

Department for Health and Wellbeing

South Australian HIV Implementation Plan 2019-2023

South Australia's plan for addressing the
Eighth National HIV Strategy 2018-2022



Government
of South Australia

SA Health

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Acronyms

AHCSA	Aboriginal Health Council of SA
ASHM	Australasian Society for HIV and Sexual Health Medicine
BBV	blood borne virus/es
HIV	human immunodeficiency virus
PEP	post-exposure prophylaxis for HIV
PLHIV	people living with HIV
PrEP	pre-exposure prophylaxis for HIV
PWID	people who inject drugs
RHS	Refugee Health Service
SA	South Australia
SAMESH	South Australia Mobilisation + Empowerment for Sexual Health
SASBAC	South Australian STI and BBV Advisory Committee
SIN	Sex Industry Network
STI	sexually transmissible infection/s

Background

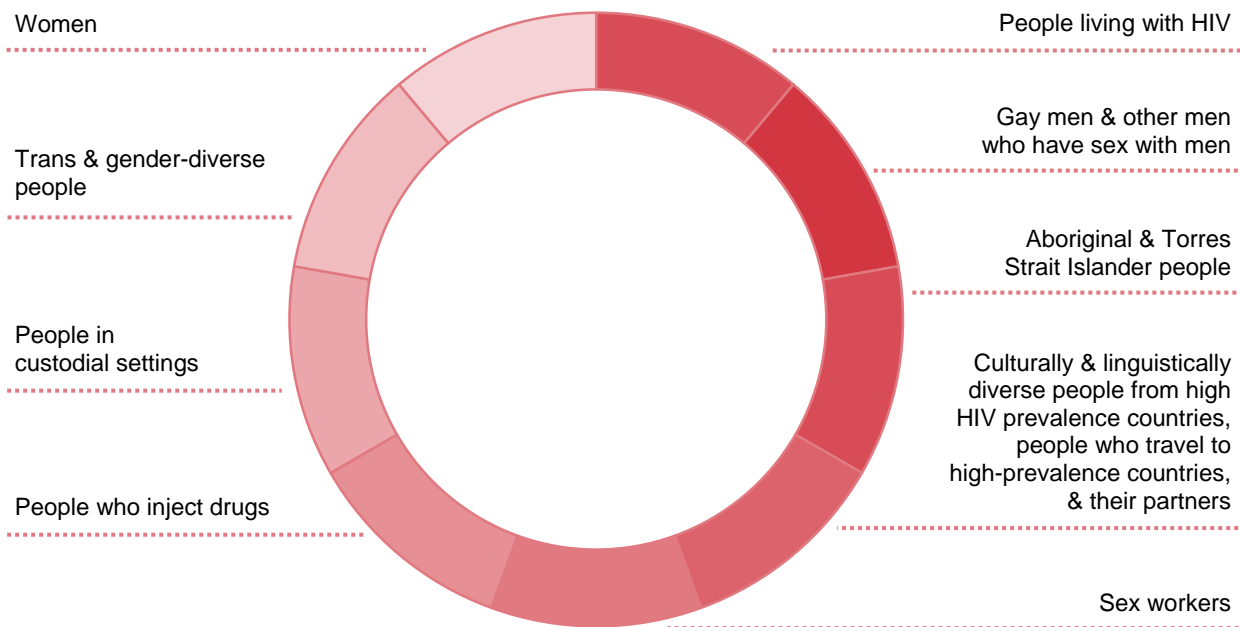
The 'South Australian HIV Implementation Plan 2019-2023' (Implementation Plan) builds on the work carried out under the 'South Australian HIV Implementation Plan 2016-2018'.

This Implementation Plan uses the priority populations, goals, targets, priority areas and key areas for action as per the '[Eighth National HIV Strategy 2018-2022](#)' (National Strategy) and should be read in conjunction with the National Strategy.

Funded within existing resources, most undertakings build upon current relationships and work activities to create new capacity to address items in this Implementation Plan. Other activities may require new funding streams to achieve objectives, and to meet performance indicators and output measures.

A summary of the progress made under the previous Implementation Plan is provided in [Appendix 1](#).

Priority populations and settings



Note: This graphic is not intended to reflect equal priority or prevalence among groups.



Geographic locations with high prevalence and/or incidence of HIV.



Places where priority populations live, work and socialise.

Aged care settings.



Community, primary health and other health services, including Aboriginal Community Controlled Health Services / Aboriginal Medical Services.



Other services that support priority populations, including peer-based services, clean needle programs, homelessness services, and mental health services.



Custodial settings.

Goals and targets

Goals

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

Targets

1. Increase the proportion of people with HIV (in all priority populations) who are diagnosed to 95 per cent.
2. Increase the proportion of people diagnosed with HIV on treatment to 95 per cent.
3. Increase the proportion of those on treatment with an undetectable viral load to 95 per cent.
4. Reduce the incidence of HIV transmissions in men who have sex with men.
5. Reduce the incidence of HIV transmission in other priority populations.
6. Sustain the virtual elimination of HIV among sex workers, among people who inject drugs and from mother to child through the maintenance of effective prevention programs.
7. Increase the proportion of eligible people who are on PrEP, in combination with STI prevention and testing to 75 per cent.
8. 75 per cent of people with HIV report good quality of life.
9. Reduce by 75 per cent the reported experience of stigma among people with HIV, and expression of stigma, in relation to HIV status.

Priority areas

Education and prevention

- > Maintain focus on health promotion, prevention and peer education to improve knowledge and awareness of HIV in priority populations and reduce risk behaviours associated with HIV transmission.
- > Ensure priority populations have access to the means of prevention.
- > Increase knowledge of, and access to, treatment as prevention for individuals with HIV.
- > Increase knowledge of treatment as prevention for those individual at risk of HIV.

Testing, treatment and management

- > Improve the frequency, regularity and targeting of testing for priority populations and decrease rates of late diagnosis.
- > Improve early uptake of sustained treatment to improve quality of life for people with HIV and prevent transmission.

Equitable access to and coordination of care

- > Ensure healthcare and support services are accessible, coordinated and skilled to meet the range of needs of people with HIV, particularly as they age.
- > Ensure people with HIV are engaged in the development, delivery and evaluation of the services they use.

Workforce

- > Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations.

Addressing stigma and creating an enabling environment

- > Implement a range of initiatives to address stigma and discrimination and minimise the impact on people's health-seeking behaviour and health outcomes.
- > Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours.
- > Strengthen and enhance partnerships and connections to priority populations, including the meaningful engagement and participation of people with HIV.

Data, surveillance, research and evaluation

- > Continue to build a strong evidence base for responding to HIV in Australia that is informed by high-quality, timely data and surveillance systems.

South Australian HIV Implementation Plan 2019-2023

* Program funded through the South Australian STI and BBV Non-government Contracted Health Services Funding Program

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
1. Maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations.	SA Health – Communicable Disease Control Branch	South Australian STI and BBV Non-government Contracted Health Services Funding Program.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
2. Promote the availability and effectiveness of PEP and PrEP and facilitate rapid, widespread and equitable access to PEP and PrEP across the country.	Adelaide Sexual Health Centre	Continue to provide and promote PEP and PrEP where indicated.
	AHCSA	South Australian Aboriginal STI and BBV Program*.
	O'Brien St General Practice	Continue to provide and promote PEP and PrEP where indicated.
	Primary Health Networks	Support General Practitioners to promote the availability and uptake of PrEP with eligible individuals.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – Drug and Alcohol Services SA	Continue to provide information to communities via the CNP program regarding PEP and PrEP.

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
	SA Health – Local Health Networks	Ensure equitable and timely access to PEP across Local Health Network Emergency Departments.
	SA Health - Refugee Health Service (RHS)	Continue to provide and promote PEP and PrEP where indicated.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
3. Ensure clinical prevention approaches are delivered in combination with education on STI prevention and regular STI testing.	Adelaide Sexual Health Centre	Clinical prevention approaches are delivered in combination with education on STI prevention and regular STI testing.
	O'Brien Street General Practice	Clinical prevention approaches are delivered in combination with education on STI prevention and regular STI testing.
	Primary Health Networks	Support the primary care workforce to deliver HIV clinical prevention in combination with patient education on STI prevention and testing.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
4. Increase the knowledge and awareness of HIV among general practitioners /primary care professionals in relation to the suite of available prevention methods, including TasP, PEP and PrEP; how to support priority populations; and the availability and effectiveness of HIV treatment, with a particular focus in areas of high need.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Primary Health Networks	Promote and support opportunities to increase knowledge and awareness of HIV among the primary care workforce.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
5. Support and prioritise TasP by increasing awareness of HIV treatment; promoting the benefits of having an undetectable viral load; and by supporting access, uptake and adherence to antiretroviral treatment immediately after diagnosis.	Adelaide Sexual Health Centre	Ongoing practice.
	O'Brien Street General Practice	Ongoing practice.
	Primary Health Networks	Promote awareness and support educational opportunities for primary care workforce regarding TasP and early treatment uptake.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
6. Ensure the wide distribution and availability of sterile injecting equipment and safer-injecting education among people who inject drugs, including a focus on priority populations and people living in regional, rural and remote areas.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	SA Health – Drug and Alcohol Services SA	Statewide management of the Clean Needle Program in South Australia.
	SA Health – SA Prison Health Services	Continue to support increased access to evidence-based harm reduction strategies (per the SA Prisoner Blood Borne Virus Prevention Action Plan).
7. Improve surveillance and research on priority populations, including through improved data collections and greater granularity of epidemiological data, and use these data to inform approaches.	SA Health – Communicable Disease Control Branch	<ul style="list-style-type: none"> > Representation on national forums (e.g. The Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS), National BBV and STI Surveillance Subcommittee of Communicable Diseases Network Australia). > Undertake an internal review of HIV surveillance systems in partnership with The Kirby Institute. > See Data, surveillance, research and evaluation KAA 30.

2. TESTING, TREATMENT AND MANAGEMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
8. Expand the use and accessibility of a range of HIV and STI testing technologies and options, and tailor testing approaches to the needs of priority populations and sub-populations, particularly where there is a need to improve early diagnosis.	Adelaide Sexual Health Centre	Provide specialist clinical advice and support as appropriate.
	Primary Health Networks	Identify opportunities to integrate tailored/novel testing technologies and options in primary care.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
9. Improve the knowledge and awareness of health professionals and community-based health workers of indications for HIV testing, including for health professionals, the investigation of non-specific symptoms without identifiable risk factors.	Adelaide Sexual Health Centre	Provide information and support for education programs.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Primary Health Networks	Communicate guidelines and facilitate education opportunities for the primary care workforce.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
10. Ensure that people diagnosed with HIV are promptly linked to treatment, ongoing care and peer support using approaches that address the specific barriers experienced by priority populations and sub-populations across priority settings.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – Local Health Networks	Maintain the capacity of HIV clinics at public hospitals across South Australia to continue the provision of management, care and support to patients with HIV, while adopting strategies to support appropriate clients to transition to primary care.
	SA Health – SA Prison Health Service	<ul style="list-style-type: none"> > Continue to provide management, care and support for people living with HIV in prisons. > Facilitate referral to RDNS upon release as required.
	SA Health – RHS	Continue to provide care and support to clients to access and remain engaged in HIV care and treatment.

2. TESTING, TREATMENT AND MANAGEMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
11. Promote the use of evidence-based clinical guidelines and resources.	Adelaide Sexual Health Centre	Ongoing practice.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Primary Health Networks	Promote HIV and related STI/BBV clinical guidelines and resources to the primary care workforce.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
12. Investigate a sustainable model for access to treatment for people with HIV who are ineligible for Medicare.	SA Health – Communicable Disease Control Branch	Representation on national forums to provide jurisdictional input.

3. EQUITABLE ACCESS AND COORDINATION OF CARE

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
13. Improve the integration of care provided to people with HIV, including by general practitioners, sexual health physicians, psychosocial support services, community pharmacies, community-based nursing, other health services and specialists, and aged care services, particularly in rural and remote locations.	Adelaide Sexual Health Centre	Continue specialist role in shared care models and identify opportunities to continuously improve care integration.
	O'Brien St General Practice	Continue to participate in shared care models and identify opportunities to continuously improve care integration.
	Primary Health Networks	Facilitate opportunities to improve care integration across the primary care workforce.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	SA Health – Local Health Networks	Infectious Diseases Units continue to participate in shared care models and identify opportunities to continuously improve care integration.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
14. Identify, implement and evaluate models of care that meet the needs of people with HIV who are ageing and ensure quality of care across services.	SA Health – Communicable Disease Control Branch	Undertake review of models of care and implement review findings.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
15. Increase capacity for HIV treatment and care in those health services providing culturally appropriate care to Aboriginal and Torres Strait Islander people and culturally and linguistically diverse populations.	Adelaide Sexual Health Centre	Provide specialist/clinical advice on request.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
16. Increase HIV awareness, capability and collaboration of service providers to support people with HIV, including in settings such as drug and alcohol, mental health, aged care, disability, housing, employment, child and family, and justice and corrective services.	SA Health – Communicable Disease Control Branch	South Australian STI and BBV Non-government Contracted Health Services Funding Program.
	Primary Health Networks	Include HIV capability in relevant services and work in partnership with other government and non-government HIV sector organisations/service providers.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.

3. EQUITABLE ACCESS AND COORDINATION OF CARE

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – Local Health Networks	Facilitate the inclusion of HIV capability in relevant services and work in partnership with other government and non-government HIV sector organisations/service providers.
	SA Prison Health Service	Continue to increase capability and awareness of HIV across prison settings.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.

4. WORKFORCE

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
17. Continue to regularly update, maintain, and make accessible evidence-based clinical guidelines, tools and support for prevention, testing and management of HIV and related comorbidities.	Adelaide Sexual Health Centre	Provide advice and support to update and maintain clinical guidelines and tools.
	Primary Health Networks	Develop a localised HealthPathway for HIV.
	SA Health – Communicable Disease Control Branch	Support the maintenance and accessibility of clinical guidelines and tools.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
18. Ensure that access to PrEP, TasP and other prevention methods are supported by consistent and targeted information and messaging for health professionals.	Adelaide Sexual Health Centre	Provide support and advice regarding information content and distribution.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Primary Health Networks	Distribute information and provide education opportunities for the primary care workforce.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
19. Continue to explore and share experiences of innovative multidisciplinary models of care for HIV prevention and management, particularly models for rural and remote areas and areas of workforce shortage.	Adelaide Sexual Health Centre	Provide advice and continue to participate in multidisciplinary models of care.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
20. Develop knowledge and awareness of HIV across the multidisciplinary workforce to facilitate the delivery of appropriate services and address the ongoing care and support needs of people with HIV.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – Local Health Networks	Support initiatives developed by and partner with HIV sector organisations to ensure SA Health services commonly associated with HIV (e.g. Mental Health services) are appropriate.

4. WORKFORCE

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
21. Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.	Adelaide Sexual Health Centre	Provide support and specialist advice to community organisations where relevant/requested to do so.
	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

5. ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
22. Implement initiatives to reduce stigma and discrimination across priority settings, including education which incorporates messaging to counteract stigma.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
23. Implement initiatives that assist people with, and at risk of, HIV to challenge stigma and build resilience.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	RDNS SA	SA HIV Enhanced Primary Care Coordination Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
24. Maintain and develop peer support models appropriate for priority populations and maintain support for people with HIV as peer navigators in diagnosis, treatment and care.	Aboriginal Health Council SA	South Australian Aboriginal STI and BBV Program*.
	Relationships Australia SA – MOSAIC	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

5. ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
25. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.	SA Health – Communicable Disease Control Branch	<ul style="list-style-type: none"> > Representation on national forums. > STI and HIV Subcommittee of SASBAC.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
26. Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities.	SA Health – Communicable Disease Control Branch	Facilitate identification of barriers and strategies to address these via the STI and HIV Subcommittee of SASBAC.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
27. Engage in dialogue with other government sectors to promote the use of up-to-date HIV-related science to improve policies affecting people with HIV and to discuss the impacts of wider public policy decisions on the health of priority populations.	SA Health – Communicable Disease Control Branch	<ul style="list-style-type: none"> > Representation on national committees/forums. > Maintain dialogue and work in partnership with key government sectors (i.e. Education, SA Police, Corrections).

6. DATA, SURVEILLANCE, RESEARCH AND EVALUATION

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
28. Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action.	SA Health – Communicable Disease Control Branch	Review and update surveillance data where needed to enable reporting on key indicators identified in this strategy.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
29. Identify opportunities to improve the timeliness and consistency of data collection.	SA Health – Communicable Disease Control Branch	Internal review and continuous quality improvement.
30. Improve surveillance of issues impacting on people with HIV, including morbidity and mortality, stigma and discrimination, quality of life measures, the availability of new biomedical interventions and HIV drug resistance.	SA Health – Communicable Disease Control Branch	Continue to support research (e.g. Gay Community Periodic Surveys, RISE Study, HIV Futures, etc.) that measure issues and outcomes for people with HIV in SA.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
31. Build on the existing strong evidence base to effectively inform the implementation of the priority actions of this strategy.	SA Health – Communicable Disease Control Branch	Continue to monitor and evaluate the implementation of programs and services implementing this strategy, informing the South Australian STI and BBV Non-government Contracted Health Services funding program.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
32. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.	SA Health – Communicable Disease Control Branch	South Australian STI and BBV Non-government Contracted Health Services funding program.
33. Explore opportunities for assessing the impact of legislation and regulation on barriers to equal access to health care.	SA Health – Communicable Disease Control Branch	<ul style="list-style-type: none"> > Representation on national forums. > STI and HIV Subcommittee of SASBAC.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.

Roles and responsibilities

The 'Eighth National HIV Strategy 2018-2022' and this Implementation Plan acknowledge that achieving these goals requires collaboration between Commonwealth, State and Territory governments, clinical services, community organisations, service delivery organisations, professional bodies, research organisations and people living with BBV and/or STI, their families and communities.

SA Health

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

SA Health's responses to STI and BBV 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 STI and BBV, and continue to play a vital role in the implementation and outcomes of the current National Strategies.

South Australian STI and BBV Advisory Committee (SASBAC)

SASBAC is the peak structure of the partnership between government, non-government organisations, researchers, clinicians and affected communities in South Australia, which underpins the public health response to HIV, STI and viral hepatitis (hepatitis B and hepatitis C). It monitors surveillance and epidemiology and provides expert strategic advice on the planning, implementation, monitoring and evaluation of the strategies and activities that make up the South Australian health system's response to STI and BBV.

STI and HIV Subcommittee of SASBAC

The STI and HIV Subcommittee provides advice to SASBAC on all aspects of STI and HIV with regard to primary prevention, promoting the sexual health of the population and the health and well-being of people affected by STI and HIV. This advice is considered in the context of priority populations identified in relevant SA Health implementation plans, action plans and strategies.

Monitoring and reporting

The Government of South Australia is committed to high-quality monitoring and evaluation, and to public accountability for its efforts to achieve the targets of the 'Eighth National HIV Strategy 2018-2022'.

The 'South Australian HIV Implementation Plan 2019-2023' will be monitored by SASBAC through the STI and HIV Subcommittee.

An annual progress report on the 'South Australian HIV Implementation Plan 2019-2023' (covering the previous financial year) will be presented to SASBAC for review, after endorsement by the STI and HIV Subcommittee. Coordination of this process will be led by SA Health.

A 'Strategic Performance Framework Report' is conducted biennially to monitor, where data is available, South Australia's progress against the goals, objectives and targets of the national STI and BBV strategies. Compilation of the report is led by SA Health, with the final report being endorsed by SASBAC before being sent to its Subcommittees.

Appendix 1: Progress under the South Australian HIV Implementation Plan 2016-2018

The 'South Australian HIV Implementation Plan 2016-2018' was South Australia's localised plan 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'.

In 2018 there were 39 cases of HIV notified to SA Health, significantly lower than the 5 year average of 58.8 and the preceding two years of 61 in 2017 and 53 in 2016. The notification rate of newly diagnosed HIV infection in 2018 was 2.3 per 100,000 population, below that in each of the previous two years (≥ 3 per 100,000 populations). 82% of cases notified were among males, with 63% of these reporting male to male sex as their source of exposure to HIV. Six females and 19 males reportedly acquired their HIV overseas (64%) in 2018, which is an increase compared to 2016 (47%).

Of note, an increased proportion of total notifications were identified as potentially acquired through sexual contact and injecting drug use (21% in 2018 compared to 8% in 2016), while the proportion of those acquired through sexual transmission reduced by 20% over the reporting period, potentially due to the roll out of PrEP in SA from 2017.

The South Australian STI and BBV sector has long established and strong partnerships in place, which underpinned and enhanced the effective implementation of the activities set out in the 2016-2018 Implementation Plan

Notable progress was made under the 'South Australian HIV Implementation Plan 2016 – 2018', including the funding and implementation of the PrEP-X SA Trial, enabling over 650 gay men and men who have sex with men in South Australia to access pre-exposure prophylaxis (PrEP). The PrEP trial uptake was accompanied by a campaign of community engagement and health promotion targeting eligible gay men and MSM. In addition, South Australia's first peer based Rapid HIV Testing service was developed and implemented.

Awareness of HIV post exposure prophylaxis (PEP) among gay men/MSM in Adelaide increased between 2016 and 2018 (from 61% to 71%), as did the self-reported use of PEP (3.8% to 4.9%) along with calls to the South Australian HIV PEP Hotline.

High quality prevention, care and support and health promotion programs were delivered to priority populations across all priority settings, including sex worker outreach, Clean Needle Programs, Aboriginal and Torres Strait Islander projects and campaigns, culturally and linguistically diverse community engagement and case management and a targeted program for women living with HIV. These programs successfully enabled the continuation of low rates of HIV among sex workers, people who inject drugs and Aboriginal and Torres Strait Islander peoples, as well as the virtual elimination of mother to child transmission of HIV.

In addition, community nursing for people living with HIV continued to provide coordination and linkage to care and support, and workforce development programs targeting GP, Nursing/Midwifery, Aboriginal Health and Community Sector workers continued to provide important upskilling, including addressing HIV stigma and discrimination in the health and community workforce.

The SA HIV prescriber program, supported by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), remained relatively stable throughout 2016-2018. Seven community based and 16 hospital based medical practitioners were accredited as s100 prescribers by 2018, providing ongoing clinical care and support to South Australian people living with HIV (PLHIV).

The South Australian sector also continued to provide support for important research initiatives, including the Adelaide Gay Community Periodic Survey and the coordination of focus groups investigating barriers to HIV testing for people born in South East Asia and Sub Saharan African in partnership with Curtin University.

Performance against key targets

The following summarises progress in relation to the targets set under the 'South Australian HIV Implementation Plan 2016-2018'.

Targets as per the 'Seventh National HIV Strategy 2014-2017'

Target 1: Reduce sexual transmission of HIV by 50 percent by 2015

Australia: 'Sexual transmission (both male-to-male and heterosexual) remained static between 2012 and 2016, and the target of a 50 per cent reduction in sexual transmission of HIV by 2015 was not achieved.'¹

South Australia: Over the life of the SA Implementation Plan, sexual transmission remained stable as the main reported route of HIV transmission in South Australia. By 2018, sexual transmission as a proportion of total notifications had decreased by 20% compared to 2015, which may be an early indication of the impact of PrEP uptake among gay men and MSM.

	2014	2015	2016	2017	2018
Sexual transmission	51	52	47	50	29
Sexual transmission & IDU	2	4	4	9	8
Other	2	2	2	1	2
Total number of notifications	55	57	53	61	39

* More than one exposure category may be recorded per case.

Target 2: Sustain the low general population rates of HIV in Aboriginal and Torres Strait Islander people and communities

Australia: 'The rate of newly diagnosed HIV among Aboriginal and Torres Strait Islander people increased by 30 per cent between 2012 and 2016. Rates of diagnoses more than doubled in the period since 2008 (from 19 in 2008 to 46 in 2016). The previous strategy's target of sustaining low general population rates of HIV in Aboriginal and Torres Strait Islander people and communities was not achieved. This is of great concern.'

South Australia: The number of Aboriginal and Torres Strait Islander people diagnosed with HIV across the lifetime of the SA Implementation Plan remained low and stable overall despite variations between years (11 total notifications out of 264 from 2014-2018).

	2014	2015	2016	2017	2018
Aboriginal	0	3	2	5	1
Non-Indigenous	53	54	51	56	38
Not stated	1	0	0	0	0
Total number of notifications	54	57	53	61	39
<i>Aboriginal notification rate</i>	<i>0.0</i>	<i>7.4</i>	<i>4.8</i>	<i>11.8</i>	<i>2.3</i>
<i>Non-Indigenous notification rate</i>	<i>3.2</i>	<i>3.3</i>	<i>3.1</i>	<i>3.3</i>	<i>2.2</i>

Target 3, 4 & 5: Sustain the virtual elimination of HIV amongst sex workers, people who inject drugs and mother-to-child transmission

Australia: The virtual elimination of HIV among sex workers, people who inject drugs (PWID) and via mother-to-child transmission has been sustained.¹

South Australia: Available data indicate that South Australia maintained very low rates of HIV prevalence among sex workers and PWID across the life of the implementation plan, with 1 positive test recorded in 2017 (Table 3), and no children born with HIV (Table 4).

Table 3: HIV antibody prevalence of target groups attending CNP sites, by survey year, South Australia⁴

	2014		2015		2016		2017		2018	
	Test.	Pos.	Test.	Pos.	Test.	Pos.	Test.	Pos.	Test.	Pos.
Injecting <3 years	7	0	10	0	15	0	10	1 (10)	8	0
Sex work last month	10	0	9	0	11	0	21	1 (4.8)	14	0

Table 4: Annual number of HIV diagnoses, by age, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
0-14	0	0	0	0	0
Total number of notifications	54	57	53	61	39

Target 6: Increase treatment uptake by people with HIV to 90 percent

Australia: Treatment coverage of people with HIV was 86 per cent in 2016. It is likely that in the near future, Australia will achieve the target of 90 per cent of people diagnosed with HIV being on treatment, which was a target of the previous strategy and is also an agreed UNAIDS target.¹

South Australia: Available data from South Australian clinics and services indicates that treatment uptake by people living with HIV remained stable over the reporting period, and varied between 70-100% by health service and year.

Table 5: Number and proportion of patients with HIV seen, on treatment and with an undetectable viral load, South Australia, 2016 to 2018

	2016	2017	2018
Royal Adelaide Hospital[^]			
Total patients seen	500	521 (approx.)	
Patients on treatment with undetectable viral load	450 (90%)	457 (N/A%)	
Refugee Health Service[*]			
Total patients seen	11	15	15
Patients on treatment	11	15	15
Patients on treatment with undetectable viral load	11 (100%)	10 (67%)	12 (80%)
Flinders Medical Centre[†]			
Total patients seen	85	93	90
Patients on treatment	83	92	90
Patients on treatment with undetectable viral load	70 (84%)	79 (86%)	74 (82%)

[^] RAH: 2017 and 2018 data is for July 2017 – June 2018. Undetectable viral load is defined as less than 40 copies/millilitre.

^{*} Refugee Health Service: Patients HIV is managed in the tertiary sector.

[†] Flinders Medical Centre: Undetectable viral load is defined as less than 20 copies/millilitre.

Target 7: Maintain effective prevention programs targeting sex workers and for people who inject drugs

Australia: The maintenance of effective prevention programs targeting sex workers and PWID are partly responsible for the sustained virtual elimination of HIV in these priority groups.¹

South Australia: SA Health continued to provide funding and support for programs targeting sex workers and PWID for the duration of the HIV implementation plan. Through these programs, CNP services were provided to priority populations across South Australia. Collaborative programs of workforce development targeting the CNP workforce and sexual and primary health care sectors were implemented to ensure services were delivered in a way that is culturally safe and inclusive. In addition, a CNP vending machine was installed at the SIN premises to allow 24 hour access to safe injecting equipment, as well as partnerships with SA Prison Health Services to provide information and support for prisoners and prison health staff. A wide range of peer education, outreach services and campaigns were delivered to sex workers and PWID over the life of the implementation plan in South Australia.

HIV specific targets as per the ‘Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017’

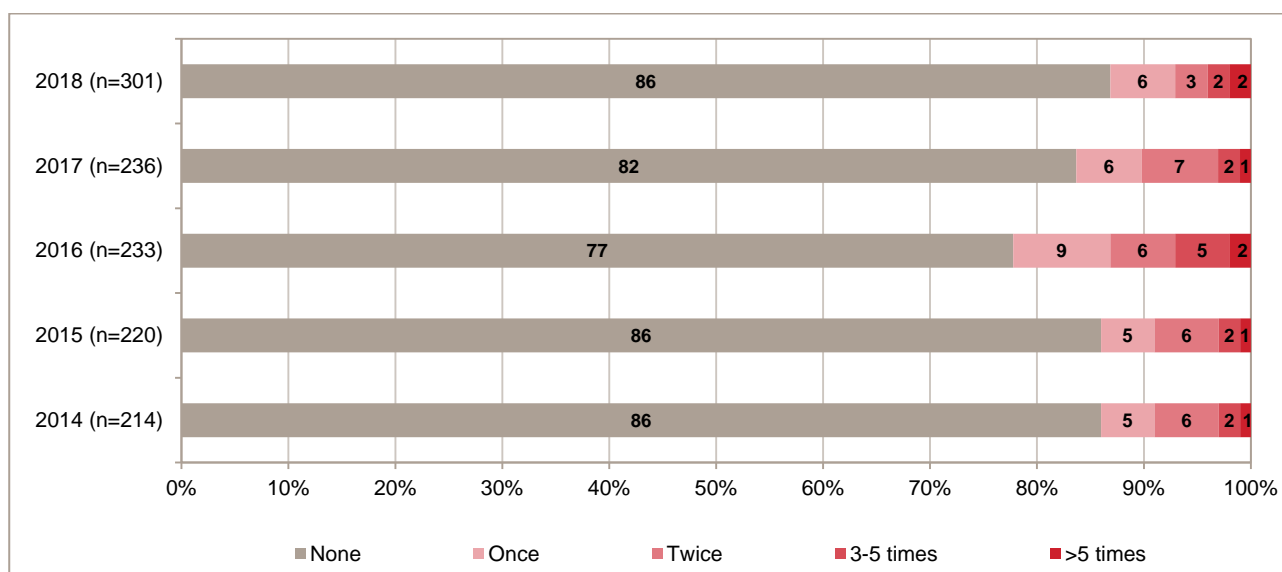
Target 1: Increase the use of clean injecting equipment for every injecting episode

Australia: ‘The target of the previous strategy to increase the use of sterile injecting equipment for every episode was not met, with rates of receptive syringe sharing increasing from 18 per cent in 2007 to 28 per cent in 2016 among Aboriginal and Torres Strait Islander respondents to the Australian Needle and Syringe Program Survey.’⁵

South Australia: Data regarding injecting behaviours by Aboriginal and Torres Strait Islander status are not available for South Australia. Available data from the ‘Australian Needle and Syringe Program National Data Report 2014-2018’ shows overall injecting behaviours have remained relatively stable over the reporting period, with approximately 86% of respondents reporting they had not used someone else’s needle and syringe in the last month.

The Aboriginal Health Council of SA continued to work in partnership with Drug and Alcohol Services SA to provide CNP training and support for Aboriginal Community Controlled Health Services across SA, emphasising the importance of CNP as an important prevention and harm reduction service for communities.

Figure 1: Percentage of people attending South Australian CNP sites reporting they re-used someone else’s used needle and syringe last month, by survey year



Target 2: Increase treatment uptake by people with HIV, hepatitis C and hepatitis B

Australia: There is currently limited data on treatment uptake among Aboriginal and Torres Strait Islander people living with hepatitis B, hepatitis C and HIV. However, there was an increase in the proportion of Aboriginal and Torres Strait Islander people who inject drugs and attended needle and syringe programs reporting hepatitis C treatment, with lifetime history of treatment increasing from 9 per cent in 2012 to 19 per cent in 2016, and treatment in the last 12 months increasing from 3 per cent to 18 per cent, reflecting the increased availability of direct-acting antiviral (DAA) treatment from March 2016.⁵

South Australia: No data is available to report on HIV treatment uptake among Aboriginal and Torres Strait Islander people in SA.

References

¹ Australian Government Department of Health. *Eighth National HIV Strategy 2018–2022*. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>.

² SA Health. *Surveillance of sexually transmitted infections and blood-borne viruses in South Australia*. Reports 2014 - 2018. www.sahealth.sa.gov.au/SurveillanceNotifiableConditions.

³ SA Health. *Surveillance of sexually transmitted infections and blood-borne viruses in South Australia, 2018*. Epidemiological report 32. www.sahealth.sa.gov.au/SurveillanceNotifiableConditions.

⁴ *Australian Needle and Syringe Program National Data Report 2014–2018*. The Kirby Institute, University of New South Wales. <https://kirby.unsw.edu.au/project/ansps>.

⁵ Australian Government Department of Health. *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022*. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>.

For more information

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