI and BBV screening and health promotion activities. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide expert clinical STI/BBV speakers and training for the sexual health and primary care workforce. The Workforce Development Needs Assessment undertaken by Health Outcomes International (HOI) for SHine SA for the STI and HIV Health Promotion and Workforce Development Subcommittee of SASBAC identified that Sexual Health Physicians are the preferred speakers for primary care clinicians in SA. Clinic 275 sexual health physicians, nursing and partner notification specialists are available to provide technical expertise in all areas of STI/HIV training. > Continue to present at quarterly epidemiological meetings at CDCB. > Sector partners are welcome and encouraged to attend sexual health professional development events run weekly at Clinic 275 and in Central Adelaide Local Health Network (CALHN). <p>PEACE</p> <ul style="list-style-type: none"> > Advocate and participate in the delivery of cultural competency training. > Work in collaboration with clinical services. > Promote the use of the online BBV induction training resource for new staff and volunteers within the STI sector. 	<p>Objective 5</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to coordinate the implementation of the recommendations from the STI Workforce Development Strategy. > SHine SA to provide tailored training to all professionals working with priority populations. > SAMESH to provide work force development training and education to all stakeholders. SAMESH works with all priority populations to improve knowledge understanding regarding STIs and BBVs transmission, testing and treating. 	
2. Improve skills, knowledge & capacity to increase testing rates & treatment of STI among GPs	a. Provide sexual health training programs for clinicians, health service providers, Aboriginal & Torres Strait Islander health professionals	All Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide expert clinical STI/BBV speakers and training for the sexual health and primary care workforce. > The Workforce Development Needs Assessment undertaken by HOI for SHine SA for the STI and HIV Health Promotion and Workforce Development Subcommittee of SASBAC identified Sexual Health Physicians are the preferred speakers for many primary care clinicians in SA. Clinic 275 sexual health physicians, nursing and partner notification specialists are available to provide technical expertise in all areas of STI/HIV training. > Sector partners are welcome and encouraged to attend sexual health professional development events run weekly at Clinic 275 and in CALHN. 	Objective 5
	b. Promote the use of evidence-based clinical guidelines in the management of STI; ensure development & dissemination of guidelines, training, resources & support tools for the health workforce	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Clinic 275 continues to provide evidence based SA statewide STI Diagnosis and Management Guidelines on our website. <p>PEACE</p> <ul style="list-style-type: none"> > Advocate and participate in the delivery of cultural competency training. 	Objective 5

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	to optimise patient outcomes		<p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to promote evidence-based clinical guidelines in their education and training updates for the health workforce. > SHine SA to implement the recommendations of the STI Workforce Strategy. 	
3. Consider options to broaden the range of healthcare professionals who can diagnose and treat STI	a. Explore the expansion of the role of practice nurses in STI testing and management in primary healthcare	Commonwealth	<p>Clinic 275</p> <ul style="list-style-type: none"> > Support and promote the development of the Nurse Practitioner and Clinical Practice Consultant nursing roles in SA, and extension of clinical nursing roles within the unit. > Practice nurses are welcome and encouraged to attend clinical placements and other educational events at Clinic 275 to develop sexual health clinical skills. > Clinic 275 nursing staff play a leading role on Australasian Sexual Health and HIV Nurses Association (ASHHNA) executive. 	Objective 5

Priority Area 5: Enabling environment

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
1. Develop programs to assess and address STI-related stigma and discrimination	a. Work to develop national indicators for stigma and discrimination	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Partner with ASHM on Commonwealth stigma and discrimination project. > Continue to provide non-judgemental, non-stigmatising clinical services, combat stigma where it is identified in clinical practices, and provide anti-discrimination and stigma challenging materials in waiting rooms and clinical spaces. <p>MOSAIC</p> <ul style="list-style-type: none"> > Participate in debate and feedback consumer responses with respect to stigma and discrimination. <p>SHine SA</p> <ul style="list-style-type: none"> > Contribute to actions and support activities to develop national indicators for stigma and discrimination through facilitating access to the SHine SA community advisory panel and the SAMESH community advisory group, and other relevant community forums. 	Objective 6
2. Support STI education programs that address the vulnerability of young people, young gay men and Aboriginal and Torres Strait Islander young people within the school system and also those who are outside the school system	a. Provide input to the national education curriculum to support evidence based sexual and reproductive health content where appropriate	Commonwealth	<p>Clinic 275</p> <ul style="list-style-type: none"> > Provide specialist clinical input and feedback on curriculum development as requested. <p>SHine SA</p> <ul style="list-style-type: none"> > Continue a close working relationship with the Australian Curriculum Assessment and Reporting Authority Project Officer for Health and Physical Education where relationships and sexuality education is a topic. > SHine SA has provided feedback on curriculum content and assessment exemplars and training to the Australian Curriculum Project Officer and has developed curriculum mapping tools. 	Objectives 3 and 6

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Work with jurisdictions to facilitate inclusion of sexual and reproductive health content targeted to young gay men and young A&TSI people in school curricula support material, and in programs offered in community and correctional settings</p>	<p>All Governments with Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > Continue to work at a local level with ACCHS and partners across SA in sexual health education with young people aged 16 to 30 years. <p>Clinic 275</p> <ul style="list-style-type: none"> > Clinic 275 to provide specialist clinical input and feedback on content development as requested. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA's Year 5 - 10 curricula inclusive of sexual and gender diversity and the associated professional learning for educators highlights the importance of this practice. > SHine S to work with ATSI young people on the Lands and in mainstream schools through the promotion of the Aboriginal Focus schools program and its associated resources. > SHine SA's Schools Education and Support team to support the workers of students not connected with mainstream schooling (e.g. in secure care or DECD support sites for students who have challenges attending their mainstream school). > SHine SA community education activities to be targeted to priority populations, including people in correctional settings. > SAMESH to deliver health promotion materials targeting gay men, MSM and CALD and ATSI gay men that promote STI awareness and regular STI testing. SAMESH works with stakeholders including CALD and ATSI organisations to ensure messages are reaching priority populations. 	<p>Objective 6</p>
	<p>c. Support the delivery of appropriate STI programs through appropriate youth health settings with high client numbers of young Aboriginal and Torres</p>	<p>Commonwealth and Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > Continue to work at a local level with ACCHS and partners across SA in sexual health education with young Aboriginal and Torres Strait Islander people aged 16 to 30 years. 	<p>Objective 6</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	Strait Islander people.		<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to work with youth focussed services such as Headspace, Streetlink, Multicultural Youth SA and AHCSA. > Continue to provide free and confidential specialist clinical service accessible to youth and ATSI communities. > Continue to provide specialist clinical input and feedback on content development as requested. > Continue to support health care providers working with youth and ATSI people, with education and training opportunities, including clinical attachments at Clinic 275. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to partner with other youth health settings with high client numbers of ATSI people to distribute culturally appropriate educational resources and deliver community education. > SHine SA to continue to target the youth health and Aboriginal health workforces with workforce development to build capacity of workers to include STIs and broader sexual health topics in their programs. 	
3. Eliminate stigma and discrimination in community and healthcare settings, and empower priority populations	a. Support access to/promote the use of existing complaint systems within healthcare settings	State and Territory Governments with Partners	<p>AHCSA</p> <ul style="list-style-type: none"> > Continue to offer education and training to reduce stigma and discrimination related to STI and BBV in Aboriginal communities and among support staff in ACCHS to provide safe and confidential healthcare services with improved access for all community members including LGBTIQ community members and those who may have drug and alcohol issues. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide effective pathway for, and response to patient complaints in line with SA Health policy. 	Objective 6

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>MOSAIC</p> <ul style="list-style-type: none"> > Enable and empower individuals to utilise appropriate complaint procedures and work to address barriers for priority populations. <p>PEACE</p> <ul style="list-style-type: none"> > Develop resources to empower CALD clients and enhance understanding of rights and responsibilities. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to continue to provide clients with Client Rights pamphlets with information on health complaints systems. > SAMEESH to offer advocacy support for gay men, MSM and PLHIV who believe they have experienced stigma and/or discrimination in a clinical setting. > SHine SA and SAMEESH to provide referral pathways to appropriate bodies and or individuals who can offer support. 	
	<p>b. Support advocacy and empowerment of priority populations to encourage access to testing, treatment and care</p>	<p>Partners</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Partner with ASHM on Commonwealth stigma and discrimination project. > Continue to collaborate with peer organisations to engage priority populations in care. > Continue to provide free, non-judgemental, confidential, accessible specialist STI/HIV services for priority populations. > Continue to provide free interpreter services for CALD clients. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide advocacy and counselling services for priority populations to increase knowledge about STIs. <p>PEACE</p> <ul style="list-style-type: none"> > Develop peer led initiatives within priority CALD population groups such as SAACHAC, community champions and faith leaders. 	<p>Objective 6</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Implement the 'No Fear' campaign to support communities affected by HIV to develop a community based advocacy network. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to continue to support advocacy and empowerment through the community advisory panel and the SAMESH community advisory group. > SHine SA to respond to opportunities for submissions and enquiries regarding issues/legislation that may impact on the health and wellbeing of priority populations. > SAMESH is a peer based service that offers support to community and provides peer based STI testing through SHine SA's Rapido Clinic, PHOENIX peer support workshops and peer led sexual health workshops for gay men, MSM and CALD gay men. 	
<p>4. Remove institutional, regulatory and systems barriers to equality of care for people infected and affected by STI in the health sector</p>	<p>a. Identify, implement and promote best practice approaches and policies to eliminating discrimination in healthcare settings</p>	<p>All Governments with Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > Collaborate with partners across the sector to highlight the role of ACCHs and their work in Aboriginal communities. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide free, non-judgemental, confidential specialist STI/HIV clinical services, with free interpreter services. > Continue to collaborate with peak bodies representing priority populations to design targeted services for sex workers, MSM, youth, CALD and indigenous populations. <p>MOSAIC</p> <ul style="list-style-type: none"> > Support best practice approaches to eliminating discrimination in all collaborative healthcare settings. <p>PEACE</p> <ul style="list-style-type: none"> > Promote better understanding of stigma and discrimination and ways of addressing stigma and discrimination when working with CALD populations. 	<p>Objective 6</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to continue to provide examples of best practice approaches to eliminating discrimination in healthcare settings through workforce training and education. > SHine SA to continue to ensure the voices of people with lived experience of discrimination are included in workforce training and education. 	
<p>5. Work towards addressing legal barriers to evidence-based prevention strategies across states and territories</p>	<p>a. Identify individual, community, system and policy enablers and barriers for priority populations in accessing STI prevention, treatment, testing and care, and develop focussed, evidence-based strategies to address legal barriers to prevention for priority populations</p>	<p>All Governments with Partners</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to present evidence for decriminalisation of sex work, including submission to Select Committee on Decriminalisation of Sex Work Bill (2015) (see Hansard, May 2016). > Continue to work towards SA Health supportive framework for HIV pre exposure prophylaxis (PrEP) prescribing by SA Health clinicians. > Continue to provide specialist STI/HIV clinical services to youth, including under-16 year olds at risk of STIs/HIV, as per SA legal framework. <p>MOSIAC</p> <ul style="list-style-type: none"> > Support the development of evidence based strategies to address legal barriers to prevention for priority populations, particularly those within SA prisons. <p>PEACE</p> <ul style="list-style-type: none"> > Advocate through the South Australian HIV and STI Collaborative Action Group (CAG) and other community forums to remove barriers surrounding migration. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA and SAMESH to work to address legal barriers to prevention for priority populations where appropriate, such as through written or verbal submissions, contributing to working 	<p>Objective 6</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			groups/committees and providing expert opinion and lived experience advice.	
6. Establish a dialogue between health and other sectors aimed at reducing stigma and discrimination against STI-infected and affected individuals and communities	a. Identify mechanisms and create opportunities for increasing engagement across sectors to raise awareness and facilitate a multi-sectoral approach to reducing stigma and discrimination associated with BBV and STI and reducing barriers to evidence based prevention activities	All Governments with Partners	<p>Clinic 275</p> <ul style="list-style-type: none"> > Partner with ASHM on Commonwealth stigma and discrimination project. > Continue to provide free, non-judgemental, confidential specialist clinical services. > Continue to contribute to SASBAC and its sub-committees. <p>MOSAIC</p> <ul style="list-style-type: none"> > Continue to work with collaborative partners such as Hospitals / Prisons and other NGOs to promote reduction of stigma and discrimination for priority populations. > Maintain and build on connections with Department for Correctional Services and SA Prison Health Service with respect to reducing barriers for people affected by stigma and discrimination within SA prisons. <p>PEACE</p> <ul style="list-style-type: none"> > Develop peer led programs to contribute to service providers' understanding of stigma and discrimination. > Develop educational resources aimed at reducing stigma and discrimination. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA to work with SASBAC and its sub-committees to identify and reduce stigma and discrimination. > SHine SA and SAMESH, in partnership with other stakeholders through CoPAHM, CAG and other committees, to identify activities to reduce stigma and discrimination against people living with STIs and BBVs. 	Objective 6

Priority Area 6: Surveillance, research and evaluation

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
1. Improve surveillance of the incidence of STI in priority populations	a. Improve completeness and accuracy of Aboriginal and Torres Strait Islander data in STI notifications	All Governments	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide ATSI data in annual Clinic 275 sentinel surveillance report. > Continue to provide accurate and complete notification data to SA Health. 	Objective 2
	b. Identify and support opportunities to increase and refine questions on BBV and STI in existing data collections, and or include add-on studies to Australian Longitudinal Study on Women's Health and Ten to Men: the Australian Longitudinal Study on Male Health	Commonwealth	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide enhanced surveillance data obtained through partner notification service to CDCB. > Review data collection in electronic medical record system implementation in 2016, with respect to data dictionaries for national databases such as ACCESS (Kirby Institute). 	Objective 2
2. Improve methods of monitoring testing coverage for STI	a. Research, develop & publish primary healthcare local area reports on BBV and STI data & key issues to support service planning and delivery	All Governments	<p>AHCSA</p> <ul style="list-style-type: none"> > Continue the AHCSA STI data program which collects STI testing and positivity data on behalf of ACCHS and reports this information back to ACCHS for continuous quality improvement and planning purposes. > Undertake a more detailed analysis of STI testing and positivity data performed by ACCHS in SA from 2008-2016 to assess trends in testing and positivity rates. <p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to provide annual Clinic 275 sentinel surveillance report. > Continue to provide accurate and complete notification data to SA Health. 	Objectives 2 and 5

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Continue to report and present at CDCB Quarterly Epidemiology Updates for the sector, and at other sector forums. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue participation by SA in the National Prison Entrants BBV and Risk Behaviour Survey. 	
<p>3. Evaluate health promotion, prevention, testing & treatment programs and activities to ensure they are effective</p>	<p>a. Ensure that robust evaluation processes are included in the development of programs and activities</p>	<p>All Governments with Partners</p>	<p>Clinic 275</p> <ul style="list-style-type: none"> > Continue to ensure accurate and complete evaluation of projects undertaken at Clinic 275 and with partners. <p>MOSAIC</p> <ul style="list-style-type: none"> > Together with SAMESH, continue to provide and evaluate education and group sessions with respect to sexual health including 'Stepping Out' and 'Tune Up'. <p>PEACE</p> <ul style="list-style-type: none"> > Use evaluation tools to measure community impact. <p>SHine SA</p> <ul style="list-style-type: none"> > SHine SA and SAMESH to continue to evaluate activities in compliance with SA Health contracts. Focus groups, community surveys and evaluations are an ongoing part of SHine SA and SAMESH work. 	<p>All objectives</p>
<p>4. Support research across the relevant disciplines, including social, behavioural, epidemiological, clinical and basic research to inform the delivery of the Strategies</p>	<p>a. Develop and implement a policy focussed research program through research collaboration</p>	<p>All Governments with Partners</p>	<p>AHCSA</p> <ul style="list-style-type: none"> > AHCSA is a partner in the TTANGO2 project through the Kirby Institute. TTANGO2 will make POCT for chlamydia, gonorrhoea and trichomonas available in at least two remote ACCHS in SA and facilitate continuous quality improvement in STI testing. > Currently partnering with the South Australian Health and Medical Research Institute (SAHMRI) and Australian Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses. 	<p>Objective 2</p>

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Partner in Commonwealth BBV and STI Prevention and Education Program with SAHMRI. Clinic 275 > Continue to participate in national multicentre HPV infection and vaccination research. > Continue to develop research links with SAHMRI, Flinders, Burnet Institute, ASHM, Kirby Institute, Melbourne Sexual Health Centre, National Neisseria Network and other research centres. > Continue to support research within Clinic 275, including higher degree research opportunities and specialist registrar training research projects. PEACE > Contribute to research activities with relevant institutions. SHine SA > SHine SA and SAMESH to work collaboratively with research institutes across Australia as opportunities are available. > SAMESH to implement the Adelaide Gay Community Periodic Survey in the 2016 and 2018. 	
5. Strengthen research and research translation to guide interventions	a. Measure success of peer education in STI prevention among priority populations to enable analysis and translation to inform policies and programs	State and Territory Governments with Partners	<ul style="list-style-type: none"> Clinic 275 > Continue to support translation of research findings into policy and clinical practice. SHine SA > SHine SA's peer education program, SHAYPE, to be evaluated in the 2016-2017 annual work cycle. > SAMESH peer based education training to be evaluated to ensure the program is responsive to community needs. 	Objectives 2 and 6

Appendix A – Stakeholders

The STI and HIV Health Promotion and Workforce Development Sub-Committee of SASBAC was tasked with developing the *South Australian STI Implementation Plan 2016-2018*.

The following organisations were involved in the development of this plan:

- > Aboriginal Health Council of SA
- > Clinic 275, STD Services, Royal Adelaide Hospital
- > Migrant Health Service, SA Health
- > MOSAIC, Relationships Australia SA
- > PEACE, Relationships Australia SA
- > SA Prison Health Service, SA Health
- > SA Sex Industry Network
- > SHine SA
- > SHine SA-SAMESH (South Australian Mobilisation and Empowerment for Sexual Health).

For more information

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www.ausgoal.gov.au/creative-commons