

NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021

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Population Health - Health Promotion
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Summary The Framework outlines the priorities for BBV and STI prevention, testing, treatment and management for Aboriginal people in priority settings including Aboriginal Community Controlled Health Services (ACCHSs) and other primary health care settings, Local Health Districts (LHDs) and Non-Government Organisations (NGOs). Implementation of this Framework in conjunction with the NSW HIV Strategy 2016-2020, NSW STI Strategy 2016-2020, NSW Hepatitis B Strategy 2014-2020 and NSW Hepatitis C Strategy 2014-2020, will support the achievement of health equity for Aboriginal people in NSW.

Replaces Doc. No. NSW Aboriginal Blood-Borne Viruses and Sexually Transmissible Infections Framework 2016-2020 [IB2016_015]

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Ministry of Health, Private Hospitals and Day Procedure Centres, Public Hospitals, Cancer Institute (NSW)

Audience HIV/AIDS, sexual health, Hepatitis Aboriginal Health, AoD and Mental Health services

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, Ministry of Health, Private Hospitals and Day Procedure Centres

Director-General

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Policy Manual Not applicable

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NSW ABORIGINAL BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS FRAMEWORK 2016-2021

PURPOSE

This Information Bulletin advises that the Information Bulletin IB2016_015 *NSW Aboriginal Blood-Borne Viruses and Sexually Transmissible Infections Framework 2016-2020* has been rescinded, and superseded by the *NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021*.

KEY INFORMATION

The Aboriginal BBV and STI Framework 2016-2021 outlines the priorities for BBV and STI prevention, testing, treatment and management for Aboriginal people in priority settings including Aboriginal Community Controlled Health Services (ACCHSs) and other primary health settings, Local Health Districts (LHDs) and Non-Government Organisations (NGOs).

Implementation of this Framework in conjunction with the NSW HIV Strategy 2016-2020, NSW STI Strategy 2016-2020, NSW Hepatitis B Strategy 2014-2020 and NSW Hepatitis C Strategy 2014-2020, will support the achievement of health equity for Aboriginal people in NSW.

The Framework is aligned to support achievement of the goals and targets of the *National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017*.

ATTACHMENT

1. NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021



**NSW ABORIGINAL
BLOOD BORNE VIRUSES AND
SEXUALLY TRANSMISSIBLE
INFECTIONS FRAMEWORK
2016-2021**



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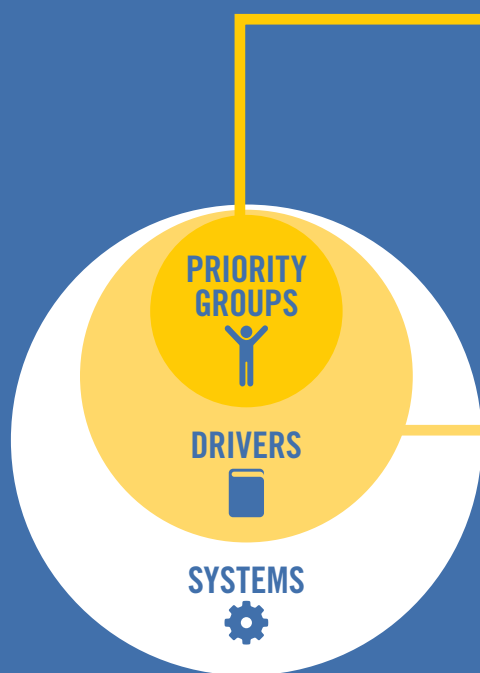
INTRODUCTION

NSW Health is committed to ensuring health equity for Aboriginal people, ensuring Aboriginal communities in NSW are able to experience good health and wellbeing.

The NSW Aboriginal Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Framework was developed after wide consultation with health services and governance committees, and is based on the current evidence.

The Framework outlines the priorities for BBV and STI prevention, testing, and treatment and management for Aboriginal people in priority settings including Aboriginal Community Controlled Health Services (ACCHSs) and other primary health care settings, Local Health Districts (LHDs), and Non-Government Organisations (NGOs). Implementation of this Framework in conjunction with the NSW HIV Strategy 2016-2020, NSW STI Strategy 2016-2020, NSW Hepatitis B Strategy 2014-2020 and NSW Hepatitis C Strategy 2014-2020, will support the achievement of health equity for Aboriginal people in NSW.

The Framework also focuses on the drivers and systems for implementation including building trust through local partnerships, building evidence based on what works, strengthening integrated planning and service delivery, strengthening the Aboriginal health workforce, ensuring culturally appropriate work environments and health services, and strengthening performance monitoring, management and accountability.



PRIORITY GROUPS

- Aboriginal people who inject drugs
- Aboriginal people living with hepatitis B or C or HIV
- Aboriginal people in, or who have recently been in, custodial settings
- Aboriginal people who are not fully vaccinated for hepatitis B
- Young Aboriginal people aged 15-29 years
- Gay and homosexually active Aboriginal men, sistergirls and transgender people
- Aboriginal people who engage in sex work

DRIVERS

HEALTH POLICIES:

- *NSW Aboriginal Health Plan 2013-2023*
- *NSW Hepatitis B Strategy 2014-2020;*
- *NSW Hepatitis C Strategy 2014-2020;*
- *NSW HIV Strategy 2016-2020;*
- *NSW Sexually Transmissible Infections Strategy 2016-2020.*
- *National Aboriginal and Torres Strait Islander Blood borne Viruses and Sexually Transmissible Infections Strategy 2014-2017*
- *NSW Sexual Health Promotion Framework*

DATA:

Notifications data; LHD, NGO and ACCHSs service activity data; HIV Strategy, Hepatitis C Strategy, Hepatitis B Strategy and STI Strategy data reports; and BBV/STI research data.

COMMUNITY:

Participation of Aboriginal people in service delivery and management, and the valuable role of ACCHSs

SYSTEMS

PARTNERSHIPS:

The NSW Ministry of Health, LHDs, ACCHSs, Primary Health Networks, General Practitioners (GPs), statewide NGOs and Aboriginal communities.

CAPACITY BUILDING:

Of Aboriginal Health Workers, non-Aboriginal Health Workers, LHDs, NGOs, ACCHSs and other primary care services.

COLLABORATION AND LINKAGES:

Trust and cultural respect, recognition of cultural values and traditions, holistic approaches to health.

ABORIGINAL HEALTH AND MEDICAL RESEARCH COUNCIL OF NSW (AH&MRC)

The AH&MRC is the peak representative body and voice of Aboriginal communities on health in NSW. The AH&MRC represents its members, the ACCHSs, that deliver culturally appropriate comprehensive primary health care to their communities.

PARTNERSHIPS FOR HEALTH

The NSW Ministry of Health purchases a range of services from NGOs, including ACCHSs via the NGO Grants Program, targeting communities associated with priority groups in relation to HIV, STIs and viral hepatitis. NSW Health works in partnership with NGOs to support closer alignment of funding with key health priorities, greater transparency and accountability, and stronger partnerships with the NGO sector.

ABORIGINAL PEOPLE IN NSW

Australian Bureau of Statistics estimates that

225,349

Aboriginal people live in New South Wales



This number represents

3.0%

of the New South Wales population

and

30.9%

of the total Aboriginal & Torres Strait Islander population of Australia.

At a population level, Aboriginal people experience poorer health outcomes than non-Aboriginal people (Australian Bureau of Statistics), which is attributed to a range of economic, social and political factors, including the ongoing harmful impacts of colonisation and past government policies and practices and other social determinants of health. As described in the *NSW Aboriginal Health Plan 2013-2023*, the socio-economic disadvantage and marginalisation experienced by some Aboriginal people in NSW must inform the development, implementation and appraisal of health policies, programs and services.



In NSW about **80%** of Aboriginal people live in major city and inner regional areas.

Although fewer Aboriginal people live in rural and remote areas, they represent a higher proportion of the population in these areas.



The Aboriginal population in NSW is relatively young, with about

1 in 3

Aboriginal people being less than 15 years of age, compared with about one in five people in the overall community (Health Statistics NSW).

32%

of men in NSW adult secure prisons in 2014/15 were Aboriginal (Australian Government Productivity Commission, Report on Government Services 2016 – Corrective Services Chapter).



In this Framework the term 'Aboriginal' is used to describe Aboriginal and/or Torres Strait Islander people who live in NSW. This is done in recognition of the fact that Aboriginal people are the original inhabitants of NSW (NSW Health Policy PD2005_319).

THE EPIDEMIOLOGY OF BBVs AND STIs IN ABORIGINAL PEOPLE

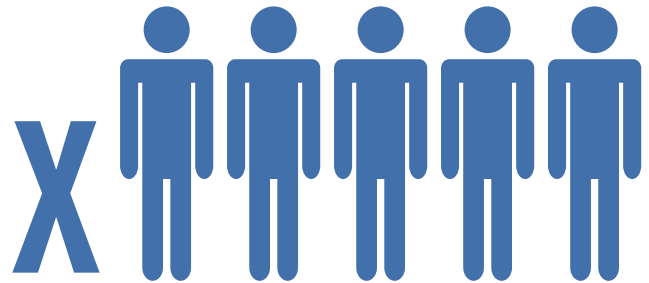
As with many other health conditions, Aboriginal people are consistently over represented in the blood borne viruses (BBVs) and sexually transmissible infections (STIs) notification data[^].

HEPATITIS C

The rate of hepatitis C notifications among Aboriginal and Torres Strait Islander people in Australia[#] (164 per 100,000 persons in 2014) is

Almost five times higher than the rate in the non-Indigenous population

(35 per 100,000 persons in 2014)*.



The NSW Needle and Syringe Program (NSP) must continue to meet the needs of at-risk populations. Access by Aboriginal people has remained stable: 18% of people who use the NSP identify as Aboriginal**.

Among Aboriginal people from NSW who participated in the 2013 Australian NSP survey 62% had been exposed to hepatitis C compared with 52% in non-Aboriginal participants.

Hepatitis C is particularly common among Aboriginal people who are incarcerated in NSW. 36% of Aboriginal men in custodial settings have hepatitis C compared with 24% of the non-Aboriginal male inmate population***.

HEPATITIS B

The rate of hepatitis B notifications among Aboriginal and Torres Strait Islander people in Australia^{##} (50 per 100,000 persons in 2014) is two times higher than the rate in the non-Indigenous population (23 per 100,000 persons in 2014)*.

* Kirby Institute: Blood borne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual Surveillance Report 2015.

** Kirby Institute: NSW NSP Enhanced Data Collection 2015.

*** Justice Health 2009 NSW Inmate Health Survey: Aboriginal Health Report.

[^] Notification data provides limited information that can be used for assessing the epidemiological patterns of hepatitis C and B infections. This is because many infections are asymptomatic, and so people who are infected may never be tested, or only tested many years after infection. Variations in notifications may reflect differences in testing patterns rather than differences in incidence of infection.

[#] Notification data for hepatitis C comes from the following Australian Jurisdictions which had more than 50% of Aboriginal status reported in their notifications: Western Australia, Northern Territory, South Australia and Tasmania.

^{##} Notification data for hepatitis B comes from the following Australian Jurisdictions which had more than 50% of Aboriginal status reported in their notifications: Western Australia, Northern Territory, South Australia, the ACT and Tasmania.

HIV

In NSW, the rate of notification of HIV in Aboriginal people is comparable to the rate in the general population, with the number of new diagnoses each year being small (6 cases in 2015)**.

In NSW between 2011 and 2015, while the most frequently reported route of HIV transmission was sexual contact between men among Aboriginal people (55%), a higher proportion of notifications of newly diagnosed HIV infection among Aboriginal people were attributed to injecting drug use (8% vs 5%), and heterosexual sex (24% vs 10%), as compared with non-Indigenous Australian-born population***.

Aboriginal communities remain vulnerable to HIV infection and vigilance is required to ensure that HIV transmission among Aboriginal people is reduced.

STIs

Key priorities for prevention and control in Aboriginal people in NSW include chlamydia, gonorrhoea and infectious syphilis. Nationally the chlamydia notification rate in Aboriginal and Torres Strait Islander people is about three times higher than the rate in the non-Indigenous population*.

Aboriginal people in NSW experience a disproportionate burden of gonorrhoea. Enhanced surveillance data from 2013 indicates that the rate of gonorrhoea was approximately

**two and a half times higher than
for non-Aboriginal people,**

amongst those whose Aboriginality was known.****



Notifications of infectious syphilis amongst all populations have steadily increased in NSW since 2010***, and action to reduce the incidence of this condition is prioritised in the *NSW Sexually Transmissible Infections Strategy 2016-2020*. A particular focus is to reduce STIs among young Aboriginal people and Aboriginal people who reside in regional and remote communities in NSW.

* Kirby Institute: Blood borne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual Surveillance Report 2015.

** NSW Health: NSW HIV Strategy 2012–2015 Annual 2015 HIV Data Report.

*** Health Protection NSW, NSW Health: Notifiable Conditions Information Management System.

**** NSW Health. NSW Notifiable Conditions Information Management System (unpublished data). Accessed 23 October 2015.

WHAT WE WILL DO

AREA ONE - PREVENT

Establish a more focused and integrated BBV/STI prevention response



Harm reduction

- Ensure the NSP is meeting the needs of, and is accessible to, Aboriginal people who inject drugs.
- Support the development of culturally appropriate models of NSP service delivery in ACCHSs.
- Strengthen existing harm reduction efforts, including OST treatment, in both adult and adolescent correctional facilities and continue to support inmates as they transition back to the community.
- Improve access to drug and alcohol programs and services, in the community and prison, for Aboriginal people seeking treatment for drug dependence.



Vaccination

- Achieve high hepatitis B vaccination coverage (92%) in Aboriginal babies and high human papillomavirus vaccination coverage in Aboriginal adolescents.
- Promote hepatitis B testing and vaccinations amongst Aboriginal adults, by embedding it in routine practice in line with established guidelines.



Integrated health promotion

- Implement and evaluate integrated health promotion for and with Aboriginal communities which focus on preventing STIs and BBVs, raising awareness of liver disease and related co-morbidity and chronic disease management, and reducing related stigma and discrimination.
- Promote a safe sex culture and implement prevention programs that are culturally appropriate for Aboriginal people to increase consistent condom use and health seeking behaviours.
- Continue to strengthen HIV Prevention initiatives targeting Aboriginal gay and other homosexually active men; sisters and transgender people; and sex workers.
- Support Aboriginal community leadership and meaningful participation in preventing STIs and BBVs and reducing related stigma and discrimination.

AREA TWO - TEST, MANAGE AND TREAT

Improve the accessibility, quality, cultural appropriateness and continuity of care



Testing

- Increase BBVs and STI screening in Aboriginal people through integrating BBVs and STI screening as part of routine care within general practice and primary care services, including ACCHSs, prisons, NSPs, drug and alcohol treatment settings, mental health services and sexual health services.



Management and treatment in primary care

- Support primary health care services, including ACCHSs and drug and alcohol services, to play a larger role in the testing, management and treatment of BBVs and STIs in Aboriginal people.
- Support clinical staff in ACCHSs to adopt best practice in the management and treatment of BBVs and STIs, and strengthen shared care arrangements between ACCHSs and specialist services.
- Support s100 prescribers, and trained primary care providers of other BBV treatments, to practice in ACCHSs.
- Strengthen existing BBV and STI treatment and management services and programs for Aboriginal people in prisons, including programs that support continuity of care upon release.
- Improve access to and sharing of tools such as Fibroscans in order to assess staging and severity of liver disease in outreach settings and facilitate hepatitis C screening and workup for treatment and initiation onto treatment in health settings such as drug and alcohol services and ACCHSs.
- Strengthen partnerships between public specialist outpatient services and ACCHSs in their area which include mutually agreed upon clinical pathways, referral relationships and defined line of communication which support the appropriate sharing of clinical information.
- Strengthen models of care in allied health services and programs that support patient self-management and models of peer-based support and education with Aboriginal people living with a BBV.



Address barriers to health care access

- Improve the quality, accessibility and cultural appropriateness of BBV and STI service provision to Aboriginal people across a range of health care settings and training programs, in order to support integrated and connected models of care for BBVs and STIs and related chronic disease management.

AREA THREE - ENABLE

Strengthen health system enablers



Performance Framework

- Align performance frameworks for LHDs, ACCHSs and NGOs to support the achievement of priorities outlined in the NSW HIV, STIs, Hepatitis B and Hepatitis C Strategies for Aboriginal people.



Build the capacity of Aboriginal health workers

- Build the community engagement, health promotion and clinical knowledge and skills of Aboriginal health workers, in line with national competencies and registration processes.
- Continue engaging Aboriginal STI/BBV workers as local leaders in the design, implementation and evaluation of STI/BBV programs for Aboriginal people.
- Improve links between HIV, hepatitis and PWI peer educators and the Aboriginal STI/BBV workforce.
- Develop and implement strategies to increase the number of Aboriginal staff employed by NSW Health, and the career pathways for Aboriginal workers.



Data and Research

- Improve recording of Aboriginality in routinely collected health data, including notifications of BBVs and STIs.
- Support the implementation of culturally appropriate and sensitive research via the BBV & STI research and capacity building program (BRISE) to inform the development, delivery and evaluation of STI and BBV programs and services for Aboriginal people, in line with the goals and targets of this Framework.



Monitoring and Evaluation

The goals and targets of the NSW Hepatitis C, Hepatitis B, HIV and STI Strategies require that policies, programs and services are monitored and evaluated for evidence of their effectiveness. The monitoring and evaluation frameworks for these Strategies are the primary mechanisms for monitoring progress including reporting policy and program outcomes for Aboriginal people as well as determining areas for additional focus. Resources will continue to be allocated in accordance with this evidence.

Front and Back Cover Artwork by:

Wendy Bryan-Clothier

Artwork Description

Traditional representations of the male and female form are used. This is to highlight the physical form and the significance of sexually transmitted infections for the individual and in community health.

The upper portion of the picture depicts community members surrounded by different health service providers. Providers may not have communicated with each other in order to best address the needs of the community; the different directions the providers are facing, and their real or perceived proximity to the community members highlight these issues. The background is coloured as a desert with a rock fall to the left side, highlighting the instability of the situation for community. There are only small amounts of green along the river, indicating that in the past things have appeared to look good on paper.

The river delineates the barriers which health service providers have crossed as together they seek to help the community. The rocks from the rockslide have been used to create a path over the river to a new system. The footprints depict the community crossing from an unstable environment to a more supportive one. Now health service providers work together and focus on the needs of the community. On this side of the river the land is green and alive depicting the new, healthy environment.

– *Wendy Bryan-Clothier*

