



HIV Action Plan 2009-2012

South Australian Department of Health

Foreword

This Action Plan on the significant public health issue of HIV puts the South Australian Government's commitment to the health of South Australians into practice. Recent rises in HIV diagnoses, and the increasing complexity of care for people living with the infection for a long time require fresh thinking and a reinvigorated response.

The South Australian HIV Action Plan 2009-2012 follows the Fourth South Australian HIV/AIDS Strategy 2002-2005. It is an important document that acknowledges our significant achievements, builds on current activities and responds practically to the challenges before us. Most importantly, it sets out new and additional strategic actions for the government and community partnership over the next three years.

I commend the many participants in the consultation process for their generosity and their dedication to minimising the impact of HIV in South Australia, and I look forward to the contribution the SA HIV Action Plan 2009-2012 will make to the health of South Australians.



Minister for Health



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Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACSA	AIDS Council of SA
ADAC	Adelaide Diocesan AIDS Council
AHCSA	Aboriginal Health Council of South Australia
AHW	Aboriginal Health Worker
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drugs
ART	Antiretroviral Therapy
ASHM	Australasian Society for HIV Medicine
CALD	Culturally and Linguistically Diverse
CDCB	Communicable Disease Control Branch (SA Health)
CNP	Clean Needle Program
CPP	Care and Prevention Program
DASSA	Drug and Alcohol Services South Australia (SA Health)
DCS	SA Department for Correctional Services
DECS	SA Department of Education and Children's Services
GLCS SA	Gay and Lesbian Community Services SA
GMH	Gay Men's Health (ACSA)
GP	General Practitioner
HCCSA	Hepatitis C Council of SA
HCV	Hepatitis C Virus
HHPP	HIV/HCV Policy and Programs (SA Health)
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
ISO	Inside Out Project (SA Health)
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NGO	Non-Government Organisation
OARS SA	Offenders Aid and Rehabilitation Services of SA
OATSIH (SA)	Office for Aboriginal and Torres Strait Islander Health-SA
OH&S	Occupational Health & Safety
PEACE	Personal Education and Community Empowerment (RASA)
PEP	Post Exposure Prophylaxis
PSB	Positive Speakers Bureau (PLWHA SA)
PLWHA SA	People Living with HIV/AIDS SA
PLWHA	People Living with HIV/AIDS
POP	Partners of Prisoners (OARS SA)
RASA	Relationships Australia (South Australia)
RDNS	Royal District Nursing Service
SA	South Australia
SADS	South Australian Dental Service
SAHSCHAHC	South Australian Health Steering Committee on HIV/AIDS and Hepatitis C.
SAPHS	South Australian Prison Health Service
SAVIVE	South Australian Voice for Intravenous Education (ACSA)
SHine SA	Sexual Health information, network and education SA
SIN	Sex Industry Network (ACSA)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STIGMA	Sexually Transmissible Infections in Gay Men Action Group

Introduction

Australia's response to HIV has been effective in minimising the transmission of HIV and in maximising the health outcomes and life expectancy of people with HIV. Nonetheless the human cost of HIV in Australia is high. In the period 1985-2007, 1108 HIV infections were detected in South Australia, principally among gay men and other men who have sex with men. Over 311 people died either from AIDS or HIV related illness during this period.

This Action Plan addresses emerging challenges for the HIV response in South Australia. It describes strategies and activities for the next 3 years to:

- > reshape the prevention response to stem rises in new infections of HIV
- > improve the coordination of care for people with HIV
- > connect people isolated from HIV education, prevention and care services to appropriate supports.

The purpose of the Plan is to identify new, key priority actions to be accomplished during the next three years in South Australia's response to HIV/AIDS. The Plan does not aim to present a comprehensive picture of all current and future activities of the response. It therefore neither diminishes the importance of continuing strategies and actions nor does it preclude the identification and implementation of additional strategies in the years ahead.

The intention is to safeguard effective core programs in South Australia's HIV/AIDS response to date, whilst pursuing new initiatives in relation to the current context of HIV. The Clean Needle Program (CNP) in South Australia, for example, has been pivotal to keeping the rates of HIV/AIDS low among injecting drug users. Investment in the continued provision of sterile injecting equipment and health promotion through the CNP will be critical during the term of this Action Plan.

South Australia has a strong and successful commitment to the partnership approach to HIV/AIDS.

This Action Plan continues the shared responsibility for HIV/AIDS health promotion, treatment, care and support between the Australian government, the South Australian government, affected communities, non government organisations, medical professionals and research bodies.

People living with HIV/AIDS (PLWHA) continue to be involved in shaping policies and programs and are supported in taking a leadership role to guide and assist the state response.

South Australia's approach to HIV continues within the framework of the 1986 Ottawa Charter for Health Promotion. The Charter defines health promotion as the process of enabling people to increase control over and to improve their health. It requires health promotion action to be taken at five levels:

- > building healthy public policy
- > creating supportive environments
- > strengthening community action
- > developing personal skills; and
- > re-orienting health services.

Overview of the Action Plan

Long Term Vision

- > To minimise the transmission of HIV in South Australia
- > To improve the quality of life and life expectancy of people with HIV infection.

Desired Service System

The Action Plan seeks to build a response to HIV/AIDS in South Australia which is:

- > Coordinated: A collaborative approach fosters seamless service delivery to people with HIV
- > Comprehensive: Services respond to a broad range of medical and non-medical needs and connect people to services in the HIV and mainstream sectors
- > Integrated: Prevention and care services are linked across the spectrum of need
- > Accessible: Services are culturally sensitive and easily accessible to people living with or at risk of HIV from diverse backgrounds
- > Inclusive: Services are non-discriminatory and people are treated with respect
- > Empowering: People have control over their health care, accept personal responsibility and participate in decision making.

Priority Populations

Priority populations are identified based on the incidence of HIV, heightened vulnerability to HIV transmissions and health inequalities. There are four populations of South Australians receiving the highest priority for education, prevention and health promotion initiatives in the state:

- > Gay and other men who have sex with men
- > People living with HIV/AIDS
- > Aboriginal and Torres Strait Islander people
- > People with diverse cultural and linguistic backgrounds who are from countries in which HIV/AIDS is high prevalence.

Other priority populations for education, prevention and health promotion actions included in this plan are:

- > People who inject drugs
- > People in custodial settings
- > Sex workers.

While adopting these priority populations, which are consistent with the National HIV/AIDS Strategy, this Action Plan seeks to maintain flexibility and inclusiveness in the implementation and ongoing development of programs. It is expected that all services, campaigns and materials will be continually reviewed to ensure that they are appropriate for women as well as men from a variety of cultural backgrounds and age groups.

Snapshot of Directions

Following is a brief summary of the three directions of the Action Plan.

Reshape the prevention response to stem rises in new infections of HIV

After many years of relatively stable rates of new diagnoses of HIV in South Australia, notifications have risen by a moderate but still important amount (Figure 1.1). New infections occur predominately amongst men who have sex with men (32, or 58%, of the 55 new diagnoses in 2007). A significant number of newly infected people (16 people, 29%) reported acquiring HIV through heterosexual contact. Women represent approximately 10% of the overall epidemic in South Australia and 20% of the notifications in 2007 (Table 1.1).

This Action Plan proposes a re-vitalised HIV prevention effort to ensure that work reaches the right people with messages that are effective in increasing protective behaviours. This will require a flexible, targeted approach, using evidence to inform planned activities, evaluate results rapidly and modify strategies if required.

The re-vitalised prevention effort will continue to focus efforts on reaching gay and other men who have sex with men. Recent national mathematical modelling research¹ indicates three major factors that would decrease the future transmission of HIV amongst men who have sex with men: decreasing the rates of unprotected anal intercourse, decreasing the rates of sexually transmitted infections and increasing the rates of antiretroviral treatment during primary HIV infection.

Data on the new infections in the five year period 2003-2007 indicate that 26% of new notifications in South Australia were likely to have been acquired overseas. Of the 69 individuals who were likely to have acquired their infection overseas however, 19 were known HIV positive before entering Australia (Table 1.2). Prevention activities will therefore also be targeted to people who arrive in South Australia from countries in which there is a high HIV prevalence and people who travel to these countries.

There is a continuing risk of an accelerated epidemic among other at-risk populations that must be tracked over the term of the Action Plan, including amongst Aboriginal people², people who inject drugs, prisoners and sex workers. Prevention efforts must remain vigilant to the needs of these particular groups, with flexibility to respond decisively and quickly when changes to the pattern of the epidemic emerge.

Finally, whilst the rates of HIV testing in South Australia remain very high, a proportion of people newly diagnosed with HIV were unaware of their HIV status prior to diagnosis, with a significant impact on new transmission rates. The national mathematical modelling study estimates that 31% of new infections in Australia are transmitted by the 9% of people who were unaware of their HIV status at the time of transmission. The State Action Plan outlines activities to increase the rate of testing amongst target populations who were least likely to test in the past.

¹ Wilson, David et al, *Towards Explaining the Recent Changes in HIV Notifications in Australia: Modelling the HIV Epidemic among Men who have Sex with Men*, National Centre in HIV Epidemiology and Clinical Research, January 2008.

² In line with other South Australian strategic documents, this Action Plan will employ the term 'Aboriginal people' to mean both Aboriginal and Torres Strait Islander people residing in South Australia. This is in recognition of the fact that the State of South Australia does not include the traditional lands of the Torres Strait, but that Torres Strait Islander people and communities live here.

Improve the coordination of care for people with HIV/AIDS

The introduction of combination antiretroviral therapies (ART) has had a positive impact for many people living with HIV/AIDS, including increasing life expectancy and quality of life. With an increased life expectancy however, new needs are emerging for HIV positive people. Some PLWHA will require an array of services and supports to assist them in managing a chronic HIV infection. Carers also require assistance, particularly those providing intensive or prolonged support as well as carers who are themselves experiencing ill-health or are ageing.

Services will be accessible, coordinated and integrated. Coordinated care requires clear referral pathways, robust mechanisms for care coordination and planning – using a client centred approach – and linkages and communication between services and across disciplines. Coordinated care has benefits for the service system as a whole, reducing duplication and over-servicing and ensuring that the resources in the system are used efficiently.

The Action Plan improves mechanisms for care coordination, within the sector – between agencies, practitioners and hospitals with an HIV brief – and between the sector and mainstream services. The Plan recognises that different levels of coordination are necessary. Where people can effectively self-manage, the system's response will be less substantial than for those with complex care requirements.

The Action Plan introduces a targeted approach to engaging the mainstream health and welfare sector in providing services to people with HIV. Clear pathways to services will be developed including identification of contact points, infrastructure supports and workforce development initiatives in specifically targeted agencies.

Connect people isolated from the HIV response to appropriate care and support

South Australia provides good care to people who are known to the system and can access it successfully. There are groups of people, however, who have traditionally not been well connected to the HIV response and who experience the system differently because of gender or culture. For some people there are significant barriers in accessing services, including mental illness, geographic isolation, problematic substance use and homelessness. This Action Plan articulates activities that link these groups more effectively to services and ensures approaches to care that meet their needs.

One such group is Aboriginal people. The number of Aboriginal people diagnosed with HIV in South Australia is small (24 notifications by the end of 2007) but the risk of increasing infections amongst this population remains unless prevention efforts continue. Given the link between some STIs and the transmission of HIV and the national upward trend in STI infections in the Aboriginal population, work with Aboriginal organisations and communities in South Australia will continue.

The Action Plan also proposes activities to review and refocus the delivery of HIV health promotion services to people from countries with a high prevalence of HIV.

Performance Targets

- > Reduction of new HIV infections acquired in South Australia
- > Reduction in the number of people diagnosed with an AIDS-defining illness
- > Increase in comprehensive STI testing among gay and other men who have sex with men
- > Increase in the number of gay and other men who have sex with men tested for HIV in the last two years
- > Increase in STI and HIV testing in the broader group of sexually active people 15-45 years old.

Monitoring and Evaluation

This Action Plan is endorsed by the South Australian Department of Health. Its implementation will be overseen by the South Australian Health Steering Committee on HIV/AIDS and Hepatitis C (SAHSCHAHC) and monitored through the HIV/HCV Policy and Programs section (HHPP) of the Communicable Disease Control Branch (CDCB). This ongoing evaluation process will include biannual reports on the implementation of the Action Plan's strategies, including successes and difficulties to be overcome, with the opportunity to request specific advice or assistance from SAHSCHAHC to ensure the strategies are further progressed.

A mid-term stocktake will be conducted in 2010/11. This process will have the following minimum Terms of Reference:

- > Document any major changes to the epidemiological, social, economic, clinical and political context through an environmental scan
- > Broadly describe the successes, difficulties and learning gained from the first part of the implementation process
- > Assess the degree of completion of each activity documented in the Action Plan
- > Recommend an updated set of priorities for the remainder of the life of the Action Plan
- > Describe an agreed process for the final evaluation of the Action Plan.

Detailed Action Plan

The 2009-2012 Action Plan is divided into four priority action areas.

1. Targeted prevention education
2. HIV testing
3. Treatment, care and support for people with HIV
4. HIV/AIDS research and surveillance.

The Plan is linked to the goals of the National HIV/AIDS Strategy (2005-2008) and the Strategy's six priority areas for action:

1. A program of targeted prevention education
2. Improving the health of PLWHA
3. Responding to changing care and support needs
4. Surveillance for HIV/AIDS
5. HIV testing
6. A clearer direction for HIV/AIDS research.

The Plan also contributes to the four broad strategic directions for the state outlined in the SA Health Strategic Plan:

- > strengthen primary health care
- > improve the health of Aboriginal people
- > enhance hospital care
- > reform mental health services.

Priority Action Area 1: Targeted Prevention Education

This section of the plan lists activities to prevent the spread of HIV in South Australia.

Actions in this area contribute to the achievement of:

- > the National HIV/AIDS Strategy (2005-2008) priority area for action 1 – a program of targeted prevention education
- > two of the Strategic Directions in the SA Health Strategic Plan (2007-2009)
 - > Strengthening primary health care
 - > Improving the health of Aboriginal people.

Objective 1.1: Effective prevention programs reduce the transmission of HIV.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.1.1 Increase the coordination of HIV prevention programs in South Australia, and re-invigorate campaign and resource development capacity.	Establish an action-based coordinating structure that brings together government, NGOs and community representatives to plan a coordinated response to the rise in new infections amongst gay men and MSM; review progress, support innovation and respond to emerging issues.	HIV working group established and supported by the SA Department of Health.	2009 and ongoing	HHPP	PLWHA SA GMH SIN Adelaide University FEAST PEACE SHine SA ISO STD Services ADAC GLCS SA
	Conduct a qualitative study with recent seroconverters in SA to improve understanding of the vulnerabilities of people acquiring HIV and prevention activities to prevent further infections.	Study conducted and results influence infection prevention activities.	2009	HHPP	Adelaide University GMH PLWHA SA HIV Women's project STD Services Specialist Treatment Centres MOSAIC

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
	Conduct a targeted community awareness campaign to prevent HIV infection among South Australians travelling overseas, including heterosexuals, gay men and MSM, which increases knowledge of HIV transmission and the need for continued safe behaviours.	Campaign targeting migrants and regular travellers implemented.	2010	HHPP	GMH PEACE Adelaide University STD Services GLCS SA
	Conduct an OH&S campaign focusing on sexual health (HIV & STIs) for sex workers in SA with a focus on sex workers who are highly mobile and/or isolated from peer support and those who are vulnerable because of age, CALD background and/or unstable housing.	OH&S campaign implemented for sex workers who are geographically isolated and at least one other group of sex workers who are vulnerable.	2011	HHPP	SIN PEACE STD Services
1.1.2 Increase the rates of testing for syphilis, gonorrhoea and chlamydia amongst at-risk populations.	Promote STIGMA ³ guidelines through the Divisions of General Practice, offering particular support to primary care practitioners who see gay men and MSM.	STIGMA guidelines promoted through all Divisions to primary care practitioners who see gay men and MSM.	2009 and ongoing	HHPP	GMH PLWHA SA Adelaide University STD Services
	Targeting PLWHA, implement an intervention which raises awareness of the increased risk of HIV transmission in the presence of an STI and the impact of STIs on viral loads and the immune system.	Increased activities with STI messages reaching PLWHA.	2010	HHPP	PLWHA SA GMH CPP HIV Women's project STD Services

³ Sexually Transmissible Infections in Gay Men Action Group (STIGMA) produces the 'Sexually Transmitted Infection Testing Guidelines for Men Who Have Sex With Men' endorsed by the Australasian Chapter of Sexual Health Medicine. These guidelines were last released in April 2008 and are available at www.racp.edu.au>RACP Network Fastfind > AChSHM

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.1.3 Increase the information available to young people on HIV, sexual health and harms associated with impaired decision making.	<p>Build a partnership which supports the design and delivery of sexual health programs for students in Years 11 and 12.</p> <p>Support the roll out of the SHine SA Relationships and Sexual Health Education program to all schools in SA.</p>	<p>Agreement reached with DECS and SHine SA for design and delivery of sexual health program with harm minimisation messages for students in Years 11 and 12.</p> <p>Agreement reached with DECS and SHine SA for the further roll-out of the program to schools in SA, with a particular focus on schools with a high proportion of Aboriginal students.</p>	2011	HHPP	<p>DECS</p> <p>SHine SA</p> <p>DASSA</p> <p>PSB</p> <p>ISO</p> <p>Nunkuwarrin Yunti</p> <p>HIV Women's project</p>
1.1.4 Increase access to HIV and STI information, prevention and testing for inmates of South Australian prisons.	Negotiate with Department for Correctional Services and SAPHS on the next phase of HIV and sexual health activities in SA prisons.	Agreement reached with DCS and SAPHS on the future roll out of activities in prisons.	2011	HHPP	<p>POP</p> <p>HIV Women's project</p> <p>GMH</p> <p>DCS</p> <p>SAPHS</p> <p>RAH</p>
1.1.5 Increase levels of awareness of non-occupational post exposure prophylaxis (nPEP) for HIV in additional target populations.	<p>Conduct awareness activities on the availability of nPEP and the reasons for its use targeting:</p> <ul style="list-style-type: none"> • PLWHA • people who inject drugs • Aboriginal people • prisoners • priority CALD populations, particularly male and migrant/CALD sex workers. 	<p>Extent of reach of nPEP awareness campaign to targeted populations.</p> <p>Evidence of increased awareness of nPEP in targeted communities.</p>	2010	HHPP	<p>PLWHA SA</p> <p>HIV Women's project</p> <p>GMH</p> <p>SAVIVE</p> <p>SIN</p> <p>AHCSA</p> <p>Nunkuwarrin Yunti</p> <p>DASSA</p>
1.1.6 Increase the knowledge of all South Australians about HIV and prevention strategies.	Participate in nationally coordinated HIV awareness programs targeting whole of population.	Annual HIV general awareness activities supported.	2009 and ongoing	HHPP	<p>FEAST</p> <p>PLWHA SA</p> <p>HIV Women's project</p> <p>ACSA</p> <p>SHine SA</p> <p>PEACE</p> <p>GLCS SA</p>

Objective 1.2: Reduced rates of HIV and STIs among Aboriginal people in South Australia.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.2.1 Increase understanding of the importance of HIV and STI prevention amongst Aboriginal people.	Convene a forum of Aboriginal Community Elders and people at risk of HIV to discuss the need for sexual health activities, and how they can best be provided, including HIV and STI prevention and treatment programs.	Sexual health forum held with representatives of Aboriginal communities.	2009 and ongoing	HHPP	Nunkuwarrin Yunti Aboriginal Health Division AHCSA ACSA HIV Women's project SHine SA STD Services
	Support the SA Aboriginal Sexual Health Forum and work with it to plan and roll out agreed health promotion strategies and appropriate programs, reducing the prevalence of risk factors associated with the transmission of HIV.	Aboriginal Sexual Health Forum of SA continues Number of meetings of the Aboriginal Sexual Health Forum of SA. Implementation plan developed.	2009 and ongoing	HHPP	OATSIH (SA) AHCSA Aboriginal Health Division SHine SA
1.2.2 Deliver HIV and STI prevention programs to Aboriginal people as part of culturally appropriate and holistic sexual health service delivery models.	Implement a campaign to promote the wider use of condoms in Aboriginal communities, drawing on existing materials as appropriate.	Condom use campaign developed, implemented and evaluated, in consultation with Aboriginal people.	2010 and ongoing	HHPP	Aboriginal Health Division PLWHA SA ACSA HIV Women's project Nunkuwarrin Yunti AHCSA Statewide Services Strategy

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
	Integrate HIV information and prevention messages with activities specified in the SA Hepatitis C Action Plan related to reducing Aboriginal ill-health.	Number and reach of harm reduction activities in Aboriginal communities, as set out in the SA Hepatitis C Action Plan, integrating HIV and Hepatitis C prevention outcomes.	2010	DASSA	ACSA Aboriginal Health Division HCCSA Aboriginal Drug and Alcohol Council Nunkuwarrin Yunti
	Conduct a needs assessment with ACCHOs to assess their capacity to provide sexual health services to Aboriginal people in South Australia.	Needs assessment conducted with ACCHOs which identifies the levels and nature of staffing and infrastructure required to deliver effective, holistic prevention and treatment programs to Aboriginal people.	2009	HHPP	AHCSA Nunkuwarrin Yunti Specialist Treatment Centres STD services SHine SA Aboriginal Health Division Statewide Services Strategy
	Define the roles and responsibilities of key stakeholders in delivering holistic sexual health programs to Aboriginal people.	Clearly documented roles and responsibilities in relation to HIV health promotion in Aboriginal communities. Agreements/MOUs developed with agencies reflect agreed roles and responsibilities.	2010	HHPP	AHCSA Nunkuwarrin Yunti SHine SA Aboriginal Health Division STD Services

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.2.3 Build the capacity of HIV organisations to work with and support sexual health initiatives delivered by Aboriginal Health organisations.	Pilot a workforce development project in one or more key HIV agencies, designed to support the capacity for more effective work with Aboriginal people and organisations.	Evidence that the pilot agency has increased its delivery of services to Aboriginal people and that services are well received and effective. Document significant elements of a workforce strategy to inform future workforce development programs.	2011	HHPP	AHCSA RASA Nunkuwarrin Yunti ACSA PLWHA SA Aboriginal Health Division ADAC
1.2.4 Strengthen individual skills and infrastructure support for Aboriginal Health Workers to provide prevention, care and support to people at risk of or with HIV.	Identify Aboriginal Health Workers most likely to be working with people around sexual health issues and train these workers in sexual health.	Annual training program developed with and conducted for Aboriginal Health Workers. Appropriate resources developed for Aboriginal men, women, and youth in consultation with Aboriginal Health Workers.	2010	HHPP	AHCSA SHine SA RASA Nunkuwarrin Yunti PLWHA SA Aboriginal Health Division

Objective 1.3: There are reduced rates of HIV and STIs among people from culturally and linguistically diverse backgrounds in South Australia.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.3.1 Enhance HIV prevention activities in priority CALD communities.	Establish an action based multi-disciplinary structure that brings existing government, NGOs and community representatives together to plan and deliver a coordinated HIV prevention response to priority CALD communities.	Interagency established and supported by the SA Department of Health.	2009	HHPP	PEACE HIV Women's project SIN GMH SHine SA PLWHA SA Adelaide University FEAST ISO STD Services DECS
	Conduct a targeted ethnic media campaign on HIV, focusing on transmission and testing.	Number of communities reached by ethnic media campaign.	2010	HHPP	PEACE ACSA
	Develop HIV community education resources for bilingual workers who have contact with people from high prevalence communities.	Number of community education resources developed for bilingual workers.	2010	HHPP	PEACE RASA ACSA HIV Women's project PLWHA SA DECS
	Implement activities to improve CALD services' knowledge and access/ referral points of existing HIV services for their communities.	Targeted CALD services know where and how to refer people to HIV services.	2010	HHPP	PEACE
	Implement pilot projects in high priority CALD communities targeting women at risk of contracting HIV to increase their ability to take action to minimise the risk of HIV transmission ⁴ .	Activities conducted with two high priority CALD communities.	2011	HHPP	PEACE HIV Women's project

⁴ Projects will vary according to the needs and circumstances of different CALD communities. It may be appropriate to work with men and women in a particular community. Also, it is anticipated that at least one project will promote access to, and use of, female condoms. Other initiatives may include targeted workshops, groups, individual therapeutic casework and/or peer support activities.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
1.3.2 Build the capacity of HIV services to address the needs of people from CALD backgrounds.	Pilot a transformational workforce development project in one or more key HIV agencies, designed to support the capacity of these services to build significant work to address the needs of people from priority CALD populations.	Evidence that the pilot agency has increased its delivery of services to people from CALD backgrounds and that services are well received and effective. Document developed which identifies elements of a transformational workforce strategy to inform future workforce development programs.	2012	HHPP	RASA PEACE ACSA PLWHA SA ADAC
1.3.3 Strengthen both infrastructure support for, and the individual skills of, service provider staff working with priority CALD populations, to provide HIV health promotion and sexual health services to their clients.	Conduct a survey [in conjunction with survey identified in 3.2.2] to identify workers most likely to come in contact with priority CALD communities, including primary care practitioners, interpreters, and organisations working with CALD people.	GPs working with people most at risk of contracting HIV are identified through the GP survey [refer to strategy 3.2.2] Complete mapping project to identify key organisations working with communities of interest.	2011	HHPP	RASA PEACE ACSA Adelaide University
	Workers identified in the survey to receive training in HIV prevention and health promotion.	Annual training program implemented for staff of targeted services.	2012	HHPP	RASA Adelaide University PEACE

Priority Action Area 2: HIV Testing

HIV testing is critical for the prevention of HIV and to ensure that care and early treatment is provided to people with HIV.

This section of the plan lists activities to increase the uptake of HIV testing, particularly amongst priority populations with the lowest rates of testing.

Actions in this area contribute to the achievement of:

- > the National HIV/AIDS Strategy (2005-2008) priority area for action 5 – HIV testing
- > two of the Strategic Directions in the SA Health Strategic Plan (2007-2009)
 - > Strengthening primary health care
 - > Improving the health of Aboriginal people.

Objective 2.1: Screen rates for HIV and STIs are high across all at risk and priority population groups.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
2.1.1 Increase the rate of regular, appropriate testing for HIV and STIs among at-risk individuals and populations, particularly gay men, MSM, Aboriginal people and priority CALD populations.	Increase support to programs which incorporate HIV and STI testing as part of regular health checks in key primary health care settings.	An HIV and STI testing program incorporated into regular men's health checks supported within three rural and one metropolitan ACCHO. Increase in testing amongst men who have never tested.	2010 and ongoing	HHPP	AHCSA Nunkuwarrin Yunti Specialist Treatment Centres STD Services CPP O'Brien Street Practice SHine SA SA Health regions GMH
	Conduct a pilot study to test the efficacy and cost effectiveness of utilising rapid testing technology to detect more cases of HIV in hard to reach populations.	Pilot Study report and recommendations produced.	2011	HHPP	Specialist Treatment Centres STD Services Adelaide University CDCB GMH SHine SA ISO

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
2.1.2 Build the capacity of health services to offer appropriate testing, including pre-test discussions and post-test counselling to at-risk individuals and priority populations.	Design and implement activities to inform GPs about the current counselling guidelines for testing and how to standardise HIV and STI testing as part of routine health checks.	Increased numbers and reach of information activities undertaken.	2010	HHPP	PLWHA SA GMH MOSAIC Adelaide University SHine STD Services
	Investigate the extent of antenatal testing and promote universal testing and repeat HIV testing in the third trimester of pregnancy in populations at risk.	Evidence of antenatal testing for HIV in all settings.	2011	HHPP	Specialist Treatment Centres Adelaide University HIV Women's project STD Services

Priority Action Area 3: Treatment, Care and Support of people living with HIV

This section of the plan lists activities to improve treatment, care and support for people living with HIV in South Australia.

Actions in this area contribute to the achievement of:

- > two of the priority areas for action in the National HIV/AIDS Strategy (2005-2008)
 - > Improving the health of PLWHA
 - > Responding to changing care and support needs
- > all four of the Strategic Directions in the SA Health Strategic Plan (2007-2009)
 - > Strengthening primary health care
 - > Enhancing hospital care
 - > Reforming mental health care
 - > Improving the health of Aboriginal people.

Objective 3.1: Services to people with HIV in South Australia are well coordinated.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.1.1 Improve the coordination of care for people with HIV across the spectrum of care needs.	<p>Establish nurse consultant capacity to devise and coordinate implementation of a standardised model of assessment and coordination of care for PLWHA, in collaboration with a broad range of agencies and directly integrated with the individual's HIV primary care⁵.</p> <p>Develop and implement a standardised assessment process, which leads to the identification of the range of needs of PLWHA at diagnosis and at key transition points.</p> <p>Implement an optional system of care coordination for PLWHA who consent to participate, particularly for those with complex needs.</p>	<p>Nurse consultants implement standardised model.</p> <p>Common assessment tool in use across the sector.</p> <p>All people newly diagnosed with HIV are offered a comprehensive assessment within one month of diagnosis – 90% uptake.</p> <p>PLWHA access the assessment system to contribute to updating of their care plan.</p> <p>Client centred care coordination system implemented, involving common terminology, clear roles and responsibilities, and common tools and processes.</p> <p>Evaluation of assessment and care coordination.</p>	2009 and ongoing	HHPP	<p>RDNS</p> <p>CPP</p> <p>Adelaide University</p> <p>Specialist Treatment Centres</p> <p>STD Services</p> <p>PLWHA SA</p> <p>HIV Women's project</p> <p>MOSAIC</p> <p>ADAC</p> <p>PEACE</p> <p>SADS</p>
3.1.2 Improve the capacity of PLWHA to manage and coordinate their care.	Upskill community support staff working with PLWHA in the Flinders (or other) model of chronic disease self-management.	Increased numbers of key agency workers trained in providing direct support to PLWHA in the community.	2010	HHPP	<p>PLWHA SA</p> <p>HIV Women's project</p> <p>MOSAIC</p> <p>ADAC</p>

5 Two sets of responsibilities are broadly envisaged:

- in relation to assessment of clients – working with stakeholders to develop a common approach; conducting comprehensive initial assessment of people newly diagnosed with HIV, and ongoing assessments for people with HIV, building pathways for people to HIV and primary care practitioners and to other needed services and supports and linking service providers to the assessment process
- in relation to care coordination – working with stakeholders to develop common coordination tools and processes; linking services to the system and linking care coordination mechanisms to the assessment process.

These responsibilities may be carried out by one person, be split between two individuals who are well connected to one another or be configured by the responsible agencies in another way, so long as real improvement to what is happening for people with HIV results and attention is given to addressing access issues for all people with HIV.

Objective 3.2: The health and well being of people with HIV in South Australia is improved.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.2.1 Increase the appropriate uptake of Antiretroviral Therapy (ART)	Conduct a community awareness campaign in the gay and HIV positive community to update people about current ART.	Increased numbers of people reached by campaigns in the gay and/or HIV positive communities emphasising effectiveness of and tolerance to ART and the potential consequences of delaying treatment.	2009	HHPP	PLWHA SA HIV Women's project GMH Specialist Treatment Centres MOSAIC CPP STD Services
	Implement mechanisms for overcoming cost barriers to the use of ART.	Business case made for universal free dispensing of ART as a public health intervention to prevent transmission and burden of disease.	2009	CDCB	PLWHA SA HIV Women's project Specialist Treatment Centres STD Services GMH ADAC CPP
3.2.2 Improve access to primary health care services for all PLWHA.	Conduct a survey of GPs and other primary health care providers, both metro and remote, to identify those who currently work with PLWHA and at risk communities, or who have an interest in this work.	Survey conducted and results connected to support and training programs [see strategy 3.3.3]. List of primary care providers developed.	2010	HHPP	O'Brien Street Practice PLWHA SA RASA Adelaide University GMH
	Develop supported referral pathways between primary care practitioners and HIV practitioners.	Referral pathways developed and documented. Information pack developed and distributed to primary care practitioners that supports the referral pathway.		HHPP	RDNS Specialist Treatment Centres STD Services Adelaide University CPP O'Brien Street Practice SADS

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.2.3 Improve access of PLWHA to quality support and services from mainstream health and welfare services.	Develop collaborative links between HIV agencies and mainstream agencies.	Increased collaboration with Housing and Aged Care services. Collaboration evaluated and documented.	2010	HHPP	PLWHA SA HIV Women's project CPP ADAC RDNS MOSAIC PEACE GMH SADS
3.2.4 Strengthen programs for PLWHA with complex needs.	Source residential care for PLWHA with complex needs who are unable to be placed in existing care facilities.	Increased numbers of residential care places available to PLWHA.	2009 and ongoing	HHPP	PLWHA SA ADAC RDNS HIV Women's project

Objective 3.3: There is a skilled workforce able to deliver services which improve the health outcomes of people with HIV from a range of backgrounds and across a wide spectrum of needs.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.3.1 Strengthen the training programs delivered to GPs who work with PLWHA.	Implement the s100 training and accreditation system for South Australia.	s100 training and accreditation system implemented.	2010	HHPP	ASHM Adelaide University CPP O'Brien Street Practice Specialist Treatment Centres STD Services PLWHA SA
	Implement training activities designed to assist GPs and other primary care providers identified in the survey [see 3.2.2] as having the potential to work with PLWHA.	Increased numbers of HIV training programs for primary care practitioners designed and delivered, based on identified needs and learning styles.	2011	HHPP	Adelaide University O'Brien Street Practice RASA PLWHA SA Specialist Treatment Centres STD Services

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.3.2 Enhance workforce development initiatives for people working in the HIV sector.	Conduct a review of training needs and existing workforce development initiatives within the HIV sector.	Training needs assessment conducted, clarifying the scope of agencies' workforce development projects and advocating service reviews if appropriate.	2009	HHPP	Adelaide University O'Brien Street Practice RASA PLWHA SA ACSA ADAC DASSA SADS
	Deliver a workforce development program to build the HIV knowledge of people coming into the sector.	Workforce Development Plan developed and implemented to address results of the needs assessment. 6 monthly training programs delivered for new workers to the sector.	2010	HHPP	RASA PEACE PLWHA SA ACSA DASSA MOSAIC CPP O'Brien Street Practice
	Deliver an education program with agreed milestones for the HIV sector workforce (eg short course on mental health, talking sex/sexual health, hepatitis B, case management).	Quarterly short course programs delivered on significant HIV topics, with high rates of attendance at all programs.	2010	HHPP	RASA
	Deliver focused training courses, building the capacity of agencies to work collaboratively with Aboriginal and high priority CALD communities and individuals.	Cross cultural training delivered in the first instance as part of implementation activities related to 1.2.3 and 1.3.2.	2009 and ongoing	HHPP	RASA PEACE AHCSA Nunkuwarrin Yunti

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
3.3.3 Increase the delivery of workforce development programs and HIV care and support for targeted workers in the mainstream health, disability and welfare system.	<p>Develop agreements with key agencies targeted in strategy 3.2.3 to ensure high level support and sustainability of targeted and strategic workforce development initiatives to build HIV knowledge and skills.</p> <p>Key liaison workers in targeted agencies identified and trained as contacts on issues of HIV.</p> <p>Develop and deliver a program of HIV education for targeted priority mainstream agencies.</p> <p>Establish agency training and support for workers to address specific issues being encountered by agencies in their work with PLWHA.</p>	<p>Agreements developed with the housing and aged care sectors to support training initiatives.</p> <p>Key liaison workers in housing and aged care sectors trained.</p> <p>Training delivered to housing and aged care sectors.</p> <p>Increased numbers of targeted training activities delivered as required.</p>	2011 and ongoing	HHPP	RASA PLWHA SA Women's HIV project GMH PEACE ADAC

Priority Action Area 4: HIV/AIDS Research and Surveillance

South Australia is a contributor to National HIV/AIDS research and surveillance, but also conducts some targeted research within the State to inform program planning and evaluate the success of initiatives. This section of the plan lists targeted research activities.

Actions in this area contribute to the achievement of:

- > two of the priority areas for action in the National HIV/AIDS Strategy (2005-2008)
 - > HIV testing
 - > A clearer direction for HIV/AIDS research
- > two of the Strategic Directions in the SA Health Strategic Plan (2007-2009)
 - > Strengthening primary health care
 - > Improving the health of Aboriginal people.

Objective 4.1: Research and surveillance activities contribute to the planning and delivery of high quality services.

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
4.1.1 Increase the data available for long range planning of services to particular groups of PLWHA or vulnerable to HIV infection.	Design and implement a mapping exercise to collect de-identified data about the numbers, needs and postal codes of PLWHA living outside metropolitan Adelaide, particularly those living in remote locations.	Mapping exercise completed.	2009	HHPP	Adelaide University CPP O'Brien Street Practice Specialist Treatment Centres STD Services RDNS SADS
	Conduct a study through the major HIV treatment centres to analyse the care and clinical outcomes of women with HIV in South Australia.	Clinical outcomes of women at major treatment centres documented.	2010	HHPP	Specialist Treatment Centres STD Services HIV Women's project PLWHA SA
	Work with the National HIV Research Centres to establish a viable research study to investigate changes in safe sex practices in the SA sex industry.	National Research Centres work with sex workers to conduct a study and publish results.	2010	HHPP	Adelaide University SIN

Strategy	Activity	Performance Indicators	Timeline	Lead Agency	Partner Agencies
	Determine a process for a periodic population analysis of South Australians with HIV, taking into account complexity of need, for use in planning services.	A complexity of need scale developed.	2010	HHPP	Adelaide University Specialist Treatment Centres STD Services RDNS ADAC PLWHA SA ACSA SADS
	Promote increased participation of South Australians who are HIV positive in National studies and conduct additional local research to gain a better understanding of the experiences of PLWHA in SA.	Higher rates of South Australian respondents in national research studies.	2009 and ongoing	HHPP	Adelaide University PLWHA SA ACSA PEACE HIV Women's project ADAC GLCS SA MOSAIC RDNS
	Build strong links with local academic and research institutions to increase the information available for the planning of future HIV prevention, care and treatment services.	Increased collaboration between SA government and academic and research institutions in undertaking studies on people with HIV.	2010 and ongoing	HHPP	Adelaide University

Figure 1.1 HIV infection detected in South Australia, 1985-2007. Sex by year of diagnosis (three year moving average).

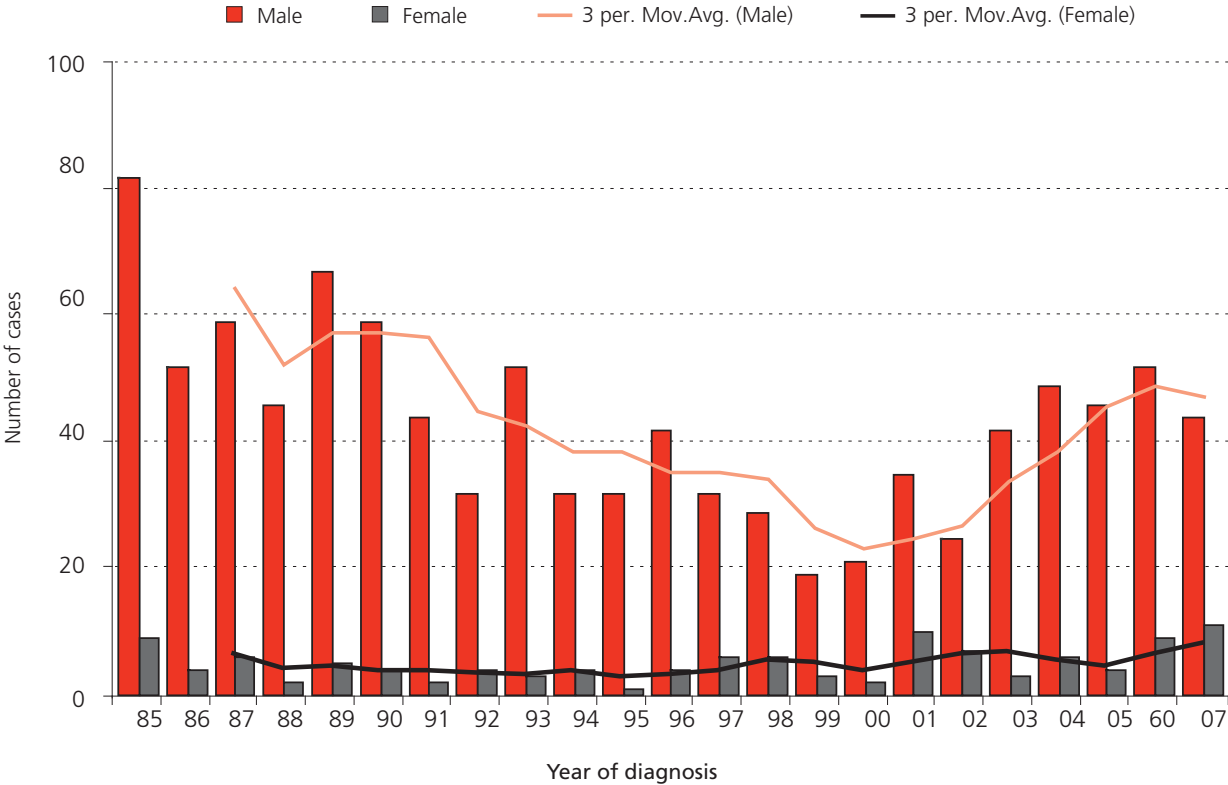


Table 1.1 HIV infection detected in South Australia, 1985-2007.
Exposure category by sex and year of diagnosis.

EXPOSURE CATEGORY	MALE							TOTAL	
	85-89	90-94	95-99	00-04	2005	2006	2007	NO.	%
Homosexual	220	154	108	109	26	27	25	669	67
Bisexual	8	14	10	17	5	5	5	64	6
Homosexual/IDU	17	7	5	9	2	5	2	47	5
Heterosexual	3	11	5	5	4	5	1	34	3
Heterosexual (overseas)	-	7	14	17	7	4	7	56	6
IDU	44	8	4	11	2	3	3	75	7
Blood products	7	-	-	1	-	-	-	8	1
Other*	2	1	1	-	-	1	1	6	1
Unknown	5	17	7	3	-	2	-	34	4
Total	306	219	154	172	46	52	44	993	

EXPOSURE CATEGORY	FEMALE							TOTAL	
	85-89	90-94	95-99	00-04	2005	2006	2007	NO.	%
IDU	19	3	1	5	1	2	1	32	29
Blood products	2	-	-	-	-	-	-	2	2
Heterosexual	4	10	6	9	-	3	3	35	30
Heterosexual (overseas)	-	3	11	14	2	4	5	39	34
Other*	1	1	1	-	-	-	2	5	3
Unknown	-	-	1	-	1	-	-	2	2
Total	26	17	20	28	4	9	11	115	

*includes occupational exposure, MTCT,

Table 1.2 HIV infection in South Australia, 2003-2007.
Likely location of acquisition of infection by year of diagnosis.

LOCATION	2003	2004	2005	2006	2007	TOTAL	
SA	33	36	29	40	30	168	63
Interstate	2	4	7	5	2	20	8
Overseas	6	13	9	7	15	50	19
O/seas known positive*	3	-	4	4	8	19	7
Unknown	1	2	1	5	-	9	3
Total	45	55	50	61	55	266	

*Known positive HIV diagnosis before entry into Australia

For more information

**HIV / Hepatitis C Policy and Programs
Communicable Disease Control Branch
SA Health
Telephone: 08 8226 7177
Email: cdc@health.sa.gov.au
<http://www.health.sa.gov.au>**

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