HIV/AIDS
HEPATITIS C
SEXUALLY TRANSMISSIBLE INFECTIONS

A Strategic Framework for the ACT 2007–2012

Foreword

The ACT has been at the forefront of the fight against HIV for over twenty years. Since then the successful approach of bringing together affected communities, health professionals and policymakers has been broadened to address other Sexually Transmissible Infections and Hepatitis C.

This Framework has been produced to guide the local response to the issues of HIV/AIDS, Hepatitis C and Sexually Transmissible Infections. It confirms the ACT Government's commitment to improving the overall wellbeing of our community by working towards reducing the incidence and impact of these conditions.

The ACT approach highlights the commonalities with the National Strategies on HIV/AIDS, Hepatitis C and Sexually Transmissible Infections. It identifies local priorities and actions required and suggests strategies to achieve change. The Framework is based on the best available evidence, solid epidemiology, vigorous prevention and leading edge treatment and compassionate care.

The partnership approach is an important guiding principle of this Framework, which has been enriched by the input from our partners across a range of sectors. The work of our partners, including community-based non-government organisations and affected communities, will be central to the successful implementation of the strategies listed in this framework.

I would like to thank all the people and organisations that have had a role in developing this important document. I urge you to continue to work with ACT Health to prevent these diseases and care for those who have them.

Katy Gallagher

Katy Gallagher MLA
Minister for Health

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List of Abbreviations

AACACT	AIDS Action Council of the ACT
ACT	Australian Capital Territory
ACTDGP	ACT Division of General Practice
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BBV	Blood Borne Virus
ASHM	Australasian Society for HIV medicine
CALD	Culturally and Linguistically Diverse
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CDC	Communicable Disease Control, ACT Health
CHO	Chief Health Officer
CSHC	Canberra Sexual Health Centre
EPC	Enhanced Primary Care
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
GP	General Practitioners
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HFACT	Haemophilia Foundation of the ACT
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
HPV	Human Papilloma Virus
HSV2	Herpes Simplex Virus 2
IAP	Implementation Action Plan
IDUs	Injecting and Illicit Drug Users
IGCAHRD	Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases
LGV	Lymphogranuloma Venereum
MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
NCHECR	National Centre on HIV Epidemiology and Critical Research
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
NSP	Needle and Syringe Programs
PACT	Partnership Approach to Comprehensive Testing
PEP	Post Exposure Prophylaxis
PID	Pelvic Inflammatory Disease
PLWHA	People Living with HIV/AIDS
PLWHA-ACT	People Living with HIV/AIDS ACT
PHOFA	Public Health Outcomes Funding Agreement
SFA	Service Funding Agreement
SHAHRD	ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases
SHBBV	Sexual Health and Blood Borne Virus
SHLIRP	Sexual Health, Lifestyle and Relationships Project
SHFPACT	Sexual Health and Family Planning ACT
STI	Sexually Transmissible Infection
SWOP ACT	Sex Worker Outreach Project ACT
STRIP	Sexual health Testing, Referral and Information Project
T-SHIRT	STRIP for young people

1. Introduction

1.1 Background

In 1998 the ACT Government released the *ACT Sexual Health and Blood Borne Diseases Strategic Plan 1998–2000*, the first of its kind in Australia to integrate a strategic approach to the management of HIV/AIDS and hepatitis C. *Public Health in the ACT 2004–2008* lists communicable diseases as a Health Priority Area for the ACT and identifies blood borne viruses (BBVs) and sexually transmissible infections (STIs) as priorities for action. This new Framework builds on those earlier plans.

The Australian Government released the first *National HIV/AIDS Strategy* in 1989. The national strategy was underpinned by the principles of individual responsibility for behaviour, supportive legal and social environments, informed consent for testing, human rights protection, participation by all affected people, and working in partnership with stakeholders. Using similar principles, a national strategy for hepatitis C was developed in 1999. These principles have been reaffirmed as central to the recently released:

- 5th National HIV/AIDS Strategy (2005–2008);
- 2nd National Hepatitis C Strategy (2005–2008);
- 1st National Sexually Transmissible Infections Strategy (2005–2008); and
- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy (2005–2008).

HIV/AIDS, Hepatitis C and Sexually Transmissible Infections: A Strategic Framework for the ACT 2007–2012 (the Framework) confirms ACT Health's commitment to the principles outlined in the earlier ACT plans, which are also reflected in the National Strategies. The Framework highlights the commonalities between the approaches outlined in each national strategy, enabling a more coordinated response from ACT Health, Non Government Organisations (NGOs) and other service providers and policy makers. However, the differences between HIV/AIDS, Hepatitis C and Sexually Transmissible Infections and their priority populations are recognised and addressed where appropriate.

While the Framework is not specifically designed to explicitly address the needs of Aboriginal and Torres Strait Islander people, it does explicitly include Aboriginal and Torres Strait Islander people as a priority population. To the extent that the strategies listed in sections four to seven of the Framework are effective in improving the health outcomes of priority populations, they will also be beneficial for Aboriginal and Torres Strait Islander people. Incorporation of priority populations in the implementation plans will also help ensure the health needs of Aboriginal and Torres Strait Islander people are met in a culturally appropriate, effective and efficient manner.

The Framework is supported by the National Strategies and should be read in conjunction with other relevant documents (see 2.7 — Policy Context).

1.2 Current Service Array

A range of Government agencies and non-government organisations (NGOs) deliver a large number of health and community services to people affected by HIV/AIDS, hepatitis C and STIs in the ACT, including[1]:

- Education;
- Prevention;
- Testing;
- Diagnosis;
- Treatment;
- Care;
- Support;
- Advocacy;
- Counselling;
- Information; and
- Advice.

Education and prevention campaigns to raise awareness of HIV/AIDS, hepatitis C and STIs, including school-based education and needs-based education are delivered to the general community as well as being tailored to priority populations.

Primary health care is provided for people living with HIV/AIDS and hepatitis C, those receiving treatment for STIs and those who may have been exposed to infection. These services are undertaken in general practice, the Canberra Sexual Health Centre (CSHC), Sexual Health and Family Planning ACT (SHFPACT), ACT Health Regional Hepatitis Service, and other health care services and outreach programs.

Support for people living with HIV/AIDS and hepatitis C is provided through a diverse range of government and non-government organisations, and peer support groups. Appendix 1 provides details of current service providers. These and other organisations such as schools also provide HIV/AIDS, hepatitis C and STI awareness programs relevant to their client groups.

1 Appendix 1 provides details of current service providers.

2. The Framework

2.1 Purpose

In accordance with relevant ACT legislation[2] the ACT Chief Health Office (CHO) has statutory responsibility to provide advice on matters of public health importance. The purpose of this document is to provide a framework from the CHO to guide co-operation between ACT government and non-government organisations (NGOs), private practitioners, researchers, service providers, community groups, affected communities and the broader ACT community. Under the Framework these partners will work together to achieve the goals in this document, which have been developed in the ACT context.

2.2 Strategic Goals and Key Indicators

2.2.1 Strategic Goals

Goal 1: Reduce the transmission in the ACT of the Human Immunodeficiency Virus (HIV), the hepatitis C Virus (HCV) and sexually transmissible infections (STIs).

Goal 2: Increase access for ACT residents to testing and treatment for HIV, HCV and STIs.

Goal 3: Improve the health and wellbeing of ACT residents living with HIV/AIDS and HCV and reduce the morbidity associated with undiagnosed and untreated STIs[3].

These Goals will be achieved through action in seven priority areas outlined in Sections 4 to 7.

2.2.2 Key Indicators

The key indicators by which the outcomes of the Framework will be measured include the[4]:

- Notifications of HIV, HCV[5] and STIs;
- Incidence and prevalence of HIV/AIDS, HCV and STIs;
- Number of tests performed for HIV, HCV and STIs;
- Number of s100 prescribers for HIV and HCV;
- Number of people accessing HIV treatment;
- Number of people accessing and completing HCV treatment;

2 This includes but is not limited to the *ACT Public Health Act 1997 and ACT Drugs of Dependence Act 1989*.
3 Morbidity caused by STI-related chronic illness includes pelvic inflammatory disease (PID) and chlamydia related infertility.
4 Data sources include the: ACT Health Communicable Disease Control (CDC); National Centre in HIV Epidemiology and Clinical Research; and Australian Research Centre in Sex, Health and Society.
5 Both incident and unspecified cases.

- Number of people with STIs accessing treatment;
- Level of morbidity related to untreated STIs; and
- Health and wellbeing of people living with HIV/AIDS and HCV.

2.3 Structure of the Framework

2.3.1 Guiding Principles

The following guiding principles underpin the Framework:

1. Harm minimisation and health promotion;
2. Partnership approach;
3. Evidence based approach;
4. Access and equity;
5. Social determinants of health;
6. Population health approach; and
7. Human rights.

The first five principles are found in the national strategies, and the final two principles have been included to represent the specific circumstances of the ACT:

- ACT Health and the community sector focus on population health approaches to education and prevention; and
- the *ACT Human Rights Act 2004* legislates a Human Rights approach to all activities.

Section 3 of this Framework provides a brief overview of these principles.

2.3.2 Priority Areas

Consistent with the national strategies, there are seven priority areas where action is needed if the Framework's goals are to be achieved. These are:

1. Education and prevention;
2. An enabling environment;
3. Workforce development;
4. Surveillance and research;
5. Detection, including testing and diagnosis;
6. Clinical treatment and management; and
7. Care and support;

For each priority area described in the Framework, local successes and emerging challenges have been identified and documented. This is followed by a list of responsess designed to address emerging challenges.

The responses required for priority areas 1 to 4 are are applicable collectively to HIV, hepatitis C, and STIs. Section 4 outlines the areas of need in the ACT and possible action to be taken against each of these priorities. Priority areas 5 to 7 require individual responses for each of HIV/AIDS, Hepatitis C and STIs. These are addressed in Sections 5 to 7.

2.4 Governance

The Office of the Chief Health Officer, Population Health Division, ACT Health, will coordinate implementation of the Framework. The ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD) will advise on the implementation of the Framework[6].

2.5 Implementation

Implementation of the Framework will occur across many levels of government and non-government organisations and will involve clinicians, policy officers, researchers educators, NGO staff and affected people. Each partner may develop their own organisation's Implementation Action Plan (IAP) to implement the Framework as appropriate for their organisation, clientele and capacity. They may further develop work plans for their organisation and staff. These work plans will be reflected in the Service Funding Agreements (SFAs) ACT Health has with NGOs working in the Sexual Health and Blood Borne Virus Sector in the ACT.

The Framework is designed to recognise the diversity of partners and allow for collaborative reporting to achieve a more complete picture of the ACT situation. In particular, it will facilitate identification of gaps in service provision across the sector and inform future planning and implementation.

2.6 Monitoring and Evaluation

2.6.1 Annual Review Process

Progress on implementation of the Framework will be monitored through an annual reporting process. Sources of information for this process will include:

- Feedback from relevant sections of ACT Health on their progress against their IAPs via a standard performance report; and
- Reports and feedback from NGOs funded by ACT Health delivering HIV/AIDS, HCV and sexual health services, through their SFA reports.

6 SHAHRD represents the wide body of stakeholders on matters relating to HIV/AIDS, hepatitis C and STIs in the ACT. The Minister for Health appoints its members based on their expertise and skills in the following areas: clinical issues; consumers; Aboriginal and Torres Strait Islander People; people living with HIV/AIDS and hepatitis C; and injecting drug users. It provides high-level advice to the Minister and ACT Health on all aspects of prevention, treatment, monitoring and research.

ACT Health will manage the terms of reference for the annual review process and the review itself, with assistance and guidance from SHAHRD.

The findings of annual reviews will be provided to the Portfolio Executive of ACT Health, the Framework's partners, and be published on the ACT Health website. It is expected that the findings will inform the partners' reviews of their IAPs. The annual reviews will also facilitate ACT Health's progress reports on the national HIV/AIDS, Hepatitis C, STI and Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategies required under the Public Health Outcomes Funding Agreement (PHOFA).

2.6.2 Mid-term Review

A mid-term review will:

- Assess the progress made against the performance indicators;
- Identify areas that require more attention; and
- Ensure that the Framework reflects any changes to the environment in which it is being implemented.

ACT Health will lead this process with assistance and guidance from SHAHRD. A discussion paper will be developed to inform this review. Once the findings of the review are approved they will be disseminated to the Framework's partners.

2.6.3 Final Evaluation

During 2011–12 ACT Health will coordinate a review of the Framework. Methods to ensure comprehensive feedback could include written submissions, community forums with key stakeholders, and a bulletin board or other electronic option.

This review will consider the Framework implementation and outcomes including:

- A report of the overall success of the Framework;
- Achievement and progress against each of the strategic goals and key indicators;
- A summary of achievements against the Implementation Action Plan;
- Evaluation of the partnership approach;
- Evidence of the extent to which programs and services have adapted to meet the expressed outcomes of the Framework;
- An analysis of key tasks remaining or areas where progress was inadequate; and
- Recommendations for any future Framework.

2.7 Policy Context

This framework is consistent with the goals and underlying principles of the following local and national documents:

- Public Health in the ACT (2004–2008);
- The Canberra Plan, in particular the Canberra Social Plan (2004);
- ACT Health Corporate Plan (2006–2010);
- The ACT Tobacco, Alcohol and Other Drugs Strategy (2004–2008);
- The ACT Clinical Services Plan (2005–2011);
- A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan (2006–2011);
- ACT Primary Health Care Strategy (2006–2009);
- 5th National HIV/AIDS Strategy (2005–2008);
- 2nd National Hepatitis C Strategy (2005–2008);
- 1st National Sexually Transmissible Infections Strategy (2005–2008);
- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy (2005–2008);
- The National Drug Strategy (2004–2009);
- Communicable Diseases Network Australia: Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting (2004);
- National HIV Testing Policy (1998) and National Hepatitis C Testing Policy (2003)[7].

The ACT Corrections Health Plan is currently under development and will include more detailed policies about HIV, hepatitis C and STIs in correctional settings.

Legislation relevant to this Framework include the:

- *ACT Public Health Act 1997*
- *ACT Health Act 1993*
- *ACT Human Rights Act 2004*
- *ACT Discrimination Act 1991*
- *ACT Health Records (Privacy and Access) Act 1997*
- *ACT Human Rights Commission Act 2005*
- *ACT Prostitution Act 1992*
- *ACT Drugs of Dependence Act 1989*

7 As amended by the review process underway in 2006.

In addition, outcomes from the following community forums have informed the development of this Framework:

- The SHAHRD stakeholder forum, May 2007;
- The Hepatitis C Community Forum, May 2005;
- The Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Forum, November 2004; and
- The HIV and STI Forum, February 2004.

3. Principles

All partners to this strategy should consider the following seven principles when they are developing and implementing any initiative outlined in Sections 4 to 7. These seven principles should be used as filters through which to view any initiative and to inform planning.

3.1 Harm Minimisation and Health Promotion

3.1.1 Harm Minimisation

Harm minimisation is a philosophical and practical approach that aims to improve health, social and economic outcomes for both the community and the individual and encompasses a range of integrated approaches:

- Harm Reduction;
- Supply Reduction; and
- Demand Reduction.

Harm minimisation traditionally refers to policies and programs aimed at reducing drug-related harm and has been the key principle underpinning Australia's National Drug Strategy since 1985. It is also an approach that can be used in relation to sexual health and blood borne viruses (SHBBV). When applied to SHBBV, harm reduction is the most applicable approach of harm minimisation.

Harm reduction principles recognise that people may continue to undertake high-risk behaviours, and encourage the promotion of both avoidance of high-risk behaviours and the means to minimise the risks associated with that behaviour.

The ACT Government is committed to supporting harm reduction principles to minimise the transmission of BBVs and STIs. In relation to the Framework, the overarching test for any service or policy will be to ensure that each achieves the most benefit, and therefore the least net harm, to individuals and society.

3.1.2 Health Promotion

The principles of the *Ottawa Charter for Health Promotion*[8] have been an essential part of previous national and local strategies. Defining health promotion as the process of enabling people to increase control over, and to improve their health, it identifies five broad areas in which individuals, communities and governments can act to improve health:

- Build healthy public policy;
- Create supportive environments;

8 Ottawa Charter for Health Promotion, World Health Organisation, 1986

- Strengthen community action;
- Develop personal skills; and
- Re-orient health services.

Health promotion includes disease prevention, education, social mobilisation and advocacy. Good health promotion recognises the political, economic, social, cultural, environmental, behavioural and biological determinants of health. Effective health promotion programs emphasise local needs as well as the differing social, cultural and economic conditions applying in society more generally. It acknowledges that only a holistic approach addressing the total experience can influence the vulnerabilities a person experiences. Where behaviour is identified as harmful, harm reduction interventions have been used in an attempt to reduce the health consequences associated with that behaviour, such as disease transmission and the resultant personal and social impacts.

There is a joint responsibility of governments at all levels, the community sector, industry, the media, medical and health professionals and the research sector to provide appropriate and accurate information to enable individuals to make healthy choices.

3.1.3 A Settings Approach[9]

The settings approach, outlined in the Ottawa Charter[10], looks at the changes in organisations, systems and the environment needed to enable people to access services, or reduce risk behaviours, rather than at individual behaviours. For example, to reduce the risk of passive smoking, legislation is enacted to restrict the amount of smoking in enclosed spaces.

There are a number of different strategies for settings including developing healthy public policy, introducing regulations or legislation and launching new decision-making mechanisms for change.

Good practice factors include a critical understanding of the setting, developing effective inter-sectoral collaboration with relevant partners, active leadership, meaningful community participation and a commitment to equity issues.

Health promotion settings include:

- Schools and Colleges;
- Universities, TAFE and other tertiary education institutions;
- Clubs, Beats and Venues;
- Dance Parties;
- Workplaces;
- Peer networks;
- NGO facilities;
- General Practice;
- Hospitals;
- Community health centres; and
- Correctional facilities.

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9 Adapted from http://www.health.nsw.gov.au/public-health/health-promotion/settings/index.html

10 Ottawa Charter for Health Promotion, World Health Organisation, 1986

3.2 Partnership Approach

The ACT has a strong commitment to practical partnerships supporting the response to HIV/AIDS, hepatitis C and STIs.

In the ACT, the partnership is defined and has operated as an effective, cooperative effort between government, community organisations, the medical, health care and scientific communities, researchers and people affected by HIV/AIDS and hepatitis C. All partners work together to control the spread of BBVs and STIs and to minimise the social and personal impacts of these conditions. The partnership is based on a commitment to consultation and joint decision-making in all aspects of the response.

The capacity to respond to HIV/AIDS, hepatitis C and STIs in the ACT is influenced by the Territory's compact geographic area and relatively small population. These factors allow for effective networking amongst partners. The Framework supports and will continue to promote collaboration between agencies and relies on the close networks and cooperative relationships that exist in the ACT.

The partnership approach is exemplified in the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD). SHAHRD represents the wide body of stakeholders on matters relating to HIV/AIDS, hepatitis C and STIs in the ACT. Its members represent clinical issues, consumers, Aboriginal and Torres Strait Islander People, people living with HIV/AIDS and hepatitis C and injecting drug users. It provides advice from consumer and community perspectives to the Minister for Health on issues related to the health and wellbeing of all ACT residents in the areas of sexual health and blood borne diseases.

Non-government organisations which have formed a self-help group or community service providers are crucial to the partnership.

The partnership approach also involves a coordinated approach across different Government departments. Prevention strategies must at least involve collaboration with the Department of Education and Training. The Departments of Territory and Municipal Services, and Justice and Community Safety have a role in ensuring an enabling environment.

Appendix 1 provides a list of partners for this Framework.

3.3 Evidence Based Approach

The use of evidence-based research, analysis and evaluation supports the development of informed policy decisions. New approaches should integrate the best available evidence with professional, community and peer-based expertise.

While empirical evidence is the ideal, innovative responses are required to address more complex situations or emerging trends where such evidence is less than comprehensive. It is important that qualitative data is gathered to complement the quantitative data. Inquiry and openness to new options, balanced with rigour in the design and implementation of initiatives, may lead to more effective solutions for our community.

It is important that ongoing quality improvement includes appropriate evaluation of interventions, particularly those in the areas of prevention, testing and treatment. Evaluations will inform future planning of service delivery and approaches to practice.

3.4 Access and Equity

The ACT Government recognises that different population groups experience inequities in health status and access to health care services. This is particularly the case for those living with, at risk of, or supporting those affected by HIV/AIDS, hepatitis C and STIs. The Framework highlights the need to reduce these health inequities, in particular the inequities in health status between different sections of the community and the provision of equal opportunities for good health for the whole ACT population.

Access to primary health care for Aboriginal and Torres Strait Islander People and people within the correctional system is of particular concern. Special considerations need to be taken such that the:

- Level of health care provided to these populations is at least equivalent to that provided for the general community; and
- Principle of 'throughcare' guides service development in the corrections system, so that as far as possible there is continuity of care before, during and after detention.

The broad areas of social justice, primary health care providers and consumer involvement need to be considered in relation to access and equity:

Social justice principles support equitable access to health services by:

- Providing opportunities for both individuals and communities to consider the impact of HIV/AIDS, hepatitis C and STIs;
- Recognising a community's diverse needs;
- Minimising potential barriers to access to services;
- Facilitating access to appropriate, relevant and meaningful support and information;
- Ensuring a person's age, race, ethnicity, mental ability, parental status, sexuality, Aboriginal or Torres Strait Islander background, gender, physical ability, financial resources, religion or geographic location is not a factor in equity of access to services; and
- Acknowledging that services will at times need to respond differently to the needs of people with different backgrounds and experiences.

Furthermore when developing services, shared location, greater flexibility of type and delivery, as well as availability of culturally, age, and gender appropriate resources, should be considered to ensure that the broad needs of clients are met.

Primary health care providers, including those offering generalist medical care and community services, are critical in ensuring access to services as they have:

- A defined role within the community;
- Knowledge about health and well being; and
- The opportunity to take a holistic approach to addressing HIV/AIDS, hepatitis C and STIs.

Consumer involvement in the development, planning and evaluation of both current and future service delivery is imperative, as this involvement will:

- Support the development of meaningful service delivery; and
- Result in greater access.

3.5 Social Determinants of Health

People's lifestyles and the conditions in which they live and work strongly influence their health and wellbeing. The World Health Organisation has identified a number of social factors that influence an individual's health and wellbeing[11]:

- The social gradient – the need for policies to prevent people from falling into long-term disadvantage;
- Stress – how the social and psychological environment affects health;
- Early life – the importance of ensuring a good environment in early childhood;
- Social exclusion ;
- Work – the impact of work on health;
- Unemployment – the problems of unemployment and job security;
- Social support – the role of friendship and social cohesion;
- Addiction – the effects of alcohol and other drugs;
- Food – the need to ensure access to supplies of healthy food for everyone; and
- Transport – the need for healthier transport systems.

In addition, the Framework recognises the following factors as contributing to a person's health and wellbeing:

- Appropriate housing – access to appropriate, safe and affordable housing or shelter;
- Family relationships – parent/child and significant other; and
- Greater empowerment of individuals/society as a whole.

Social and economic disadvantage is closely associated with poorer sexual health, greater levels of risk taking behaviours and vulnerability to STIs and BBVs. The response to these factors often lies beyond the health system and is typically beyond individual control. Important social and economic considerations such as cultural dislocation, co-morbidity of mental health problems, physical health problems, housing, educational opportunities, living skills, income support and job security need to be incorporated into any effective intervention.

The response to HIV/AIDS, hepatitis C and STIs therefore needs to not only support and treat people who are affected by these conditions but also address patterns of social deprivation. A holistic approach that goes beyond the focus of a specific treatment is more likely to achieve better outcomes. Similarly prevention interventions need to address these underlying contributors as well as specific risk factors for a certain condition.

11 Wilkinson, R. and Marmot, M. (2003) *Social Determinants of Health: The Solid Facts* (2nd Ed). The World Health Organisation.

3.6 Population Health Approach

A population health approach recognises the social context of particular population groups and acknowledges the importance of the active involvement of these groups in developing and delivering appropriate services to their communities.

The response to HIV/AIDS, hepatitis C and STIs has to date been targeted at population groups that were at increased risk of infection, or most in need of support, treatment and care. Inclusion in one of these population groups does not necessarily equate with risk behaviour. Equally some people might belong to more than one of these population groups, may move from one population group to another and may not identify with any of these groups.

3.6.1 Priority Populations

The priority population groups targeted by this Framework include, but are not limited to, the following at risk populations:

- Gay and other homosexually active men;
- People living with HIV/AIDS and HCV;
- People receiving treatment for STIs or complications from untreated STIs;
- People affected by HIV/AIDS, HCV and STIs;
- Aboriginal and Torres Strait Islander people;
- People who inject drugs;
- People in custodial settings, including young people in detention;
- Sex workers and their clients;
- People from culturally and linguistically diverse backgrounds;
- People with haemophilia; and
- Young people, including those in care and same sex attracted youth.

Other populations included in this framework are listed at Appendix 2.

3.6.2 Gender

Gender is more than the biological differences between males and females; it is a social construction of the female and male identity leading to different and often unequal social, political and economic opportunities and expectations for men and women. Social constructs of gender will change over time as the cultural environment changes. Gender is considered one of the social determinants of health[12,13].

12 Gender Equity in Health, NSW Health Department, 2000

13 Proceedings from 1st National Conference on Gender and Health Inequalities, Key Centre for Women's Health in Society, World Health Organisation Collaborating Centre for Women's Health, Melbourne University, 22 June 2006

3.6.3 Sexuality

In addition to a person's gender, there is a growing body of evidence that a person's sexuality is a key determinant of health[14].

People who identify as gay, lesbian, bisexual, transgender/transsexual or intersex (GLBTI) often experience high levels of violence and discrimination, which can lead to social marginalisation, isolation and social invisibility, among others[15]. This can, and often does, influence their experience with all levels of health care.

Health care and other service providers, particularly those dealing with sexual health, blood borne viruses and STIs need to consider the interrelationship of sexual orientation, gender identity or behaviour that are critical in health promotion when designing and implementing education, prevention, treatment, care or support programs. Service providers need to be sensitive to the needs of GLBTI individuals in the way they promote and provide their service. Policy makers should make similar considerations at all level of the government, private and NGO sectors.

3.6.4 Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander people generally have poorer health than their non-Aboriginal and Torres Strait Islander counterparts. This is even more evident when sexual health and the incidence of BBVs and STIs are considered. *A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–2011* focuses on an holistic view of health including wellbeing, family, collaboration, cultural diversity and others. This complements the emphasis *The National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005–2008* places on comprehensive primary health care, evidence based practice and policy, access to appropriate care in the mainstream health sector and health promotion and harm minimisation. This framework should be read in conjunction with these strategies.

Local Aboriginal and Torres Strait Islander population health services incorporate HIV/AIDS, hepatitis C and STIs within a holistic framework. The 'well person health checks' incorporate behavioural risk assessment to inform appropriate testing treatment and prevention.

While the Framework is not specifically designed to explicitly address the needs of Aboriginal and Torres Strait Islander people, it does explicitly include Aboriginal and Torres Strait Islander people as a priority population. To the extent that the strategies listed in sections four to seven of the framework are effective in improving the health outcomes of priority populations, they will also be beneficial for Aboriginal and Torres Strait Islander people. Incorporation of priority populations in the implementation plans will also help ensure the health needs of Aboriginal and Torres Strait Islander people are met in a culturally appropriate effective and efficient manner.

14 Ministerial Advisory Committee on Gay and Lesbian Health, Victorian Government Department of Human Services, 2003
15 Ministerial Advisory Committee on Gay and Lesbian Health, Victorian Government Department of Human Services, 2003

3.7 Human Rights

Underpinned by the human rights principles outlined in the ACT Human Rights Act 2004, the Framework recognises basic rights such as:

- Treating people with dignity and respect;
- Empowering people to participate directly in decisions about their health and well being;
- Self-determination in relation to their life choices;
- Informed consent and adequate and accurate information to support decision making;
- Adopting strategies to improve self-esteem and self-worth;
- Access to non-judgmental and non-discriminatory services;
- Access to advocacy processes to protect rights in service delivery, basic consumer rights; and
- Respect for the right to privacy.

4. Priorities

There are seven priority areas where partners should act to address issues of HIV/AIDS, hepatitis C and STIs in the ACT. For each priority, local successes and emerging challenges have been identified and documented. Any response to the priorities must build on these successes and attempt to address emerging challenges. Stakeholders can identify appropriate actions to address each priority. They can then develop actions that will contribute to the achievement of the goals of this Framework.

In developing actions under each of the priorities, stakeholders need to consider the seven principles outlined in Section 3. These seven principles are the preferred approach to plan and implement activities under each of the priorities.

This section describes and provides direction for action in first four of the seven priority areas listed at section 2.3.2:

1. Education and Prevention;
2. An Enabling Environment;
3. Workforce Development; and
4. Surveillance and Research.

The responses required for priority areas one to four are applicable collectively to HIV, hepatitis C, and STIs. This section outlines the areas of need in the ACT and possible action to be taken against each of these priorities.

Priority areas five to seven require individual responses for each of HIV/AIDS, Hepatitis C and STIs. These are addressed in Sections five to seven of this framework.

4.1 Education and Prevention

The overall objective of education and prevention initiatives is to minimise the risk of transmission of HIV/AIDS, hepatitis C and STIs through:

- Increasing awareness of the risks of transmission;
- Empowering people to make decisions that will reduce the risk of transmission; and
- Providing people with the knowledge, equipment and other materials to do so.

Collaboration with the priority populations to whom the education and prevention programs are targeted is essential. Education and prevention also includes capacity building of individuals, communities and within the non-government and clinical sector workforce. This involves working with these groups to develop capacity in areas that they consider are lacking.

This Strategy recognises that decisions about sexual health that relate directly to STIs, HIV/AIDS and Hepatitis C may be made in the context of human relationships, sexual behaviour and desire, love, family, and pleasure rather than consideration of disease and illness.

Even though an education and prevention initiative may focus on only one of HIV/AIDS, hepatitis C or STIs, it is important that the initiative examines the possible relationship between these conditions. This is particularly the case for STIs and HIV/AIDS education and prevention, as the existence of an STI can increase the risk of acquiring and transmitting HIV.

There have been many successes in the ACT in relation to education and prevention:

HIV

- HIV notifications in the ACT have remained steady since 2001, despite a national trend of increasing notifications.
- The AIDS Action Council of the ACT (AACACT) has developed and delivered a range of innovative education and prevention initiatives.

Hepatitis C

- Notifications of HCV have decreased in recent years.
- Provision by The ACT Hepatitis C Council of a range of services, including telephone information and support, providing community awareness, preventative and needs based education in the community, schools and drug and alcohol services, and other awareness raising activities.
- Other organisations have provided hepatitis C awareness in their education activities, including the AIDS Action Council of the ACT, Directions ACT, CAHMA, Sexual Health and Family Planning ACT (SHFPACT) and the Canberra Sexual Health Centre's Sexual Health Lifestyle and Relationship Program (SHLiRP).

STIs

- Education and awareness raising about STIs has been included in other programs such as PACT and SHLIRP, the work by SHFPACT, the AACACT campaigns and cinema advertising, and SWOP.
- A specific Chlamydia awareness campaign was successfully conducted in 2007.

This Framework aims to build on these successes and acknowledges that a response is required to the following emerging challenges:

HIV

- Maintaining low levels of HIV notifications given the potential for increases in transmission, and indications that notifications may be increasing in some parts of Australia.
- Maintaining and promoting access to Post-Exposure Prophylaxis PEP, particularly to priority groups.
- Ensuring awareness in priority populations about the links between STIs and increased risk of HIV transmission.
- Increasing the capacity of community and health services to provide culturally and linguistically appropriate education and prevention messages to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

Hepatitis C

- Lack of Recognition by new illicit and injecting drug users that intravenous drug use with others transmits hepatitis C.
- Raising awareness of the increasing success of, and simplified access to, antiviral treatments.
- The need to provide culturally and linguistically sensitive education and prevention material.
- Helping Educational institutions to include blood awareness in their curriculum.
- Low level of knowledge of HCV and appropriate referral and support systems in NGOs, often related to a constantly changing workforce.
- Provision of appropriate prevention education within the prison setting.

STIs

- To provide effective education and prevention programs to help control the incidence and prevalence of STIs in the ACT community.

In the ACT, this will be achieved through:

- Maintaining service funding agreements between ACT Health and partner agencies.
- Strengthening ACT Health's engagement with the Department of Education and Training to ensure appropriate schools-based BBV and STI education
- Developing education and health promotion initiatives aimed at the prevention of blood borne virus and STI transmission that are culturally appropriate and targeted primarily at identified priority populations.
- Promoting and providing access to means of protection (such as condoms and sterile injecting equipment).
- Promoting and providing access to occupational and non-occupational post-exposure prophylaxis as medically indicated.
- Identifying actions to reduce HIV, Hepatitis C and STI transmission will be identified in the Adult Corrections Health Services Plan 2007–2010.
- Peer education provided through drug user organisations.

4.2 An Enabling Environment

The success of this Framework, and the activities undertaken because of it, depends largely on support from government, NGOs and individuals themselves. Similarly, the ability of people to participate in any initiative relies on a physical, social, legal and political environment that supports them in these endeavours. Thus an enabling environment is needed at all levels of action and includes the reduction of discrimination and stigmatisation of people living with HIV/AIDS and HCV in the community.

There have been many successes in the ACT in relation to creating and maintaining an enabling environment. A particular example is the ACT *Human Rights Act 2004* and the creation of the related Commissioners' positions. The ACT Government has also developed a Community Engagement Manual to help it respond to issues raised by the community.[16]

This Framework aims to build on these successes and acknowledges that a response is required to the challenge of co-ordinating whole of government departmental programs and ensuring coherence of policy and practice.

In the ACT, this will be achieved through:

— Strengthening links between government services to improve coordination and delivery of local services.

— Fostering cross-border partnerships and collaborative activities with other States and Territories and the Australian Government for preventing the transmission of HIV, HCV and STIs, and to enhance cross border management of people affected by HIV, HCV and STIs.

— Encouraging the active participation of individuals and local communities affected by HIV, HCV and STIs in the development of policies and programs impacting on their health and relationships.

— Reducing barriers such as discrimination and stigma, social isolation, homelessness and violence for the priority population groups.

— Advocating for change to legislation that contributes to drug related harm.

4.3 Workforce Development

A well trained and motivated paid and volunteer workforce in clinical, government and NGO programs is a necessity if the goals of this Framework are to be achieved. Peer educators are also a major part of this workforce. Workforce development includes initial and ongoing refresher training as the issues related to HIV/AIDS, hepatitis C and STIs evolve over time.

There have been many successes in the ACT in relation to workforce development:

— Appointment of a Director of Gastroenterology and Hepatology.

— ACT Health support for the ASHM S100 pilot and for GPS, through the ACT Division of General Practice HIV/AIDS Program.

— The establishment of a nurse practitioner position in sexual health.

— The development of the ACT Health Workforce Plan.

— The appointment of a Director of Corrections Health.

16 Available from www.dhcs.act.gov.au/engagement/resources.htm

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Greater GP involvement in the response to hepatitis C and STIs.
- Ensuring that staff of the new Alexander Maconochie Centre are appropriately trained and resourced.
- Maintaining appropriate numbers of s100 GPs.
- Expanding access to hepatitis C treatments.

In the ACT, this will be achieved through:

- Providing appropriate levels of training in undergraduate health, medical and other relevant courses, including follow up training.
- Providing adequate general practitioner and health care worker education regarding treatment, discrimination issues, and the need for psychosocial support for affected people
- Providing appropriate training for policy and project officers working in the SHBBV sector including follow up training.
- Providing appropriate and ongoing training to paid and volunteer workers in NGOs in the SHBBV sector, including peer educators.

4.4 Surveillance and Research

Surveillance enables the sector to respond to any changes in incidence of HIV/AIDS, hepatitis C and STIs. It is also a tool to help evaluate the effectiveness of education and prevention initiatives.

Research on all aspects of HIV/AIDS, hepatitis C and STIs facilitates improved testing, diagnosis, treatment and care and support. Social research in particular can assist in developing effective education and prevention programs. It is important that the research findings are translated into better policy wherever possible.

There have been many successes in the ACT in relation to surveillance and research:

- Collaboration between Communicable Disease Control (CDC) and the Canberra Sexual Health Centre (CSHC).
- Recent publications in Australian and New Zealand Journal of Public Health.
- Three Canberra Gay Community Periodic Surveys have been conducted
- Local participation in national social research initiatives.
- Surveillance data has been provided to the national data sets.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Providing enhanced surveillance for hepatitis C.
- Developing a greater understanding of the long term impacts of hepatitis C infection.
- Ensuring that community partners involved in education and prevention have timely access to surveillance data to assist with the development of timely and appropriate responses.

In the ACT, this will be achieved through:

- Maintaining involvement in national and local surveillance programs.
- Improving cooperation between ACT organisations that collect data.
- Encouraging research in the ACT that examines behaviour associated with the transmission of HIV, hepatitis C and STIs.
- Encouraging research that examines barriers to treatment access.
- Funding by ACT Health of the Canberra Gay Community Periodic Survey on a triennial basis.
- Facilitating processes for information sharing and dissemination of research findings.
- Improving the accuracy of identifying Aboriginal and Torres Strait Islander people in disease notification.
- Improved access to surveillance data by partners involved in education and prevention.

5. HIV and AIDS

5.1 Epidemiology

According to the *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report of 2006*[17], it is estimated that there are 266 people living with HIV in the ACT, of which 102 have been diagnosed with AIDS. The ACT has the third lowest rate of newly diagnosed HIV infections in Australia. Since surveillance has started there have been 78 deaths following AIDS.

There was a steady decline in the number of new diagnoses of HIV until the mid 1990s and since 1997 these numbers have remained steady with an average of 6 to 7 cases each year since 2000. Community education, safe sex practices, early case identification and treatment have all contributed to the effective management of HIV in the community.

In the ACT men represent 89% of notifications and women 11%. It is important to note that there is an additional population of HIV positive men and women in surrounding NSW regions. National surveillance data shows the most common identified exposure category is male homosexual contact (77%), followed by other/undetermined (15%), heterosexual contact (12%), male homosexual contact and injecting drug use (4%), and injecting drug use (4%).

5.2 Detection, including Testing and Diagnosis

Early detection of HIV is essential as it:

- Enables appropriate clinical treatment, management and care and support;
- Reduces the impact of HIV infection; and
- Reduces the potential for further transmission.

There have been numerous successes in the ACT in relation to testing and diagnosis of HIV:

- Outreach programs such as Sexual health Testing, Referral and Information Project (STRIP) and the Sex Worker Outreach Project ACT (SWOP ACT) have increased testing in specific priority populations.
- The Canberra Gay Community Periodic Survey 2006 identified a consistent trend of increase in HIV testing amongst gay and homosexually active men.

17 National Centre in HIV Epidemiology and Clinical Research. *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2006*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW; Australian Institute of Health and Welfare, Canberra, ACT. 2006.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Promoting testing for people who may have been exposed to HIV.
- Promoting testing for STIs in the general community and, given the links between STIs and HIV, for men who have sex with men.
- Monitoring the implementation of the new national testing policy.
- Ensuring appropriate pathways to clinical treatments and appropriate supports for people who have been diagnosed with HIV.

In the ACT, this will be achieved through:

- Continuing to support and provide targeted HIV/AIDS testing for priority population groups.
- Maintaining a high standard of testing quality.

5.3 Clinical Treatment and Management

While antiretroviral treatments (ARTs) have reduced the number of AIDS cases and AIDS related deaths since their introduction in 1996[18], they can lead to significant morbidity. Appropriate, timely and supported treatment regimes are essential in improving the health and wellbeing of people living with HIV and reducing the risk of HIV transmission. Treatment approaches should take a holistic view of the individual and be coordinated with support services as appropriate in each case.

The following priority population groups have particular treatment needs:

- Pregnant women;
- People in custodial settings;
- People co-infected with hepatitis B or C;
- People who inject drugs;
- People from culturally and linguistically diverse (CALD) backgrounds; and
- Aboriginal and Torres Strait Islander people.

There have been many successes in the ACT in relation to clinical treatment and management of people with HIV:

- The number of people with HIV progressing to AIDS or dying from AIDS related causes has declined;
- Treatment is accessible through specialists at the Canberra Sexual Health Centre and S100 providers;
- The maintenance of the specialist HIV nurse position through the Division of General Practice HIV/AIDS Program; and
- Providing support for GPs, who are S100 prescribers.

18 National HIV/AIDS Strategy 2005–2008, Department of Health and Ageing

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

— Drug resistance in people living with HIV/AIDS;
— Encouraging treatments uptake and compliance;
— Providing treatments for public health and humanitarian reasons to people who are Medicare ineligible;
— Providing services for PLWHA in correctional settings;
— Long-term variability in health and inability to engage in the workforce;
— Immune suppression leading to major health problems, and which may involve admission to hospital;
— Maintaining the capacity to adequately provide medical care for PLWHA given the relatively small number of ACT medical practitioners trained in the field of HIV and qualified as S100 prescribers; and
— Continuing to provide access to new treatments through involvement in clinical trials and through the Special Access Scheme.

In the ACT, this will be achieved through:

— Continuing to provide support to GPs who are S100 providers;
— Encouraging ACT GP use of Enhanced Primary Care (EPC) items on the Medicare Benefits Schedule for providing planned care to people with HIV;
— Providing best practice standards of medical care for people living with HIV/AIDS in the Alexander Maconochie Centre including encouraging appropriate referral pathways and the concept of 'throughcare'; and
— Encouraging linkages with both public hospitals, hospital in the home, general practice and community nursing. Attention should also be given to adequate discharge planning and ongoing support.

5.4 Care and Support

The care and support needs of individuals living with HIV/AIDS are often diverse and evolve over time, with periods of good health interrupted by periods of ill health. As the age of PLWHA increases, then their care needs may become more complex. Organisations working with HIV positive people must be receptive to the individual's health, social, economic and physical needs

There have been many successes in the ACT in relation to care and support of people with HIV:

— The AIDS Action Council and People Living with HIV/AIDS ACT have well developed programs that provide a full range of support (including counselling, peer support, health maintenance and volunteer-based support).
— There are good links between these agencies and the ACT Hepatitis C Council to support those with co-infection.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

— Supporting an increasingly ageing population of PLWHA with fluctuating health care needs;

— Mortality associated with HIV infection and associated end of life concerns including the need to access palliative care, issues surrounding euthanasia, emotional support and rights of same-sex couples;

— The substantial economic impact of living with HIV/AIDS in the long term as well as the psycho-social issues faced particularly (but not limited to) depression and anxiety;

— Limited access to counselling services for all people living with HIV/AIDS; and

— Providing services for PLWHA in correctional settings.

In the ACT, this will be achieved through:

— ACT Health continuing to fund community-based organisations to provide community support services;

— Improving collaboration between mental health, clinical and welfare services to address the care and support needs of PLWHA;

— Developing long-term support for PLWHA who are ageing or have chronic disabilities;

— Providing access to timely, effective and appropriate counselling services for PLWHA; and

— Ensuring that the issues of service provision for PLWHA is adequately addressed in the Adult Corrections Health Services Plan 2007–10.

5.5 Overlaps

HIV and STIs

The presence on an STI in an individual can increase the risk of transmitting and acquiring HIV. The synergy between education, prevention and testing messages for HIV/AIDS, and for STIs needs to be developed for priority populations, to increase the proportion of people practising safe sex and accessing testing and treatment.

HIV and Hepatitis C

The synergy between education, prevention and testing messages for HIV/AIDS, and for hepatitis C also needs to be developed for priority populations to decrease the number of people sharing injecting equipment and injecting together.

6. Hepatitis C

6.1 Epidemiology

In 2005, the ACT reported 11 cases of newly acquired hepatitis C infections and a total of 174 diagnoses, an incidence rate of 51.3 per 100,000 population. This is the second lowest rate of reported hepatitis C infections in Australia. However, based on the ACT having a hepatitis C prevalence rate of 1.0% of the population, it is estimated that there are between 2,500 and 5,000 people living with hepatitis C in the ACT[19]. In all jurisdictions males are more likely to be infected with HCV than females.

There has been a slight decline in the number of cases notified in the ACT since the late 1990s, although fluctuations in the notification rates may be a product of changes in screening and detection and may not necessarily be a measure of the burden of this condition[20].

ACT data shows that injecting drug users are most at risk of exposure to HCV (66%) followed by recipients of transfusions (8%), undetermined (7%), tattoos and other (5%), and household contact and needle stick injury (4%)[21].

Although treatments are now available that can cure hepatitis C in up to 50% of those being treated, it is estimated that this treatment is only accessed by 1 per cent of people living with hepatitis C. This can be explained by the following[22]:

- Eligibility criteria;
- Lack of knowledge of improved treatments and outcomes;
- The side effects of treatment;
- The geographical and physical location of treatment services;
- Co-morbidity with other conditions;
- Cultural and language barriers;
- Homelessness;
- Financial losses from reducing hours of work in order to undertake treatment;
- Incarceration;
- Experiences of discrimination in a range of settings.'
- Family responsibilities
- Chaotic lifestyles;

19 Of the people who are HCV antibody positive, possibly 25% will be HCV PCR negative and therefore are not living with HCV. These 'guesstimate' figures reflect exposure to the virus but not necessarily individuals living with the virus.

20 *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2010*, Queensland Government, 2005.

21 *ACT Chief Health Officer's Report 2006*, ACT Government, 2006

22 *National Hepatitis C Strategy 2005–2008*, Department of Health and Ageing, 2005

- Absence of (clinical) need for treatment; and
- A lack of psychosocial support during treatment

These issues can also affect a person's ability to access care and support services.

Illicit and injecting drug users often experience additional barriers to seeking treatment and care services, and adhering to treatment regimens.

6.2 Detection, including testing and diagnosis

Detection of hepatitis C is essential as it:

- Enables appropriate clinical treatment, management and care and support;
- Reduces the impact of hepatitis C infection; and
- Reduces the potential for further transmission.

This Framework acknowledges that a response is required to the challenges of:

- Promoting appropriate testing for people who may have been exposed to hepatitis C;
- Monitoring the implementation of the new national testing policy; and
- Ensuring appropriate pathways to clinical treatments and appropriate supports for people who have been diagnosed with hepatitis C.

In the ACT, this will be achieved through:

- Continuing to support and provide targeted hepatitis C testing activities for priority population groups;
- Ensuring follow-up Polymerase Chain reaction (PCR) testing following a positive antibody test;
- Maintaining a high standard of testing quality; and
- Promoting appropriate pre and post test discussion.

6.3 Clinical Treatment and Management

Appropriate, timely and supported Hepatitis C antiviral treatment regimes are essential in improving the health and wellbeing of people living with hepatitis C, and reducing the risk of transmission. Treatment should take a holistic approach to the individual and be cross disciplinary so that there is coordinated treatment, advice and support as appropriate.

There have been a number of successes in the ACT in relation to clinical treatment and management of people with hepatitis C:

– Treatment is accessible through specialists at the ACT and Region Hepatitis Service;
– Support for GPs as S100 prescribers is available; and
– Community based treatment support is available.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

– Encouraging people with hepatitis C to be assessed for suitability for treatment;
– Encouraging treatment uptake and compliance;
– Providing treatments for public health reasons to people who are Medicare ineligible;
– Co-infection with other viruses, particularly HIV;
– Improving partnership between the ACT and Region Hepatitis Service and GPs to improve shared care arrangements;
– Increasing access to treatment and providing treatment to HCV positive people in prisons; and
– Increasing the number of community based S100 prescribers in the ACT.

In the ACT, this will be achieved through:

– Increasing numbers of people accessing and completing treatment through the ACT and Region Hepatitis Service;
– Providing best practice standards of medical care for people with hepatitis C in the Alexander Maconochie Centre;
– Encouraging and Monitoring of ACT GP access to the Enhanced Primary Care (EPC) program;
– Funding of a community-based treatments information officer;
– Offering hepatitis A and B vaccination to all people with, or at risk of, hepatitis C; and
– Supporting peer initiatives to educate IDU about treatment, and providing peer support throughout treatment.

6.4 Care and Support

The care and support needs of people living with hepatitis C varies greatly. Organisations working with hepatitis C positive people must be receptive to the individual's health, social, economic and physical needs.

There have been many successes in the ACT in relation to care and support of people with hepatitis C:

- The ACT Hepatitis C Council has a range of programs that provide a range of support (including counselling, peer support, health maintenance and volunteer-based support).
- There are good links between this agency and the AIDS Action Council of the ACT and People Living with HIV/AIDS ACT to support those with co-infection.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Providing community-based and professional support for people going through treatments, particularly for psychosocial issues.

In the ACT, this will be achieved through:

- ACT Health funding of community-based organisations to provide community support services;
- Improving collaboration between mental health, clinical and welfare services to address the care and support needs of people living with hepatitis C with cognitive and drug and alcohol dependency issues;
- Developing long-term support for people with hepatitis C, who are ageing, have chronic disabilities or who have related drug and alcohol issues; and
- Ensuring that the issue of service provision for people living with hepatitis C is adequately addressed in ACT Health's Adult Corrections Health Services Plan 2007–2010.

6.5 Overlaps

Hepatitis C and STIs

The sexual health of injecting drug users (IDUs) is an area of concern, given the increased rate of sexual and other risk behaviours while under the influence of drugs and alcohol[23]. STI prevention and education messages can be incorporated in hepatitis C prevention messages.

The potential for risk populations and risk activities readily mixing in correctional settings is also a concern, with the opening of the Alexander Maconochie Centre expected in 2008. Unless inmates have the access to harm reduction strategies, the risks of dual infections to individuals, and spread to the community, will occur.

Hepatitis C and HIV

The synergy between education, prevention and testing messages for hepatitis C, and for HIV/AIDS also needs to be developed for priority populations to decrease the number of people sharing injecting equipment and injecting together.

23 Proudfoot, P., Ward, J., Staniforth, A. and Buckingham, K. (2005) *ACT Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drug Initiative (PDI).* NDARC Technical Report No. 47. Australian National University.

7. Sexually Transmissible Infections

Currently in Australia, there are several STIs of significant public health importance. These include Chlamydia, Gonorrhoea and Syphilis. Trichomoniasis, herpes simplex virus (HSV) and human papilloma virus (HPV) are also of public health importance, as is hepatitis B, which is transmitted both sexually and through blood-to-blood contact.

In the ACT HIV, hepatitis B, chlamydia, gonorrhoea, syphilis, donovanosis, chancroid and lymphogranuloma venereum (LGV) are notifiable infections. Of these, chlamydia, gonorrhoea and syphilis have rates of diagnosis that are significant public health issues within the ACT.

Chlamydia is the most common bacterial STI in Australia and is the most frequently notified infection in the ACT. It is often present without symptoms in both men and women, and can increases the risk of HIV transmission, and can cause serious harm over the long term, including infertility in both women and men.

While gonorrhoea is less common than chlamydia in most developed countries, it also increases the risk of HIV transmission.

Syphilis is relatively rare in most developed countries with the exception of small disadvantaged and geographically isolated groups. However, epidemics have recently been reported in gay and other homosexually active men in a number of developed countries[24].

7.1 Epidemiology

Chlamydia

In the ACT there were 700 chlamydia notifications in 2005, which equates to 202.8 per 100,000 population, the fourth lowest rate in Australia[25]. A recent study of the number of tests for chlamydia performed in the ACT over the last six years shows that there has been a substantial increase in the number of tests, almost 50% and an increase in the proportion of positive tests by 40.5%. This data suggests that the rise in chlamydia notifications in the ACT is due to a rise in the prevalence of chlamydia infection, not just increased testing[26].

National Surveillance data shows chlamydia overwhelmingly affects young men and women aged 20–29. Young women aged 15–19 years and men aged 30–39 are the next most affected age groups. However, chlamydia has recently been identified as a common infection in gay and other homosexually active men and may play a role in HIV transmission[27]. National reports indicate higher rates of chlamydia among Aboriginal and Torres Strait Islander people when compared to the non-Aboriginal and Torres Strait Islander population.

24 National Sexually Transmissible Infections Strategy 2005–2008, Department of Health and Ageing

25 *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report of 2005*, National Centre in HIV Epidemiology and Clinical Research, 2006.

26 Currie and Bowden (2006) *An epidemic of infection, not just testing: Chlamydia prevalence estimated in the Australian Capital Territory 1998–2004*. Australian and New Zealand Journal of Public Health 30:3

27 National Sexually Transmissible Injections Strategy 2005–2008, Department of Health and Ageing

Gonorrhoea

In 2005, there were 33 notifications of gonorrhoea in the ACT, which corresponds to 9.6 per 100,000 population[28]. This figure is well below the rate in all other states except Tasmania. Rates of gonorrhoea in the ACT in 2003–2005 have been almost double those in the four-year period 1999–2002.

Young men and women aged 20–29 are the most affected by gonorrhoea, followed by 15–19 year old females and 30–39 year old males.

In Australia, gonorrhoea is more prevalent in gay and other homosexually active men and in geographically isolated Aboriginal and Torres Strait Islander communities.

Syphilis

In 2005, the total number of syphilis notifications in the ACT was 14, which corresponds to 4.1 per 100,000 population[29]. This is consistent with an average of 13 cases per year over the past 10 years. The majority of these were not primary infections and were unlikely to result in transmission of the disease.

Nationally, 30–49 year old men 20–39 year old women are the most affected[30].

In Australia, the pattern of syphilis infection is remarkably similar to gonorrhoea, in that it is significantly more prevalent in gay and other homosexually active men and isolated Aboriginal and Torres Strait Islander communities.

7.2 Detection, including testing and diagnosis

Early detection of STIs is essential as it:

- Enables appropriate clinical treatment, management and care and support;
- Reduces the impact of STI infection; and
- Reduces the potential for further transmission.

There have been many successes in the ACT in relation to testing and diagnosis of STIs, which have increased testing in specific priority populations:

- The 'Stamp out Chlamydia' (SOC) campaign;
- The Sexual Health, Lifestyle and Relationship Program (SHLIRP);
- The partnership approach to comprehensive testing (PACT) testing programs; and
- The General Practice Pap and Chlamydia Testing study (GPPaCTS)

28 *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report of 2005*, National Centre in HIV Epidemiology and Clinical Research, 2006

29 *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report of 2005*, National Centre in HIV Epidemiology and Clinical Research, 2006

30 *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report of 2005,* National Centre in HIV Epidemiology and Clinical Research, 2006

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Promoting testing for STIs in the general community and, given the links between STIs and HIV, amongst men who have sex with men.
- Ensuring appropriate pathways to clinical treatments for people who have been diagnosed with STIs.

In the ACT, this will be achieved through:

- Continued Support and provision of targeted STI testing activities for priority population groups;
- Encouraging testing for chlamydia as part of cervical cancer screening and HPV vaccination programs;
- Increasing the capacity of GPs to take a more active role in the response to STIs; and
- Maintaining a high standard of testing quality and sensitivity.

7.3 Clinical Treatment and Management

Appropriate, timely and supported treatment regimes are essential in improving the health and wellbeing of people with STIs, and reducing STI transmission. Treatment should take a holistic approach to the individual and be cross disciplinary so that there is coordinated treatment, advice and support as appropriate in each case.

There have been many successes in the ACT in relation to clinical treatment and management of people with STIs:

- Treatment is accessible through specialists at the Canberra Sexual Health Centre and through GPs, and through other government and non government services.
- Provision of outreach models of treatment and testing.

This Framework aims to build on these successes and acknowledges that a response is required to the challenges of:

- Providing treatments for public health reasons to people who are Medicare ineligible;
- The emergence of drug resistant gonorrhoea;
- Encouraging greater GP involvement in the response to STIs;
- Providing effective contact tracing, given the emergence of the Internet as a means to finding casual sexual partners; and
- Continuing to support clinical research in STI treatment, diagnosis and public health.

In the ACT, this will be achieved through:

- Increasing the number of people accessing and completing treatment;
- Revising protocols for the treatment of STIs as appropriate; and
- Support for outreach models of testing and treatment.

Appendices

Appendix 1: Partners in the Framework

ACT Government Departments and Services

1) ACT Department of Disability, Housing and Community Services
Website: http://www.dhcs.act.gov.au/
E-mail: dhcs@act.gov.au

2) ACT Department of Education and Training
Website: http://www.decs.act.gov.au/
Phone: 02) 6207 5111

3) ACT Department of Justice and Community Safety
Website: http://www.jcs.act.gov.au/main.html
Phone: 02) 6207 0500

4) ACT Department of Territory and Municipal Services
Website: http://www.tams.act.gov.au/
Phone: 13 22 81

5) ACT Health Drug and Alcohol Program
Website: http://www.health.act.gov.au/c/health?a=da&did=10000882&pid=1147829590
Phone: 02) 6207 9977

Services include:
– Alcohol and drug 24 hr help line;
– Case management and counselling;
– Diversion service;
– Methadone services and alternative pharmacotherapies;
– Needle and syringe disposal in Canberra;
– Needle and syringe program; and
– Withdrawal services.

6) ACT Region Hepatitis Service
E-mail: anne.blunn@act.gov.au
Phone: 02) 6244 4106

Services include:
– Assessment and advice for hepatitis C treatment options
– Treatment for hepatitis C;
– Assessment of a client's eligibility for treatment; and
– Counselling and support for those undertaking treatment.

7) Calvary Hospital Emergency Department
Phone: 02) 6201 6258

8) Canberra Sexual Health Centre
Website: www.health.act.gov.au/sexualhealth
E-mail: cshc@act.gov.au

Services include:
– Outpatient HIV service for advice during business hours Monday to Friday on 02 6244 2184.
– Urgent after-hours advice on HIV matters from the Infectious Diseases Consultant on-call via The Canberra Hospital switch on 02 6244 2222.
– Initial advice on:
- HIV and mental health
- HIV and pregnancy
- HIV and adherence to therapy
- HIV and metabolic issues
- HIV and drug and alcohol issues
- HIV and harm reduction
- HIV and legal issues for clinicians
- Test interpretation

– Testing, diagnosis and treatment

9) The Canberra Hospital Emergency Department
Website: no website
E-mail: no e-mail. Phone 02) 6244 2611

ACT Non Government Organisations

10) ACT Division of General Practice
Website: http://www.actdgp.asn.au/v2/hivaids/
E-mail: tuckmeng@igp.net.au

Services include:
– Support of HIV positive people through its GP, nursing and counselling services
– All aspects of HIV prevention, testing, and management
– An extended range of treatment and care options coordinated by the patient's GP.

11) ACT Hepatitis C Council
Website: http://www.acthepc.org/
E-mail: info@acthepc.org

Services include:
– HepLine – confidential telephone support 1300 301 383;
– Support group activities – peer based support groups for all ages;
– Health promotion activities;
– Seminars and presentations;
– Information resources;
– Referrals; and
– Lobbying and advocacy.

12) AIDS Action Council of the ACT
Website: www.aidsaction.org.au
Email: aidsaction@aidsaction.org.au

Services include:
– Education;
– Treatment information;
– Peer support;
– Counselling;
– Advocacy; and
– An outlet for the needle and syringe program.

13) Canberra After-hours Locum Medical Service (CALMS)
Website: www.calms.net.au
E-mail: no e-mail contact. Phone 1300 422 567

Services include:
– Attendance by a doctor at a designated surgery
– Attendance by a doctor at your residence

14) Directions ACT
Website: http://www.directionsact.com/
E-mail: reception@directionsact.com

Services include:
– Counselling and support to drug users, their families and friends;
– Referral to a wide range of related services to assist with housing, justice, health, mental health and welfare issues;
– Advocacy services for those requiring assistance in negotiating treatment or services from other agencies;
– Education to students of high schools and colleges and members of the general community;
– An extensive Life Skills Program to drug users, their parents, grandparents, their children and their loved ones;
– An extensive Needle and Syringe Program operating through both community and pharmacy outlets in the ACT;
– A 10 bed residential detoxification and withdrawal unit (Arcadia House); and
– Follow up counselling and support services to those who have undertaken the Arcadia House program.

15) Haemophilia Foundation
Website: http://www.hfact.org.au/
E-mail: contact@hfact.org.au

Services include:
– Support to its members through social events, education programmes and one-to-one support between members;

– A counsellor / support worker who is available to assist members, their families or other people affected by bleeding disorders; and
– Logistical and educational support for the Haemophilia Treatment Centre at The Canberra Hospital.

16) People Living With HIV/AIDS ACT
Website: http://www.aidsaction.org.au/content/plwha/
E-mail: plwha.act@aidsaction.org.au

Services include:
– Support for people living with HIV/AIDS;
– Support for their partners, friends and families;
– Support to live full, creative and meaningful lives free from fear, ignorance and prejudice;
– Practical help; and
– Advice on medical treatments or alternative therapies.

17) Sexual Health and Family Planning ACT
Website: http://www.shfpact.org.au/
E-mail: shfpact@shfpact.org.au

Services include:
– Sexual and reproductive health clinical services;
– Training in sexual and reproductive health for health professionals and community groups;
– Service provision to women of menopausal age; and
– Pregnancy information and counselling services.

18) Winnunga Nimmityjah Aboriginal Health Services
Website: http://www.winnunga.org.au/
E-mail: no e-mail. Phone (02) 6284 6222

Services include:
– Medical Clinic
  • diabetes
  • Correctional Centre Clinics
– Substance Misuse;
– Social & Emotional Wellbeing;
– Health Promotions; and
– Nurse / Midwifery.

19) Canberra Alliance for Harm Minimisation and Advocacy
Website: no website
Phone (02) 62625295
E-mail: cahma@apex.net.au

Services include:
– A peer-based organisation provide needle and syringe program, advocacy, education, referral. Anything to do with illicit or injecting drug use.

Appendix 2: Populations included in this Framework

At risk populations

- Gay and other homosexually active men;
- People living with HIV/AIDS and HCV;
- People receiving treatment for STIs or complications from untreated STIs;
- People affected by HIV/AIDS, HCV and STIs;
- Aboriginal and Torres Strait Islander people;
- People who inject drugs;
- People in custodial settings, including young people in detention;
- Sex workers and their clients;
- People from culturally and linguistically diverse backgrounds;
- People with haemophilia; and
- Young people, including those in care and same sex attracted youth
- People from high prevalence countries and their sexual partners;
- People travelling to or returning from overseas;
- People living in rural and remote areas with poor access to services;
- People who have experienced sexual abuse;
- People with disability including those with mental illness; and
- Pre conception and pregnant women.

Service Providers

- Health workers and epidemiologists;
- Aboriginal and Torres Strait Islander health workers;
- Correctional facility, youth detention and police staff;
- Health and student services staff, academics and research and training institution staff at secondary and tertiary education and research facilities;
- General practitioners and general practice organisations;
- Government, non-government and private service providers;
- Parents and foster carers;
- Peers and social networks;
- People providing skin penetration services, tattooing or beauty therapy;
- People providing needle and syringe programs (NSPs);
- Teachers;
- Human resource personnel, workplace health and safety staff, unions and management;
- Youth, refuge and hostel workers;
- Staff of licensed health care services;
- Multicultural service providers and centres; and
- Community workers across government, non-government and private sectors who work with or have influence within identified at-risk populations.

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NSW Health – Health Promotion Settings

http://www.health.nsw.gov.au/public-health/health-promotion/settings/index.html