



Department for Health and Ageing

# South Australian HIV Implementation Plan 2016-2018

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



Government  
of South Australia

SA Health

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## Acronyms

ACCHS	Aboriginal Community Controlled Health Service
AHCSA	Aboriginal Health Council of South Australia
AISR	Australian Institute of Social Relations
ART	antiretroviral therapy
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
CAS	Current Awareness Service, SHine SA
CASSA	Community Access and Services SA, Vietnamese Community in Australia SA
CCAG	Client and Carers Advisory Group, Centacare
CDCB	Communicable Disease Control Branch, SA Health
Centacare ISP	Centacare Individualised Support Program for People with HIV
Clinic 275	STD Services, Royal Adelaide Hospital
CNP	clean needle program
CoPAHM SA	Community of Practice for Action on HIV and Mobility in SA
CPD	continuing professional development
DASSA	Drug and Alcohol Services South Australia, SA Health
GP	general practitioner
HIT	HIV Interagency Taskforce
HIV	human immunodeficiency virus
ID	infectious diseases
MATOD	medication assisted treatment of opioid dependence
MHS	Migrant Health Service, SA Health
MOSAIC	MOSAIC Counselling and Case Management Services, RASA
MSM	men who have sex with men
NGO	non-government organisation
PBS	Pharmaceutical Benefits Scheme
PEACE	PEACE Multicultural Services, RASA
PEP	post exposure prophylaxis
PLHIV	people living with HIV
PrEP	pre exposure prophylaxis
RAH	Royal Adelaide Hospital
RASA	Relationships Australia SA
RDNS SA	Royal District Nursing Service SA
S100	section 100
SA	South Australia
SA SIN	SA Sex Industry Network
SAACHAC	SA African Communities Health Advisory Committee
SAPHS	SA Prison Health Service, SA Health
SASBAC	SA STI and BBV Advisory Committee
SASHA	SA Sexual Health Awareness, SHine SA
SHine SA	Sexual Health information, networking and education SA
STI	sexually transmissible infection
TasP	treatment as prevention
TGA	Therapeutic Goods Administration

## Background

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

This *South Australian HIV Implementation Plan 2016-2018* builds on the work carried out under the *South Australian HIV Action Plan 2009-2012* and the *South Australian HIV Implementation and Evaluation Plan 2015-2016*.

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 to be achieved, some activities may require new funding streams.

## Goals, objectives and targets

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

### Goals

*Seventh National HIV Strategy 2014-2017*

- > Work towards achieving the virtual elimination of HIV transmission in Australia by 2020
- > Reduce the morbidity and mortality caused by HIV
- > Minimise the personal and social impact of HIV.

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

- > Reduce the transmission of and morbidity and mortality caused by blood borne viruses (BBV) and sexually transmissible infections (STI) and to minimise the personal and social impacts of these infections in Aboriginal and Torres Strait Islander communities.

### Objectives

*Seventh National HIV Strategy 2014-2017*

1. Reduce the incidence of HIV
2. Reduce the risk behaviours associated with the transmission of HIV
3. Decrease the number of people with undiagnosed HIV infection
4. Increase the proportion of people living with HIV on treatments with undetectable viral load
5. Improve quality of life of people living with HIV
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 Viruses and Sexually Transmissible Infections Strategy 2014-2017* (note that only objectives related to HIV 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]
  - o 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
  - o increase engagement with Aboriginal and Torres Strait Islander communities through sustained and authentic action
  - o improve the delivery of and access to appropriate services.

## Targets

### *Seventh National HIV Strategy 2014-2017*

1. Reduce sexual transmission of HIV by 50 percent by 2015
2. Sustain the low general population rates of HIV in Aboriginal and Torres Strait Islander people and communities
3. Sustain the virtual elimination of HIV amongst sex workers
4. Sustain the virtual elimination of HIV amongst people who inject drugs
5. Sustain the virtual elimination of mother-to-child HIV transmission
6. Increase treatment uptake by people with HIV to 90 percent
7. Maintain effective prevention programs targeting sex workers and for people who inject drugs.

### *Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017* (note that only targets related to HIV are included here)

1. Increase the use of clean injecting equipment for every injecting episode
2. Increase treatment uptake by people with HIV, hepatitis C and hepatitis B.

## Priority populations

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

Priority populations are:

- > people living with HIV
- > gay men and other men who have sex with men
- > Aboriginal and Torres Strait Islander people
- > people from high HIV prevalence countries and their partners
- > travellers and mobile workers
- > sex workers
- > people who inject drugs
- > 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 and 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 responses to BBVs and STIs 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 BBVs and STIs, and continue to play a vital role in the implementation and outcomes of the current National Strategies.

### Hospitals

The National HIV Strategy highlights the need to ensure that management, care and support is delivered in a cohesive and comprehensive way across a range of medical and community settings. Hospitals are critical to the provision of care for people living with HIV including providing early referral to treatment services, implementing strategies to retain newly diagnosed patients in care and re-establishing links to services for people with established HIV infection.

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

## Evaluation and reporting

This *South Australian HIV 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
<p>1. Increase safer sex practices among priority populations, particularly among gay men and other men who have sex with men (MSM) through the delivery of effective health promotion and prevention activities.</p>	<p>a. Develop and implement campaigns, particularly aimed at MSM and other priority populations on the role of treatment and condom use in preventing HIV transmission.</p>	<p>State and Territory Governments with Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Undertake a targeted education campaign about combination prevention for all Aboriginal and Torres Strait Islander (ATSI) people including gay men and MSM to support informed decisions about risk reduction strategies and sexual health.</li> <li>&gt; Reinforce condom use among ATSI gay men and MSM and promote the distribution of free condoms throughout SA Aboriginal Community Controlled Health Services (ACCHS).</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide education information to the target group of CALD background through the Clean Needle Program.</li> <li>&gt; Reinforce safe sex practice through distributing condoms to the target group through the Clean Needle program.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Develop, implement and review health promotion and prevention activities to gay men, MSM, culturally and linguistically diverse (CALD) people, people in custodial settings and those living with HIV who may be homeless or at risk of homelessness.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide an expert specialist sexual health resource for South Australia.</li> <li>&gt; Where requested, provide technical consultancy on health promotion campaigns including technical input for messaging on a wide range of HIV prevention strategies (e.g. combination prevention). Messaging should cover multiple prevention strategies including: consistent and correct use of condoms and water based lubricant; regular testing for HIV among MSM as per Australian STI and HIV Testing Guidelines (the STIGMA Guidelines); treatment as</li> </ul>	<p>Objectives 1 and 2</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>prevention (TasP); asking about HIV status and viral load before sex with casual or paid partners; serosorting; strategic positioning; withdrawal before ejaculation to protect receptive partner; safer sex agreements within regular and casual relationships; screening for and treating STIs; post exposure prophylaxis (PEP) and pre exposure prophylaxis (PrEP) for HIV; condom use when travelling; increased risk related to travel; and avoiding drug use during sex.</p> <ul style="list-style-type: none"> <li>&gt; Provide prevention messaging in clinical settings using patient education and behaviour change strategies and a range of available collaterals.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Review and deliver the Tune Up program, in partnership with SHine SA and SA Mobilisation and Empowerment for Sexual Health (SAMESH) to promote risk reduction strategies for gay men and MSM.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Provide support and health promotion services targeting CALD priority populations (African and Asian), gay men and MSM, young people and international students.</li> <li>&gt; Advocate for the use of the Condom Checklist by service providers to increase the level of condom use.</li> <li>&gt; Promote prevention strategies including the use and distribution of condoms across CALD priority populations.</li> </ul> <p><b>PEACE HIV Women’s Program</b></p> <ul style="list-style-type: none"> <li>&gt; Develop diverse methodologies to improve HIV positive women’s health literacy.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Reinforce safer sex practices as part of ongoing individual care.</li> </ul>	



Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to reinforce condom use among sex workers, including gay men and MSM, through targeted health promotion campaigns.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Reinforce condom use in clinical practice and health promotion activities.</li> <li>&gt; SAMESH will develop and implement targeted health promotion campaigns for gay men and MSM, people living with HIV (PLHIV) and people at risk of HIV.</li> <li>&gt; Work in partnership to strengthen health promotion and condom use in ATSI and CALD communities.</li> <li>&gt; Through its workforce development activities, SAMESH will offer assistance and support to ATSI and CALD programs and organisations to reinforce messages around safer sex practices including condom use, TasP, PEP and PrEP.</li> </ul> <p><b>Draft SA Prisoner Blood Borne Virus (BBV) Prevention Action Plan</b></p> <ul style="list-style-type: none"> <li>&gt; 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.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Support demonstration projects for pre-exposure prophylaxis (PrEP), with the aim of future expansion where and if appropriate.</p>	<p>All Governments</p>	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Work towards providing access to PrEP in SA for individuals at high risk of acquiring HIV.</li> <li>&gt; Current access options for PrEP are: 1) Australian sourced, full price purchase by individuals with or without private health care rebates; 2) Individual Patient Use applications through SA Health hospitals; or 3) on-line, non-Therapeutic Goods Administration (TGA) approved purchase by individuals which carries with it the absence of quality control guarantees.</li> <li>&gt; Truvada was approved for PrEP by the TGA in May 2016. Until and unless Pharmaceutical Benefits Scheme (PBS) funding for PrEP becomes available, clinicians working in the HIV prevention field will need to make an individual choice whether to prescribe generic tenofovir and emtricitabine as PrEP for patients to purchase on-line and import through personal importation systems at affordable rates. Quality assurance for such products cannot be guaranteed by the TGA or prescribing clinician.</li> <li>&gt; Provide specialist input on the draft SA Health Guidance on PrEP for HIV document.</li> </ul> <p><b>O'Brien Street General Practice</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide PrEP as well as early anti-retroviral treatment (ART) for HIV for TasP.</li> </ul> <p><b>Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; Provide specialist input on the draft SA Health Guidance on PrEP for HIV document.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individual client education.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SAMESH will deliver a community forum and workshops on PrEP.</li> </ul>	<p>Objective 1</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>c. Provide timely access to HIV post exposure prophylaxis (PEP) and promote treatment as prevention through education.</p>	<p>All Governments with Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Undertake community and health care workforce campaigns with SA ACCHS to raise awareness about the benefits and availability of PEP in their communities.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Work in partnership with community-based services to educate clients about PEP.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; In SA, PEP is prescribed at Clinic 275, public hospital emergency departments and high caseload general practices. Clinic 275 is the largest PEP provider for the state and provides follow up prescriptions and care for all referred episodes of PEP.</li> <li>&gt; Clinic 275, and infectious diseases departments throughout SA local health networks provide clinical expertise and referral sites for health care workers regarding the provision of PEP in SA.</li> <li>&gt; Clinic 275 and the Infectious Diseases Unit of the Royal Adelaide Hospital (RAH) provide PEP education and training for Central Adelaide Local Health Network (CALHN) Emergency Departments.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Promote the use of PEP through counselling and information sessions to clients.</li> </ul> <p><b>O'Brien Street General Practice</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide assessment, prescriptions and care for people requiring PEP.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Support PEP campaigns to improve the cultural understanding of PEP.</li> </ul>	<p>Objective 1</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"> <li>&gt; Engage CALD people to learn about safe and respectful relationships including the availability of PEP.</li> <li><b>Royal Adelaide Hospital</b></li> <li>&gt; Providing timely access to HIV PEP is a key role of infectious diseases units and emergency departments in hospitals.</li> <li><b>RDNS SA</b></li> <li>&gt; Provide individual client education.</li> <li><b>SHine SA</b></li> <li>&gt; Develop SHine SA clinical workforce to enable the provision of PEP from SHine SA clinics.</li> <li>&gt; SAMESH to provide PEP business cards with hotline information and link to SAMESH website.</li> <li>&gt; Implement and evaluate workforce training programs for PEP starter pack provider sites in SA.</li> <li>&gt; SAMESH and SHine SA will include promotion of PEP in targeted health promotion campaigns.</li> </ul>	
	<p>d. Develop and implement targeted campaigns aimed at reducing HIV transmissions within mobile populations, particularly for people among priority populations who travel to high prevalence countries, and for people among communities of people from high prevalence countries.</p>	<p>All Governments and Partners</p>	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Clinic 275 provides specialist clinical expertise on STI and HIV in priority populations including mobile populations.</li> <li>&gt; Clinic 275 clinical services are free, confidential, non-judgemental and do not require Medicare cards, and are therefore highly accessible to mobile and migrant populations. Clinic 275 also provides free and confidential interpreter services, which many mobile and migrant populations require.</li> <li>&gt; Collaborate with NGOs funded to develop health promotion campaigns by providing technical input for messaging on prevention strategies for oscillatory migration from sub-Saharan African and Asian communities in SA, newly arrived refugees and migrants from sub-Saharan African and Asian countries in</li> </ul>	<p>Objectives 1 and 2</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>particular overseas students residing in SA, mobile sex workers and mobile clients of sex workers (e.g. sex tourists, business travellers), and other travellers including business travellers, holiday makers, backpackers and travel industry employees.</p> <ul style="list-style-type: none"> <li>&gt; Roll out prevention messaging in clinical settings using collaterals and patient education and behaviour change strategies.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Implement the Travel Safe campaign targeting CALD populations who travel to and from HIV high prevalence countries.</li> <li>&gt; Maintain and continue to contribute to the online blog dedicated to CALD gay men and MSM as a support/health promotion resource focusing on messages related to the Ending HIV 2020 campaign.</li> <li>&gt; Develop a CALD specific resource for Asian and African gay men and MSM in collaboration with SAMESH.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individual client/partner education.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Work in partnership with government and NGOs to strengthen health promotion activities among sex workers in ATSI and CALD communities.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Reinforce condom use in clinical practice and health promotion activities.</li> <li>&gt; SAMESH to undertake targeted health promotion campaigns for gay men, MSM, PLHIV and people at risk of HIV.</li> <li>&gt; SHine SA and SAMESH to work in partnership with targeted NGOs and service providers to strengthen health promotion and condom use in ATSI and CALD communities.</li> <li>&gt; SAMESH to provide Clinic 275 with health promotion materials.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>2. Ensure the provision of sterile injecting equipment and safe-injecting education among people who inject drugs, particularly among priority populations such as Aboriginal and Torres Strait Islander people.</p>	<p>a. Promote and expand access to preventative equipment, including clean needle programs (CNP). Continue to identify new CNP sites and provide appropriate modes of delivery, and pursue continued service improvement initiatives.</p>	<p>State and Territory Governments and Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Support the establishment of new CNPs in ACCHS.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide CNP services through both fixed site and a mobile van.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Include safe injecting practices in education programs including information on accessing sterile injecting equipment.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide a CNP.</li> </ul> <p><b>Drug and Alcohol Services SA</b></p> <ul style="list-style-type: none"> <li>&gt; Expand CNP access via recruitment of new sites with a focus on priority populations and expanding the range of equipment provided at CNP sites.</li> <li>&gt; Continue to provide medication assisted treatment of opioid dependence (MATOD).</li> <li>&gt; Continue to work in partnership with SA Prison Health Service and Hepatitis SA to improve access to CNP, peer education and related harm reduction services post-release.</li> </ul> <p><b>SA Prison Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Work with the Department for Correctional Services (DCS) to develop and progress a joint South Australian Prisoner BBV Prevention Action Plan.</li> <li>&gt; Provide ongoing MATOD program in prisons.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Negotiate with DASSA regarding implementation of CNP vending machine.</li> </ul>	<p>Objective 2</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Partner with DASSA to expand access to preventative equipment.</li> <li>&gt; Expand CNP to 57 Hyde Street site.</li> </ul>	
	<p>b. Provide relevant training to CNP staff on BBV and STI prevention issues and stigma reduction and expand services especially in high risk contexts.</p>	<p>State and Territory Governments and Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; The AHCSA Viral Hepatitis Coordination Program provides training on BBV and STI prevention issues and stigma reduction to CNP and ACCHS staff as well as working with DASSA to increase CNP services accessible to ATSI people.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Organise and provide training to staff from AOD and non-AOD programs and volunteers</li> <li>&gt; Liaise with both DASSA and Hepatitis SA for these training as well as support for our Peer Educators.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Train all staff on prevention issues through the Australian Institute of Social Relations (AISR) online BBV induction package.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide expert advice and education from experienced clinicians as needed.</li> <li>&gt; Continue to collaborate with DASSA, including DASSA representation in the Continuing Professional Development (CPD) program for Clinic 275 staff.</li> </ul> <p><b>Drug and Alcohol Services SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide CNP workforce development to build capacity, with a focus on priority populations.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Promote the use of the AISR online BBV induction package.</li> </ul>	<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"> <li>&gt; Support the delivery of cross cultural training.</li> <li><b>SA Prison Health Service</b></li> <li>&gt; Work with CNP providers through SA Health to increase CNP providers' understanding of the correctional setting and current issues / barriers and to link prisoners to CNP providers upon release.</li> <li><b>SA Sex Industry Network</b></li> <li>&gt; All staff and volunteers to undertake the AISR online BBV induction package.</li> <li>&gt; All staff and volunteers to participate in DASSA workforce development to build capacity with a focus on priority populations.</li> <li><b>SHine SA</b></li> <li>&gt; Provide training on request.</li> <li>&gt; SAMESH will work with Centacare ISP to provide quarterly HIV 101, PEP and PrEP and lived experience workshops to staff.</li> </ul>	
	<p>c. Explore, with the aim of removing, barriers to peer distribution of sterile injecting equipment and peer-based CNP services and improving systems required to support these initiatives.</p>	<p>State and Territory Governments and Partners</p>	<ul style="list-style-type: none"> <li><b>Drug and Alcohol Services SA</b></li> <li>&gt; Continue to support CNP peer education.</li> <li><b>SA Prison Health Service</b></li> <li>&gt; Work with DCS to explore barriers for CNP services in the correctional setting, and develop a joint action plan.</li> <li>&gt; Discuss and provide information on community CNPs to prisoners being released, where relevant and where SAPHS is aware of impending release.</li> <li><b>SA Sex Industry Network</b></li> <li>&gt; Continue to provide CNP services and peer education.</li> <li>&gt; Continue to provide CNP outreach services and peer education to sex workers in the Adelaide metropolitan area.</li> </ul>	<p>Objectives 2 and 6</p>



Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide CNPs under direction of DASSA.</li> </ul>	
<p>3. Improve the appropriate uptake of treatment as prevention, while monitoring and evaluating the impact of implementing this approach including feasibility, acceptability and outcomes.</p>	<p>a. Support increased understanding of the evidence base for treatment as prevention in target populations and the health sector.</p>	<p>All Governments and Partners</p>	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individualised case management including education on prevention and referrals.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide case management, including information (verbal and written) for prevention, counselling and referrals when needed.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide expert specialist STI and BBV clinical and education resource for the sector.</li> <li>&gt; Provide clinical expertise for partner organisations developing health promotion messaging on TasP for target populations.</li> <li>&gt; Encourage use of rates of treatment uptake and undetectable viral load as measurable clinical outcomes for ART prescribing clinical services. Set clinical target of at least 90 per cent ART uptake and undetectable viral load in 95 per cent of HIV positive patients in HIV clinical care in SA. The 2014 Adelaide Gay Community Periodic Survey found that 90.6 per cent of HIV positive gay men and MSM on treatment report an undetectable viral load.</li> <li>&gt; Clinical STI and BBV services assess auditable outcomes of TasP on regular bi-annual basis. Audited at Clinic 275 and last presented publically in January 2016. NB: This activity requires cross-service clinical collaboration to audit state-wide achievement of TasP auditable outcomes. Key findings: transfer of care at initial diagnosis into ongoing HIV clinical care is critical and entry into and maintenance of ongoing HIV care requires clinical support of services such as RDNS SA and is a key area affecting TasP outcomes.</li> </ul>	<p>Objective 1</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"> <li>&gt; Clinic 275 provides safety net care and ART for HIV positive patients who cannot maintain regular appointment schedules in mainstream primary or tertiary clinical services.</li> <li>&gt; Include TasP education in statewide workforce development strategy.</li> <li>&gt; Infectious diseases specialists in all tertiary hospitals and high HIV caseload general practitioners (GPs) to provide advice about TasP including monitoring and evaluating the impact of implementing this approach including feasibility, acceptability and outcomes.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Refer all HIV positive newly arrived patients to RAH or Queen Elizabeth Hospital Infectious Disease Departments.</li> <li>&gt; Provide ongoing primary care to help ensure patients stay connected with the tertiary sector for treatment.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Provide counselling, case work and information services.</li> </ul> <p><b>O'Brien Street General Practice</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide HIV treatment and set the clinical targets of 90 per cent ART uptake and 95 per cent undetectable viral load.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop CALD specific community education targeting priority populations from Africa and Asia.</li> <li>&gt; Use social media, newsletters and radio to promote an understanding of the importance of early HIV diagnosis and treatment.</li> </ul> <p><b>PEACE HIV Women's Program</b></p> <ul style="list-style-type: none"> <li>&gt; Provide support services for women living with HIV.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>Royal Adelaide Hospital (and other tertiary hospital units)</b></p> <ul style="list-style-type: none"> <li>&gt; Management of PLHIV occurs in the infectious diseases units of hospitals.</li> <li>&gt; Expertise and training of practitioners in HIV is based in the infectious diseases units across South Australia.</li> <li>&gt; Encourage use of rates of treatment uptake and undetectable viral load as measurable clinical outcomes for ART prescribing clinical services.</li> <li>&gt; Set clinical target of at least 90 per cent ART uptake and undetectable viral load in 95 per cent of HIV positive patients in HIV clinical care in South Australia.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individualised education and facilitate optimal adherence to HIV treatment as part of ongoing care.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Enhance education about treatment as prevention to GPs, nurses and the community using a variety of strategies.</li> <li>&gt; Include evidence of TasP as part of the Current Awareness Service (CAS) and SA Sexual Health Awareness (SASHA) at SHine SA.</li> <li>&gt; Provide education through clinical services, including the Rapido HIV point of care testing clinic and SAMESH peer workshops to priority populations.</li> <li>&gt; Provide counselling to individuals through SHine SA and SAMESH counselling services.</li> <li>&gt; Encourage service providers to refer newly diagnosed HIV positive people to Phoenix, the SAMESH peer support service.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>4. Build the knowledge, skills and capacity of priority populations, primary care providers and policy makers to establish innovative HIV risk-reduction programs and activities.</p>	<p>a. Provide information, education and community engagement, and support to relevant populations in Partnership with civil society Partners and other government agencies. Monitor advances on prevention tools to develop policy responses.</p>	<p>State and Territory Governments with Partners</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Through collaboration and partnership with the local health and AOD sectors, building CASSA's capacity to address the issues with CALD communities, especially Asian and African communities.</li> <li>&gt; Continue to convene the Hoi Sinh Committee with representation from both government and non-government organisations: Hepatitis SA, SAPOL, PEACE and DASSA.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Collaborate with government agencies, CALD communities, correctional services, homelessness services and other community-based providers to build capacity and involve peers in delivery of information and education.</li> </ul> <p><b>Clinic 275 and Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; Provide specialist sexual health and STI and BBV expertise as a resource for the sector.</li> <li>&gt; Continue to present and participate in a wide range of specialist educational forums in the sector, such as specialist CALHN Sexual Health and Infectious Diseases meetings and Communicable Disease Control Branch (CDCB) epidemiological meetings.</li> <li>&gt; Continue to provide professional development and training opportunities for staff including cultural sensitivity training by partners representing HIV priority populations (e.g. SA SIN, PEACE, DASSA, Migrant Health Service, and SAMESH).</li> <li>&gt; Consult partners in the sector representing priority populations for input into programs and activities.</li> <li>&gt; Continue Journal Club and Professional Development Program to update and upskill clinical staff. Sector partners are welcome to participate in CPD program and meetings at Clinic 275 such as Journal Club and other educational presentations.</li> </ul>	<p>Objective 1</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Through the Community of Practice on HIV and Mobility SA (CoPAHM SA) partnership, lead and work in collaboration with other NGOs, primary health and welfare workers and priority populations to implement the HIV and Mobility Road Map in SA.</li> <li>&gt; Build the capacity of African communities to appropriately respond to HIV related issues through support of the South Australian African Community Health Advisory Committee (SAACHAC).</li> <li>&gt; Improve access to the AISR online BBV induction package for settlement workers, PEACE volunteers, community champions and faith leaders.</li> <li>&gt; Contribute to the development of national resources to improve service and program responses to CALD populations.</li> </ul> <p><b>PEACE HIV Women’s Program</b></p> <ul style="list-style-type: none"> <li>&gt; Develop women-friendly resources.</li> <li>&gt; Work in partnership with diverse CALD women to develop a better understanding of the needs of women and their children in relation to BBVs.</li> <li>&gt; Conduct a stigma and discrimination workshop for service providers.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Offer sensitivity training to all service providers who work with sex workers.</li> <li>&gt; Continue to distribute the ‘<i>Working with Sex Workers</i>’ pamphlet to government and NGOs that work with sex workers. The pamphlet addresses appropriate terminology, myth busting and a variety of sex worker specific issues in order to reduce barriers to sex workers accessing health services.</li> </ul>	

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"> <li>&gt; Collaborate with government and NGOs to build capacity and involve peers in delivery of information and education.</li> <li>&gt; Consult with partners in the sector representing priority populations for input into programs and activities.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SAMESH program provides ongoing information and education.</li> <li>&gt; Continue to provide comprehensive sexual health training and professional development opportunities to GPs, nurses, midwives and workers in the community sector.</li> <li>&gt; Continue to promote CAS and SASHA to stakeholders and the community.</li> <li>&gt; Expand clinical and research networks.</li> </ul>	
	<p>b. Work with primary care, community-based care providers and peer-based organisations to promote and maintain effective, evidence-based, HIV prevention and treatment for priority populations.</p>	<p>All Governments and Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Develop targeted strategies that meet the needs of ATSI young people living in rural and remote communities.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide peer education to the target group.</li> <li>&gt; Work in partnership with local high school to provide information on sexual health, blood borne viruses diseases workshop to CALD youths at risk and newly arrival youths.</li> <li>&gt; Through CASSA's Annual Youth Camp, providing educational education to participants.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Collaborate with primary care, community groups and peer-based organisations in promotion of treatment and prevention.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide specialist sexual health and STI and BBV expertise as a resource for the sector.</li> </ul>	<p>Objectives 1 and 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"> <li>&gt; Continue in-house CPD program to maintain an expert clinical team in evidence based HIV prevention and treatment, as a clinical resource in SA.</li> <li>&gt; Provide specialist speakers and other forms of expert input as needs arise for the sector.</li> <li>&gt; Sector partners are included in educational opportunities at Clinic 275 such as Journal Club and other educational presentations.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; In collaboration with RDNS SA, MOSAIC, SHine SA and SAMESH and Women’s Health Service and SA Health build on the existing tools and strengthen the collaborative Shared Care Model.</li> <li>&gt; Support the delivery of culturally appropriate practice through workshops and/or co-working with other service providers.</li> </ul> <p><b>PEACE HIV Women’s Program</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in the existing HIV Shared Care Plans and/or clinics.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Sustain peer education approaches amongst sex worker communities to support individuals to make informed decisions about practical HIV prevention strategies.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Work in partnership with peer-based organisations and programs to deliver relevant health promotion activities and materials.</li> <li>&gt; SHine SA and SAMESH will provide training and development opportunities for the workforce who work with priority populations.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>5. Strengthen the monitoring and evaluation of innovations and advances in biomedical, social and behavioural prevention sciences to inform implementation.</p>	<p>a. Share knowledge and encourage information exchange between Partners on advances in prevention and outcomes from programs and research, using existing committee structures, conferences and other appropriate fora.</p>	<p>All Governments and Partners</p>	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in networks and committees including the South Australian HIV and STI Collaborative Action Group (CAG).</li> </ul> <p><b>Clinic 275 and Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; Medical education programs are through CALHN at the RAH Infectious Diseases Unit including statewide complex case meetings, journal reviews, didactic teaching sessions, breakfast meetings, registrar training, etc.</li> <li>&gt; Provide specialist sexual health and STI and BBV expertise as a resource for the sector and provide CPD program to train an expert clinical team in evidence-based HIV prevention and treatment, as a clinical resource within SA.</li> <li>&gt; Continue to provide Journal Club and clinical attachments open to clinicians working or training in the field of HIV in SA.</li> <li>&gt; Participate in and contribute to expert infectious disease hospital based education programs and fora.</li> <li>&gt; Provide sentinel surveillance reporting on HIV and STIs in SA.</li> <li>&gt; Conduct research and develop interagency research collaborations on HIV in SA.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Participate and contribute to information exchange through relevant committees, networks and conferences.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Continue national and state collaborations (e.g. Australian Federation of AIDS Organisations, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and CAG).</li> <li>&gt; Support the implementation of CALD specific research.</li> <li>&gt; Promote cultural competency practices through workshops, conferences and committees.</li> </ul>	<p>Objective 1</p>



Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>PEACE HIV Women’s Program</b></p> <ul style="list-style-type: none"> <li>&gt; Continue building relationships with mainstream and CALD specific networks and programs to ensure inclusion of issues for women living with HIV.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in clinical networks and committees.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue national and state collaborations including CAG, CoPAHM SA, Scarlet Alliance Australian Sex Workers Association and other community based sex worker organisations.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue national and state collaborations.</li> <li>&gt; Continue to disseminate HIV related information through CAS and SASHA.</li> <li>&gt; Continue participation in clinical and research networks.</li> <li>&gt; Disseminate HIV related information through SHine SA and SAMESH professional networks.</li> <li>&gt; SAMESH to implement Adelaide Gay Community Periodic Survey in 2016 and 2018.</li> </ul> <p><b>Women’s Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Forge a collaborative partnership with the PEACE HIV Women’s Program at Relationships Australia SA (RASA) to promote health and wellbeing and strengthen the link with counselling services for women living with HIV.</li> </ul>	

## 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. Increase access to and uptake of voluntary and appropriate HIV testing among people from priority populations, particularly gay men and MSM.</p>	<p>a. Support and engage with primary health care and current and emerging testing sites and facilities to encourage voluntary HIV/STI testing.</p>	<p>All Governments and Partners</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide information and referrals to individuals who access our CNP and case management services.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Establish partnerships with Migrant Health Service and other health clinics.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; The proportion of gay men and MSM among attenders at Clinic 275 has significantly increased over the past decade. HIV testing is offered to all attenders at Clinic 275. Uptake is high.</li> <li>&gt; Confirmed HIV test results are available on the next business day after venous blood HIV testing for those for whom the wait for results is a barrier to testing.</li> <li>&gt; Clinic 275 is partnering in a federally funded, 12 month, collaborative demonstration project of HIV Point of Care Testing with SHine SA and O'Brien Street General Practice. This project is designed to assess whether HIV point of care testing is cost-beneficial and effective at detecting more HIV infections, earlier in the course of disease, in the South Australian context. Potential benefits of this testing strategy include more regular testing by MSM reluctant to wait for a confirmatory HIV test through standard serology. Another potential benefit could be increased testing among 'hard to reach' populations of MSM who do not identify as gay. Findings of the project will be of use in determining whether the benefits of HIV point of care testing outweigh the drawbacks of the method, such as known false positive rates in low prevalence populations, and very low sensitivity of this type of test during the highly infectious stage of seroconversion. In particular, evaluation is required on whether MSM who currently do not test regularly for</li> </ul>	<p>Objective 3</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>HIV increase their testing rates during the period of this demonstration project.</p> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Conduct pre- and post-test counselling and provide practical support to clients to ensure access to testing and appropriate referrals.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Facilitate voluntary testing by priority populations through collaboration with Clinic 275, Adelaide Primary Health Network, local GPs and SHine SA.</li> <li>&gt; Develop testing campaigns through UNIDOS at RASA, PEACE, Multicultural Youth Drive and SAACHAC.</li> <li>&gt; Develop culturally appropriate resources to improve testing.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Prison Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to offer BBV testing to all new admissions to prison using standardised order forms.</li> <li>&gt; Consider options for increasing testing uptake.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide the 'Testing Buddy' service to support sex workers in accessing HIV and STI screening services.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Raise awareness about the need for HIV testing as part of workforce education and training courses.</li> <li>&gt; Scope potential for increased HIV clinical service provision.</li> <li>&gt; SHine SA and SAMESH promote rapid HIV testing in South Australia.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Support improved access to and uptake of voluntary HIV testing amongst heterosexual women and men, including Aboriginal, Torres Strait Islander and people from high prevalence countries, in clinical and non-clinical community settings, to facilitate earlier diagnosis and treatment access.</p>	<p>State and Territory Governments with Partners</p>	<p>&gt; Educate and promote the Australian STI and HIV Testing Guidelines (the STIGMA Guidelines) to GPs.</p> <p><b>Aboriginal Health Council of SA</b></p> <p>&gt; Undertake community and health care workforce campaigns with ACCHS to raise awareness about the benefits of people diagnosed with HIV commencing early ART, TasP and the changes to PBS to support earlier commencement.</p> <p><b>CASSA</b></p> <p>&gt; Provide information resources to individuals who access the CNP to improve understanding of treatment.</p> <p>&gt; Provide practical support to case management clients to improve access to testing and treatment.</p> <p><b>Centacare ISP</b></p> <p>&gt; Develop, implement and review peer led programs and activities with priority populations and their carers/primary supports.</p> <p><b>Clinic 275</b></p> <p>&gt; Continue to provide free and confidential clinical services to heterosexual women and men, including ATSI people and people from high prevalence countries.</p> <p>&gt; Consult sector partners on how to create and maintain acceptability of and accessibility to Clinic 275 services for priority populations.</p> <p>&gt; Maintain outreach clinic currently seeing high proportions of CALD clients.</p> <p>&gt; Develop links with international student health care providers.</p> <p>&gt; Provide support as needed to AHCSA for existing models of care for HIV testing in Aboriginal populations.</p>	<p>Objective 3</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide HIV screening as part of routine on arrival screening for refugees and asylum seekers.</li> <li>&gt; Implement screening of all existing clients after return from travelling to high prevalence areas.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop and implement peer led programs with priority population groups.</li> <li>&gt; Provide practical support to individuals to improve understanding of risks and benefits and access to testing and referrals.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Build on current and establish new relationships with Aboriginal and Torres Strait Islander support and health services including AHCSA and Aboriginal Drug and Alcohol Council (ADAC).</li> <li>&gt; Provide education and advocacy across all priority populations.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide education and advocacy across all priority populations.</li> <li>&gt; Promote voluntary testing through clinical services and targeted marketing strategies.</li> <li>&gt; Establish partnerships with the multicultural and settlement services sectors.</li> <li>&gt; Ongoing provision of clinical services at Yatala Labour Prison, Adelaide Remand Centre and Adelaide Women’s Prison clinics.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>2. Improve knowledge among priority populations about the personal and public health benefits of early diagnosis and the testing, treatment and support options available.</p>	<p>a. Support priority populations through appropriate and targeted awareness raising activities including on the benefits of regular testing for early diagnosis and treatment and identifying and engaging with relevant primary health care and community based networks.</p>	<p>All Governments with Partners</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Distributing appropriate education and health promotion resources to public through cultural festivals such as Vietnamese Tet festival, African festival and Multicultural festivals.</li> <li>&gt; Organise health promotion events to our clients/ community members.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Source and distribute appropriate education and health promotion resources.</li> <li>&gt; Attend relevant community health events.</li> <li>&gt; Engage peers in delivery of activities.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide specialist sexual health and STI and BBV expertise as a resource for the sector</li> <li>&gt; Make specialist technical expertise available for development of health promotion materials by partners as requested.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Support culturally appropriate education and health promotion strategies amongst newly arrived refugee and asylum seeking clients including peer education.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Provide counselling and support services.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Implement a campaign to address stigma and discrimination amongst priority populations to encourage early testing and treatment.</li> </ul>	<p>Objectives 3 and 5</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individualised education and facilitate access to care and treatment.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide peer support and education services to SA sex workers.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Reinforce benefits of early testing, diagnosis and treatment to priority populations.</li> <li>&gt; Conduct community and professional education.</li> <li>&gt; Develop and implement targeted HIV health promotion campaigns for gay men and MSM.</li> <li>&gt; SAMESH will deliver peer workshops for PLWHIV to promote TasP, health benefits of early treatment and linkages to care options.</li> </ul>	
<p>3. Support high quality, safe, appropriate and accessible testing that facilitates early diagnosis through continued review of regulatory, funding, legislative and policy mechanisms associated with HIV testing.</p>	<p>a. Support access to and delivery of voluntary rapid HIV testing through robust, evidence-based policy development.</p>	<p>State and Territory Governments</p>	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue existing service providing accessible, free and confidential standard of care serological HIV testing, including continued provision of next day Western Blot (gold standard) confirmed HIV test results.</li> </ul> <p><b>Royal Adelaide Hospital (and other tertiary hospital units)</b></p> <ul style="list-style-type: none"> <li>&gt; SA Pathology provides next day testing capacity for HIV.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide the 'Testing Buddy' service to support sex workers in accessing HIV and STI screening services.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; In partnership with Clinic 275, O'Brien Street General Practice, CDCB, SA Pathology and Flinders University International Centre</li> </ul>	<p>Objective 3</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Increase access to community based testing sites and identify opportunities to support the recruitment and training of peers from affected communities, including PLHIV and MSM, to deliver HIV tests in community settings.</p>	<p>State and Territory Governments and Partners</p>	<p>for Point of Care Testing and the Burnet Institute, implement and evaluate a multi-site demonstration project for rapid HIV testing in South Australia.</p> <p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Include PLHIV speakers in statewide STI and BBV training workshops with the ACCHS workforce.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; In collaboration with partners, participate in an evidence based evaluation of HIV point of care testing in SA.</li> <li>&gt; Continue existing service providing accessible, free and confidential standard of care serological HIV testing, including continued provision of next day Western Blot (gold standard) confirmed HIV test results.</li> </ul>	<p>Objectives 3 and 6</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. Improve access to and uptake of antiretroviral medications at earlier stages of infection.	a. Promote with health care professionals appropriate use of ART and encourage strategies for early treatment.	All Governments with Partners	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Develop ATSI community and health care workforce campaigns with ACCHS to raise awareness about TasP, the benefits of commencing early ART and the changes to PBS to support earlier commencement of ART.</li> <li>&gt; Update protocols to improve access to HIV testing, highlighting offering testing for HIV if there is a positive test for other STIs following opportunistic and annual STI screening for chlamydia, gonorrhoea and trichomonas, and the benefits for people diagnosed with HIV and other BBV commencing early ART.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue provision of ARTs by Clinic 275 Sexual Health Physicians at the Infectious Diseases Outpatients Department, RAH.</li> <li>&gt; Maintain and monitor Seventh National HIV Strategy target of 90 per cent of all HIV positive clients attending Clinic 275 to take up treatment.</li> <li>&gt; Continue to provide streamlined referral into HIV care provided by specialist sexual health and infectious diseases physicians, and s100 prescriber GPs, working closely with partners including RDNS SA, to facilitate entry into, and maintenance of ongoing HIV care.</li> <li>&gt; Continue to provide safety net care and ART for HIV positive patients who cannot maintain regular appointment schedules in mainstream primary or tertiary clinical services.</li> <li>&gt; Roll out available health promotion materials promoting the benefits of early initiation and sustained treatment for use in clinical and non-clinical settings.</li> </ul>	Objective 4

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue internal referral of clients to Migrant Health Service HIV s100 prescribers for appropriate ART management.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Promote the benefits of early treatment at outreach services within hospitals and GP Plus clinics.</li> </ul> <p><b>Public Hospital Clinics</b></p> <ul style="list-style-type: none"> <li>&gt; Maintain the capacity of clinics at public hospitals across South Australia to continue the provision of management, care and support to patients with HIV.</li> </ul> <p><b>Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; Provide HIV treatment at RAH and other infectious diseases units across South Australia.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Prison Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide management, care and support for people living with HIV in prisons.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Conduct clinical consultations and professional education.</li> <li>&gt; SAMESH will promote treatment uptake through peer support projects such as Phoenix.</li> </ul>	
2. Address barriers to the commencement or continuation of antiretroviral medications to improve treatment	a. Support improved access to treatment through implementation of community dispensing of ART, and facilitate ongoing discussion	All Governments and Partners	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to collaborate with RDNS SA when working with clients.</li> <li>&gt; Consult with PLHIV through the Client and Carers Advisory Group (CCAG).</li> </ul>	Objectives 4 and 5

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
effectiveness.	including with PLHIV, to inform implementation.		<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to audit HIV care targets on regular basis and continue to report on findings for sector workforce development and service planning. Last audited January 2016.</li> <li>&gt; Provide free and confidential HIV referral and treatment services as required.</li> <li>&gt; Work closely with RDNS SA to engage and maintain patients in HIV care.</li> <li>&gt; There are community based pharmacies able to dispense ART in SA.</li> <li>&gt; Liaison and consultation between Public Health and specialist clinical services and s100 prescribers in all Local Health Networks should be further developed to explore the issue of barriers to treatment and to facilitate sector workforce development and service planning.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Provide advocacy services for clients to address barriers.</li> </ul> <p><b>Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; Dispensing pharmacies will develop if there is an incentive however there is no evidence that this has occurred. Limited numbers would be ideal as stock will need to be carried and expertise in treatments and drug interactions is important.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul>	
	b. Facilitate regular discussions between government, affected communities and other stakeholders aimed at removing barriers to the	All Governments	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide free and confidential walk in clinical specialist STI and BBV service accessible to all affected communities, including newly arrived migrants from high HIV-prevalence countries, without requirement for Medicare card.</li> </ul>	Objective 4

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>provision of HIV treatments to all PLHIV in Australia.</p>		<ul style="list-style-type: none"> <li>&gt; Continue to provide free translator services.</li> </ul> <p><b>MOSAIC, PEACE and PEACE HIV Women’s Program</b></p> <ul style="list-style-type: none"> <li>&gt; Work in collaboration with clinical services and strengthen the Shared Care Model.</li> </ul>	
	<p>c. Expand access to psychological and social support programs in community based settings to increase PLHIV health literacy.</p>	<p>State and Territory Governments and Partners</p>	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Collaborate with community groups in reducing stigma to support PLHIV to access services.</li> <li>&gt; Engage peers in introduction to relevant services.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individualised health literacy education for PLHIV in collaboration with other services.</li> <li>&gt; Continue close clinical collaboration and referral network with RDNS SA, General Practices (primary care) and NGOs.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Develop and implement individualised care plans that respond to individual needs.</li> <li>&gt; Develop and implement interactive workshop programs to improve skills and self-management.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop tools to improve health literacy and use of interpreters.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Provide individualised education for PLHIV in collaboration with other services.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SAMESH will provide a range of social supports to increase health literacy of PLHIV such as peer workshops, healthy eating classes and counselling services.</li> </ul>	<p>Objectives 4 and 5</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"> <li>&gt; Provide peer counselling.</li> </ul> <p><b>Women's Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Increase access to counselling services for women living with HIV.</li> </ul>	
<p>3. Ensure that priority populations and health care professionals are aware of the individual and public health benefits of earlier commencement of treatment.</p>	<p>a. Promote awareness among priority populations and health care professionals to support early treatment uptake to prevent onward transmission and maximise personal outcomes.</p>	<p>All Governments with Partners</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Develop ATSI community and health care workforce campaigns with ACCHS to raise awareness about TasP, the benefits of commencing early ART and the changes to PBS to support earlier commencement of ART.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Conducted Cognitive Behaviour Therapy groups to reduce the stigma associated with the health and social issues and increase help seeking behaviour from group participants.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Establish partnerships with HIV services to promote awareness of earlier commencement of treatment.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue existing standard clinical practice promoting early treatment.</li> <li>&gt; Continue presentations on HIV testing, treatment and combination prevention for primary care workforce and Aboriginal Health Workers.</li> <li>&gt; Provide expert specialist STI and BBV clinical resource for the state STI workforce development program at SHine SA.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide priority access for newly arrived refugee clients who are HIV positive through direct referral from settlement services agency and promote active and appropriate treatment plans.</li> </ul>	<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>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop community education programs for leaders, interpreters and service providers from priority populations.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SAMESH will continue to develop and implement health promotion activities delivered by peers that include information about the evidence for and benefits of early treatment.</li> <li>&gt; Provide information on the benefits of early treatment through counselling and clinical services, including SAMESH peer counselling and Rapido clinic.</li> </ul>	
<p>4. Increase the use and effectiveness of shared care models between general practitioners and HIV specialists.</p>	<p>a. Explore improved HIV care pathways including co-management arrangements with HIV specialists, primary care and community based services to better manage HIV.</p>	<p>All Governments</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide and support collaboration with GPs and other health professions to enhance access for CALD clients.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Review current collaborative Shared Care Model.</li> <li>&gt; Establish Memorandums of Understanding with HIV specialists, primary care and community based services.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Shared care models between GPs and HIV specialists are long-standing standard of care in HIV medicine in SA.</li> <li>&gt; Clinical referral and shared care networks are well established between primary care s100 prescribers and tertiary referral clinical centres of HIV care in SA including Clinic 275, RDNS SA, infectious diseases departments and NGO providers.</li> <li>&gt; Clinic 275/Infectious Diseases Outpatients Departments will continue to provide closely linked health care including shared care</li> </ul>	<p>Objective 5</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>models.</p> <ul style="list-style-type: none"> <li>&gt; Shared care models are particularly important for rural based patients. ASHM to be invited to run further s100 prescriber training targeting rural primary care providers in SA.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide a culturally appropriate community based support service for HIV positive refugees and asylum seeker clients in conjunction with the CDCB and other specialist services.</li> <li>&gt; Consolidate existing referral pathways to Infectious Diseases clinics for patients receiving shared care.</li> </ul> <p><b>MOSAIC and PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Support the implementation and enhancements of the collaborative Shared Care Model.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul>	
5. Promote the use of evidence-based clinical guidance.	a. Further develop and implement HIV contact tracing guidelines to respond to jurisdictional needs.	State and Territory Governments	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide statewide HIV contact tracing services for SA.</li> <li>&gt; Continue to provide education to health care workers including GPs, Practice Nurses and Aboriginal Health Workers on contact tracing.</li> </ul>	Objective 1

## Priority Area 4: Workforce

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
1. Ensure that HIV testing and treatment providers have adequate training and support to deliver appropriate services.	a. Support community based dispensing of ART to increase access to treatment.	Commonwealth and Partners	<p><i>Note: Effective 1 July 2015, community based dispensing of ART was implemented across Australia.</i></p> <p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; AHCSA's Sexual Health Program to work with Clinic 275 and SHine SA to improve access for ATSI community members and services that provide sexual health care services.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide expert specialist STI and BBV clinical and education resource for the sector.</li> <li>&gt; Continue to provide expert HIV clinical speakers for ASHM courses and other HIV training forums.</li> </ul> <p><b>O'Brien Street General Practice (and other GP practices)</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide mentoring and support to recently qualified HIV s100 GP providers.</li> </ul> <p><b>Public Hospital Clinics</b></p> <ul style="list-style-type: none"> <li>&gt; Maintain the capacity of clinics at public hospitals in the state to continue the provision of management, care and support to patients with HIV.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Work with PLHIV to increase awareness of ART dispensing facilities.</li> </ul>	Objective 5
2. Work together with relevant organisations to ensure delivery of responsive and coordinated training, continued education,	a. Ensure mechanisms are in place to ensure appropriate workforce training.	All Governments	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; AHCSA's Sexual Health Program to work with Clinic 275 and SHine SA to improve access for ATSI community members and services that provide sexual health care services (e.g. annual STI and BBV workforce development workshops).</li> </ul>	Objectives 4 and 5



Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>and professional support programs, including in regional and remote areas and for new workforce entrants.</p>			<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; CASSA continues to link staff to training opportunities from the network to update information on the new treatments.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Staff continue with up-to-date professional training and information on training opportunities shared with network.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide expert specialist STI and BBV clinical and education resource for the sector statewide in metropolitan Adelaide and rural and remote settings.</li> <li>&gt; Continue to provide expert speakers for education and training programs such as ASHM s100 prescriber courses and continue to host ASHM s100 prescriber training courses implemented in SA.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Ensure nursing staff access HIV management education as part of annual CPD in-service calendar.</li> <li>&gt; Ensure GPs receive professional development support including HIV and other BBV management through regular meetings.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Advocate and participate in the delivery of cultural competency training.</li> <li>&gt; Lead CoPAHM SA.</li> <li>&gt; Promote the use of the AISR online BBV induction package for new staff and volunteers within and outside the HIV sector.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Work with professional and community networks to provide education.</li> </ul>	

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Offer sensitivity training to all service providers who work with sex workers.</li> <li>&gt; Continue to distribute the ‘<i>Working with Sex Workers</i>’ pamphlet to government and non-government agencies that work with sex workers.</li> <li>&gt; Collaborate with government and NGOs to build capacity and involve peers in delivery of information and education.</li> <li>&gt; Consult with partners in the sector representing priority populations for input into training and education.</li> <li>&gt; Ensure staff and volunteers remain up-to-date with emerging health, social and environmental issues impacting priority populations.</li> <li>&gt; Staff and volunteers to undertake the AISR online BBV induction package and participate in DASSA workforce development to build capacity with a focus on priority populations.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide professional education to workforce groups and provide education to new SHine SA staff.</li> <li>&gt; SAMESH will provide targeted HIV workforce education.</li> <li>&gt; Maintain research and clinical networks.</li> </ul>	
3. Improve collaboration between mental health, drug and alcohol, disability, clinical and community services to address the care and support needs of people with HIV.	a. Identify mechanisms and create opportunities, (e.g. through COAG committee structures, professional networks) to encourage and facilitate cross sector collaboration to address the care and support needs of PLHIV.	All Governments	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Through Hoi Sinh, discuss and implementing strategies to enhance collaboration between CASSA and other local health, AOD and mental health services to ensuring enhancing access to screening and treatment for HIV clients from CALD background.</li> </ul> <p><b>Centacare</b></p> <ul style="list-style-type: none"> <li>&gt; Feedback from the CCAG to relevant committees and networks.</li> </ul>	Objective 5

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to maintain cross referrals and communication with government and community clinical and support organisations supporting PLHIV.</li> </ul> <p><b>Royal Adelaide Hospital</b></p> <ul style="list-style-type: none"> <li>&gt; The RAH Infectious Diseases Unit has the only dedicated HIV Liaison Psychiatrist in South Australia. This valuable role should be maintained.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Health (CDCB)</b></p> <ul style="list-style-type: none"> <li>&gt; Maintain state advisory structure, South Australian STI and BBV Advisory Committee (SASBAC) and sub-committees.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SAMESH will continue to lead and SHine SA will support the CAG.</li> </ul>	
<p>4. Support the capacity and role of community organisations in improving education, prevention, support and advocacy services to priority populations through appropriate peer workforce development initiatives.</p>	<p>a. Work with organisations providing peer support to priority populations to promote HIV prevention and treatment in priority populations.</p>	<p>All Governments</p>	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Work collaboratively with SHine SA and Clinic 275, SA SIN and ACCHS including using peer education model.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Implementing education programs for community leaders and volunteers from African communities to enhance their capacity in providing peer education to their communities.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide expert specialist STI and BBV clinical and education resource for the sector.</li> </ul>	<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
			<p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Build capacity within priority population groups, such as settlement workers around stigma and discrimination associated with HIV and homophobia.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Provide health promotion through peer education.</li> </ul>	

## 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. Eliminate stigma and discrimination in community and health care setting and empower priority populations.	a. Support advocacy and empowerment through appropriate peer-based organisations of priority populations to encourage access to testing, treatment and care.	Partners	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; AHCSA's Sexual Health Program will work collaboratively with AHCSA's Education, Training and Workforce Team to arrange student placements at Clinic 275 as well as an annual sexual health and BBV workshop.</li> </ul> <p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue using the CBT program developed by CASSA and Flinders University to enhance participants' skills in dealing with stigma on health, mental health and other social issues. Thus enhancing help seeking behaviour.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Work in collaboration with other NGOs to provide current information and support as needed.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide free, accessible, non-judgemental and confidential clinical services to priority populations and PLHIV. Continue messages in clinical services and online presence underscoring these values, including cross promotion of partner organisations in the sector.</li> </ul> <p><b>Migrant Health Service</b></p> <ul style="list-style-type: none"> <li>&gt; Represent and collaborate with other NGOs through CoPAHM SA, the HIV Women's Advisory Committee and the SASBAC STI and HIV Health Promotion and Workforce Development Sub-Committee.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop peer lead initiatives within priority CALD population groups such as SAACHAC, community champions, faith leaders, PLHIV</li> </ul>	Objectives 1 and 6

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p>and women.</p> <p><b>PEACE HIV Women's Program</b></p> <ul style="list-style-type: none"> <li>&gt; Work in collaboration with the project team led by PEACE to develop a peer support model for women living with HIV in SA.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Respond to misleading or incorrect sex work focussed media.</li> <li>&gt; Work in collaboration with government and NGOs to provide current information and support as needed.</li> <li>&gt; Continue to advocate for the decriminalisation of sex work to reduce stigma and discrimination and improve access to testing, treatment and care.</li> <li>&gt; Provide health promotion through peer education.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Maintain Rainbow Tick accreditation.</li> <li>&gt; Provide health promotion through peer education programs.</li> <li>&gt; Include information in education and training activities on the lived experience of PLHIV to challenge stereotypes and misinformation.</li> <li>&gt; SAMESH peers to support the incorporation of lived experience in training sessions where relevant.</li> <li>&gt; Respond to incorrect or misleading stories or articles in the media.</li> </ul>	
	<p>b. Monitor and address HIV related legislative sanctions and their impacts on PLHIV, through HIV education and community advocacy.</p>	<p>State and Territory Governments and Partners</p>	<p><b>All</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in the CAG.</li> </ul> <p><b>MOSAIC, PEACE and PEACE HIV Women's Program</b></p> <ul style="list-style-type: none"> <li>&gt; Provide advocacy to PLHIV to receive services that are free of stigma and discrimination.</li> </ul>	<p>Objective 6</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>2. Remove institutional, regulatory and systems barriers to equality of care for people infected and affected by HIV in the health system.</p>	<p>a. Identify, implement and promote best practice approaches and policies to eliminating discrimination in health care settings.</p>	<p>All Governments and Partners</p>	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Continue promotion and support with internal and external access via client induction and ongoing case management.</li> <li>&gt; Include information in community education.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to implement strategic direction policy and Quality Assurance programs.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Promote best practice through advocacy and development of outreach services within the men’s and women’s prisons and through co-working with other service providers.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Conduct workforce development to promote better understanding of stigma and discrimination and ways of addressing stigma and discrimination when working with CALD populations.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to promote and deliver ‘Sex Work Sensitivity Training’ to government and NGOs that work with sex workers to reduce stigma and discrimination which creates barriers to service access.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Promote best practice approaches and policies to eliminate discrimination in health care settings via quality, policy and education within SHine SA.</li> </ul>	<p>Objective 6</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Support access to and promote the use of existing complaint systems within health care settings.</p>	<p>All Governments and Partners</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide information on Client's Rights and Responsibility to case management clients and provide practical support to facilitate client complaints when needed.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Ensure clients and workers are aware of and encouraged to follow complaints procedures, offering support if required.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide and operate feedback channels for clients and partners as per SA Health policies and processes.</li> <li>&gt; Actively consult and seek feedback from our partners representing our priority populations in the community.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop resources to empower CALD clients and enhance understanding of rights and responsibilities.</li> </ul> <p><b>PEACE HIV Women's Program</b></p> <ul style="list-style-type: none"> <li>&gt; Create pathways for the voices of women living with HIV to be heard.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Ongoing practice promoting internal and external access to eliminate discrimination.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Through resources, promote the Health Services Complaints Commission (HSCC) and internal complaints process.</li> </ul>	<p>Objective 6</p>



Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
3. Work towards addressing legal barriers to evidence-based prevention strategies across jurisdictions.	a. Identify individual, community, system, legislative and policy enablers and barriers for priority populations in accessing HIV prevention, treatment, testing and care, and develop focussed, evidence-based strategies to address legal barriers to prevention for priority populations.	All Governments with Partners	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Support decriminalisation of sex work in South Australia.</li> <li>&gt; Continue representation on SASBAC, its subcommittees and the CAG.</li> </ul> <p><b>MOSAIC and PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Continue advocacy through the CAG and other community forums to remove barriers surrounding migration.</li> </ul> <p><b>RDNS SA</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in the CAG.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Criminalisation impacts priority populations through perpetuating isolation and marginalisation and limiting health seeking behaviour. Continue to advocate for the decriminalisation of sex work to reduce stigma and discrimination and ensure that legislation, police practices and models of regulatory oversight support health promotion so that sex workers can implement safer sex practices and the industry can provide a more supportive environment for HIV prevention and health promotion.</li> <li>&gt; Advocacy through participation in the CAG and other community forums.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in the CAG.</li> <li>&gt; Support advocacy activities in partnership with relevant organisations.</li> </ul>	Objective 6
4. Establish a dialogue between health and other sectors aimed at reducing stigma and discrimination	a. Identify mechanisms and create opportunities for increasing engagement across sectors to raise awareness and facilitate	All Governments and Partners	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; Collaborate with partners across the sector to highlight the role of ACCHs and their work within Aboriginal communities.</li> </ul>	Objective 6

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>against HIV-infected and affected individuals and communities.</p>	<p>a multi-sectoral approach to reducing stigma and discrimination associated with BBV and STI and reducing barriers to evidence based prevention activities.</p>		<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in health promotion activities that address stigma and discrimination.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to collaborate with partners across the sector.</li> <li>&gt; Continue to engage in forums addressing stigma and discrimination in health and other sectors such as the education sector.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Develop peer led programs to contribute to service providers' understanding of stigma and discrimination.</li> <li>&gt; Develop educational resources aimed at reducing stigma and discrimination.</li> <li>&gt; Implement the 'No Fear' campaign to support communities who are affected by HIV to develop a community based advocacy network.</li> </ul> <p><b>PEACE HIV Women's Program</b></p> <ul style="list-style-type: none"> <li>&gt; Continue the Women's Lounge to create a safe environment for women to identify issues that affect their lives.</li> </ul> <p><b>SA Sex Industry Network</b></p> <ul style="list-style-type: none"> <li>&gt; Collaborate with government and non-government agencies in activities that address stigma and discrimination.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Establish cross-sector collaboration and conduct health promotion events.</li> <li>&gt; Ensure the impact of stigma and discrimination on health is embedded in education through the incorporation of lived experience perspectives.</li> <li>&gt; SAMESH will contribute to the provision of information relating to lived experience of stigma and discrimination.</li> </ul>	

## 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. Address critical data gaps for priority populations, including incident measures and information on risk behaviours.	a. Identify and pursue opportunities to expand the comprehensiveness and availability of HIV data to inform responses.	Commonwealth and Partners	<p><b>Aboriginal Health Council of SA</b></p> <ul style="list-style-type: none"> <li>&gt; The AHCSA Sexual Health Program will continue to disseminate findings from the SA section of the GOANNA survey, an Australian Research Council-funded project entitled Sexual health and relationships in young Indigenous people: The first Australian national study assessing knowledge, risk practices and health service access in relation to sexually transmissible infections and blood borne viruses among young ATSI people.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide sentinel surveillance data for the state, including the Clinic 275 Annual Report and contributing sentinel surveillance data to annual SA STI/HIV surveillance reports and national databases. This data includes monitoring of incident infection rates.</li> <li>&gt; Undertake ongoing research projects.</li> </ul> <p><b>MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Support and promote the Adelaide Gay Community Periodic Survey.</li> <li>&gt; Promote knowledge gained through client data analysis to influence practice.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Support and promote the Adelaide Gay Community Periodic Survey.</li> <li>&gt; Participate in the implementation of research opportunities that aim to improve knowledge of working with CALD populations around BBV.</li> <li>&gt; Conduct needs assessments and promote knowledge.</li> </ul>	Objective 1

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"> <li>&gt; Chair CoPAHM SA.</li> <li><b>SA Prison Health Service</b></li> <li>&gt; Continue participation by SA in the National Prison Entrants BBV and Risk Behaviour Survey.</li> <li><b>SHine SA</b></li> <li>&gt; SAMESH will participate in and provide financial support for the Adelaide Gay Community Periodic Survey in 2016 and 2018.</li> </ul>	
<p>2. Explore improved and innovative approaches to measuring testing rates among priority populations, antiretroviral treatment rates and quality of life indicators among people with HIV.</p>	<p>a. Identify and pursue opportunities to expand the comprehensiveness and availability of HIV data to inform responses.</p>	<p>Commonwealth and Partners</p>	<ul style="list-style-type: none"> <li><b>Aboriginal Health Council of SA</b></li> <li>&gt; Explore research opportunities with Dr James Ward and South Australian Health and Medical Research Institute (SAHMRI).</li> <li>&gt; The AHCSA Sexual Health Program will collect and analyse HIV testing rates in people diagnosed with another STI.</li> <li><b>Centacare ISP</b></li> <li>&gt; Adopt the World Health Organization Quality of Life (WHOQOL-HIV) questionnaire into case management. Penelope system to capture data on the WHOQOL-HIV.</li> <li>&gt; Share findings at government and sector meetings.</li> <li><b>Clinic 275</b></li> <li>&gt; Continue to provide detailed sentinel surveillance reports annually. Include ART rates where possible among data collection for sentinel surveillance.</li> <li><b>Royal Adelaide Hospital</b></li> <li>&gt; Expanding comprehensiveness and availability of HIV data will require engagement with and support for infectious diseases units providing care for PLHIV.</li> </ul>	<p>All Objectives</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
			<p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Work in collaboration with sexual health clinics to increase understanding and identify practice and policy barriers to support priority population groups.</li> </ul>	
3. Enhance evaluation and implementation research to support evidence-based and evidence building policy and program development.	a. Investigate system improvements for HIV testing practices, with relevant Partners. Continue enhanced surveillance of new HIV notifications. Capture HIV testing and treatment data through various treatment settings.	State and Territory Governments	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to provide free and confidential HIV testing, including next day, confirmed Western Blot (gold standard) HIV testing.</li> <li>&gt; Continue to participate in enhanced surveillance of new HIV notifications in collaboration with CDCB and through provision of statewide HIV partner notification services.</li> <li>&gt; Continue to provide annual sentinel surveillance reports including HIV testing data.</li> <li>&gt; Continue to routinely audit HIV testing, treatment and clinical care. Last audit of the HIV treatment cascade was January 2016.</li> </ul>	All objectives
4. Undertake research across the relevant disciplines – including social, behavioural, epidemiological, clinical and basic research – to inform the delivery of the Strategy.	a. Develop and implement a policy focussed research program through research collaboration.	All Governments with Partners	<p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Clinic 275 is the state’s specialist sexual health service and is committed to participating in jurisdictional research as opportunities arise. Expansion of research programs has resource implications and requires identifying sources of funding and collaboration with local and national centres.</li> <li>&gt; Clinic 275 specialist staff and specialists in training continue to train in research skills, build collaborations with research partners and undertake research.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; SHine SA is committed to participating in jurisdictional research as opportunities arise.</li> </ul>	Objective 1

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
	<p>b. Encourage the application of the Greater/Meaningful Involvement of PLHIV (GIPA) principles in the research agenda.</p>	<p>All Governments and Partners</p>	<p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Participate in research focussed on access to services and stigma and discrimination.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; See 6.4.a.</li> </ul> <p><b>PEACE</b></p> <ul style="list-style-type: none"> <li>&gt; Implement learnings from current research between PEACE and Flinders University around PLHIV and their experiences of stigma.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; See 6.4.a.</li> </ul>	<p>Objective 6</p>
<p>5. Evaluate health promotion, testing, treatment, care, support and education and awareness 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 undertaken to implement the National Strategies.</p>	<p>All Governments with Partners</p>	<p><b>CASSA</b></p> <ul style="list-style-type: none"> <li>&gt; Continue to use the Result Based Accountability to evaluate the impacts and outcomes of the services to individuals and to the community.</li> </ul> <p><b>Centacare ISP</b></p> <ul style="list-style-type: none"> <li>&gt; Evaluation occurs while client is in program and at time of exiting service and after each educational activity.</li> </ul> <p><b>Clinic 275</b></p> <ul style="list-style-type: none"> <li>&gt; Continue internal audit and appraisal of programs as standard practice.</li> </ul> <p><b>PEACE and MOSAIC</b></p> <ul style="list-style-type: none"> <li>&gt; Use evaluation tool to measure community impact.</li> </ul> <p><b>SHine SA</b></p> <ul style="list-style-type: none"> <li>&gt; Evaluation of health promotion and education programs is ongoing.</li> </ul>	<p>All Objectives</p>

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities in 2016-2018	Link to objective
<p>6. Explore options for assessing the impact of stigma, discrimination, legislation and regulation on barriers to equal access to health care.</p>	<p>a. Work to develop appropriate national indicators for stigma and discrimination.</p>	<p>All Governments</p>	<p><b>Aboriginal Health Council of SA</b></p> <p>&gt; The Sexual Health Program Manager is a member of the ATSI HIV Awareness Week committee which links into national campaigns to address stigma and discrimination.</p>	<p>Objective 6</p>

## Appendix A – Stakeholders

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

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

- > Aboriginal Health Council of SA
- > Community Access and Services SA, Vietnamese Community in Australia (SA Chapter)
- > Centacare Catholic Family Services
- > Clinic 275, STD Services, Royal Adelaide Hospital, SA Health
- > Drug and Alcohol Services SA, SA Health
- > Migrant Health Service, SA Health
- > MOSAIC, Relationships Australia SA
- > O'Brien Street General Practice
- > PEACE, Relationships Australia SA
- > Royal Adelaide Hospital, SA Health
- > Royal District Nursing Service SA
- > SA Prison Health Service, SA Health
- > SA Sex Industry Network
- > SHine SA
- > STI and BBV Section, Communicable Disease Control Branch, SA Health
- > Women's Health Service, Women's and Children's Health Network.



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For more information

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