

Division of the Chief Health Officer

Strategic
Directions
for **HIV/AIDS,**
Hepatitis C and
Sexual Health

2009–2012

Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012 is part of a suite of planning and reporting documents which describe the work of the population health services within the Division of the Chief Health Officer.

The complete suite includes:

- *Population Health Year in Review 2008–2009*
- *Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014*
- *Strategic Directions for Cancer Prevention and Control 2009–2012*
- *Strategic Directions for Chronic Disease Prevention 2009–2012*
- *Strategic Directions for Communicable Disease Prevention and Control 2009–2012*
- *Strategic Directions for Environmental Health 2009–2012*
- *Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012*
- *Strategic Directions for Injury Prevention and Safety Promotion 2009–2012*
- *Strategic Directions for Mental Health Promotion 2009–2012*
- *Strategic Directions for Quality Management 2009–2012*

Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012

Division of the Chief Health Officer

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Message from the Chief Health Officer

Queenslanders are generally very healthy compared to people in other parts of Australia and the world. However, there is still a range of population health challenges that need to be addressed. The rate of chronic diseases (such as diabetes, heart disease and cancer) is growing, and substantial inequalities in health status for Aboriginal and Torres Strait Islander people, socioeconomically disadvantaged people and those living in rural and remote locations continue to be of concern.

The Division of the Chief Health Officer is the primary provider of prevention, promotion and protection services for Queensland Health. These services are known collectively as population health or public health services, and are provided by statewide branches and units and 17 population health units located throughout the state.

Population health services work toward achieving a positive and healthy future for all Queenslanders, including reducing the health status gap between the most advantaged and the least advantaged people in the community.

Responsibilities of Queensland Health's population health services include implementing health promotion interventions at the state and local level, undertaking health surveillance and disease control initiatives, developing and implementing public health legislation, and addressing environmental health hazards. Population health services are provided by a professional workforce comprising environmental health officers and scientists, health promotion officers, public health officers, epidemiologists, public health nurses, public health nutritionists, public health medical officers, immunisation nurses and physicists.

Population health staff work with a range of partners including local government, private industries, educational institutions, childcare providers, and other state government departments. These partners have an important role to play in creating physical and social environments which prevent illness and injury and promote health and wellbeing.

Our strategies contribute to Queensland Health's commitments under the National Partnership Agreement on Preventive Health, and the National Indigenous Reform Agreement. The Queensland Government's vision for 2020 has been described in *Toward Q2: Tomorrow's Queensland* in terms of five ambitions. One of these ambitions is 'making Queenslanders Australia's healthiest people'. Our work will contribute significantly to this aspiration.

The complete body of work that the Division's population health services will undertake over the next three years is identified in our eight strategic directions documents. These documents outline how we will contribute to the Q2 target. They also describe the current and proposed approach to manage health risks, and to prevent and/or respond to public health events. The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) acts as timely reminder of the need for meticulous health protection planning and response.

I trust that you find these strategic directions documents informative. For our staff, I hope these documents will enable us to work together to address priority issues over the next three years. For our stakeholders, I hope these documents give you an insight into our future directions to facilitate collaborative actions across a range of issues. I look forward to continuing to work with you all to promote and protect the health and wellbeing of Queenslanders.

Dr Jeannette Young
Chief Health Officer, Queensland Health



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Vision

Increased **provision** of,
and **access** to, services for HIV/AIDS,
hepatitis C and sexual health

Introduction

Human immunodeficiency virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), hepatitis C virus (HCV) and sexually transmissible infections (STIs) are significant public health issues for Queenslanders which present many challenges in the areas of education, prevention, care management and treatment.

Queensland's whole-of-government HIV/AIDS, hepatitis C and sexual health strategic response is outlined in the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*¹.

The Strategy addresses the three program areas of HIV/AIDS, hepatitis C and sexual health as, in many communities, these programs are delivered by a single service agency. Populations and sub-groups are at risk of the range of STIs and blood-borne viruses, and services, either directly or indirectly, address a combination of HIV, HCV and sexual health issues in their health promotion, prevention and education or treatment programs. The Strategy facilitates a holistic approach to service delivery and supports the use of local resources to address the health needs of people in target groups and manage co-morbidity appropriately.

Queensland Health is committed to implementing the Strategy, and population health services within the Division of the Chief Health Officer are responsible for coordinating the implementation and evaluation. The Strategy focuses on populations within the community at highest risk for these diseases.

The five strategic priority areas of the Strategy are:

- an enabling environment
- education and prevention
- early detection, care management and treatment
- training and professional development
- research and surveillance.

Within this context, Queensland Health commits to improving the sexual health of members of our Aboriginal and Torres Strait Islander communities. A range of strategies will be implemented under the *National Partnership Agreement on Indigenous Early Childhood Development 2009-2014*² which will provide five-year funding for HIV/AIDS, HCV and sexual health initiatives for Indigenous people in Queensland.

HIV/AIDS

HIV/AIDS continues to present many challenges, despite a reduction in deaths and disease progression due to effective management with antiretroviral therapies. There have been a total of 2863 cases of HIV infection recorded in Queensland to 31 December 2008³. Approximately 40 per cent of these cases have been diagnosed with AIDS, with just over 709 AIDS deaths recorded to date. AIDS diagnoses and AIDS related deaths have declined sharply since the mid 1990s.

HIV notifications in Queensland have risen by 74 per cent since 2001. Notifications in 2008 (167) increased by only one per cent compared with 2007. The number of seroconverters has also generally been rising over this time with 59 of the 143 notifications in 2006, and 49 of 167 notifications in 2007, known to be seroconverters. The pattern of notifications by gender and exposure category in recent years remains similar to previous years, with the majority (approximately 75 per cent) of new notifications among men who have sex with men (msm). While overall numbers of heterosexual transmission remain small, notifications in recent years have risen and need to be monitored closely.

HCV

HCV is a blood borne viral disease (transmitted through blood-to-blood contact) that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. The incidence of HCV among the highest risk group (injecting drug users) has not decreased in recent years, indicating the difficulty of controlling blood borne viruses where prevalence is high. Previous Australian studies have estimated the prevalence of HCV in the Australian population to be between 1 and 2.3 per cent, with a higher prevalence in specific high-risk populations¹. Between 2004 and 2008⁴ Queensland Health received 13,359 HCV notifications. Data collection in Queensland does not currently distinguish acute and chronic infections. Enhanced surveillance methods for HCV have been recently implemented to improve availability of incidence data.

There is no vaccine available for HCV, but the efficacy of HCV treatments has substantially improved in recent years. Treatment and management of people with HCV infection requires a multidisciplinary approach. While current treatment outcomes with the combined treatment therapy of pegylated interferon and Ribavirin are good, the number of people accessing treatment remains relatively small. At least a trebling of the number of people on treatment is required to make any impact on the prevalence of HCV and the long-term demands and costs of HCV infection on the health care system. New strategies are required to control this infection, including strengthening collaboration across population health approaches to prevention and management of hepatitis C.

Other STIs

Other STIs also represent an increasing risk to the Queensland population. For instance, chlamydia has become the most commonly notifiable disease in Queensland with 15,009 notifications in 2008, which is a 73 per cent increase since 2004. Notifications of gonorrhoea also increased in 2008 (36 per cent over 2004 figures)⁵. Chlamydia and gonorrhoea disproportionately affect Australia's Indigenous populations, young people and women.

Notifications of infectious syphilis declined in 2008 (204) from 2007 notifications (255), but are 86 per cent higher than in 2004 (109). From 2004 to 2008, two different patterns presented for Indigenous and non-Indigenous populations. For the Aboriginal and Torres Strait Islander population, infectious syphilis decreased by 49 per cent. For non-Aboriginal and Torres Strait Islander people, the syphilis notification rate increased threefold with males making up 93 per cent of these cases. This increase, representing 182 men in 2008, has been largely due to increased transmission of syphilis amongst msm⁶.

The association between STIs and HIV acquisition and transmission makes STI prevention targeting gay men and other msm a priority. Mathematical modelling undertaken by the National Centre in HIV Epidemiology and Clinical Research predicts that if STI rates in gay men in Queensland remain at 2006 values, there will be a 20 per cent increase in HIV in this population by 2015⁷. A stakeholder working group, PRISM (Proactive Responses to Improving Sexual health for Men who have sex with men), consisting of staff from government and

non-government organisations, and clinical and health promotion professions, meets monthly to address issues and develop strategies in relation to STIs in gay and msm populations. Three areas of focus are:

- addressing barriers to msm HIV and STI screening for msm populations and general practitioners
- addressing the gaps in current information and knowledge
- meeting workforce development needs.

Reducing STIs is critical in the effort to prevent HIV establishing itself in other high risk populations. The general management of STIs requires attention, coordination and appropriate resources. Increasing the capacity and reach of contact tracing for chlamydia is a key focus.

Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011

The first three years of the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*¹ have been completed. The Strategy broadly targets all those affected by HIV, HCV and STIs in Queensland. For people living with HIV, HCV or STIs, the strategy seeks to minimise impacts on their health, by identifying and responding to their needs and issues, especially those associated with care management and treatment. It also recognises the issues associated with co-morbidity. An external mid-term review was conducted in 2008 and has resulted in the development of a 2009–2011 Implementation Action Plan.

The *Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012* will contribute to the goals and objectives in key national and state strategies including:

- *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*¹
- *National HIV/AIDS Strategy 2005–2008*⁸
- *National Hepatitis C Strategy 2005–2008*⁹
- *National Sexually Transmissible Infections Strategy 2005–2008*¹⁰
- *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005–2008*¹¹

What are we seeking to achieve over the next three years?

This document identifies priority actions for addressing HIV, HCV and STIs over the next three years. Overall progress against these actions will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting. Annual reporting will inform decisions about policy, practice and future investment.

What we are seeking to achieve	How will we know?
Reduced HIV infection rates particularly in gay and other men who have sex with men	<ul style="list-style-type: none"> Number (and rates) of annual HIV notifications in the Queensland population, reported by population group, gender and risk behaviour Number of new infections (seroconversion data), reported by population group, gender and risk behaviour
Reduced rates of STIs, particularly in young people, Aboriginal and Torres Strait Islander people, msm and others at high risk	<ul style="list-style-type: none"> Number (and rates) of STI notifications in the Queensland population, reported by population group (eg. Aboriginal and Torres Strait Islander peoples), gender and age
Reduced rates of HCV infection in high risk populations	<ul style="list-style-type: none"> Number (and rates) of HCV annual notifications Number and percentage of injecting drug users who have HCV, reported through the national fingerprick survey and other injecting drug user surveillance reports
Improved health and wellbeing for people living with blood borne viruses and STIs	<ul style="list-style-type: none"> Number and proportion of people participating in relevant population-based surveys who self-report improvement in health and wellbeing

Strategic agenda

1. Primary prevention

Primary prevention activities addressing HIV, HCV and STIs have a health promotion and health protection approach with actions taken to avoid or remove the cause of these infections in individuals and populations.

What are we going to do over the next three years?

- Implement and evaluate safe sex promotion targeting young people and other groups at high risk of STIs, including:
 - supporting and reinforcing messages from the Safe Sex No Regrets campaign
 - engaging and connecting with national campaigns
 - developing and implementing local community activities
 - linking with other relevant campaigns targeting these groups (eg. alcohol misuse)
- Develop, implement and evaluate a population-wide sexual health promotion project targeting populations living in remote Far North Queensland, and use learnings to inform sexual health promotion in other areas
- Support community-based organisations, other non-government service providers and Queensland Health services to deliver HIV and other STI prevention campaigns, programs and services targeting high risk groups, including negotiating new service agreements and effectively managing these contracts
- Promote increased sexual health testing and follow-up for high risk groups including msm, young people, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds
- Address threats of HIV transmission in emerging at risk groups (eg. heterosexual men travelling/working overseas) by:
 - implementing targeted communication and social marketing campaigns
 - using networking opportunities, especially with Family Planning Queensland and major employers
 - seeking national support and a national focus
- Lead the review of the *HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*, and complete its implementation
- Evaluate current approaches to support sex education initiatives in high schools including advocating for the uptake of successful models for sex education curriculum in all schools, with Education Queensland and Family Planning Queensland
- Explore additional HCV prevention strategies, informed by national research, and develop and implement an agreed approach, including:
 - integrating activities with other relevant programs, including the Queensland Needle and Syringe Program
 - increasing access to new injecting equipment consistent with the national program
 - working with Queensland Corrective Services to address offender health
- Participate in the review of the four national strategies and revise state approaches to ensure alignment with national strategies

2. Secondary prevention and treatment

Secondary prevention activities addressing HIV, HCV and STIs take an early detection approach to facilitate treatment and/or cure, thereby reducing or preventing further transmission or long-term effects.

What are we going to do over the next three years?

- Develop, implement and evaluate models of care for people living with HIV/AIDS which optimally use the available workforce, including:
 - addressing co-morbidity issues (eg. by integrating specialist HIV services with other chronic disease prevention services)
 - seeking opportunities to expand services to regional locations
 - implementing strategies to link specialist HIV treatment services with general practitioners
 - promoting the routine use of smoking prevention brief interventions
 - developing and reporting against benchmarks for HIV clinical care
- Develop initiatives to support people with HCV including:
 - finalising HCV Treatment and Care Guidelines
 - promoting the use of brief intervention tools (eg. alcohol) to general practitioners and nurses working with HCV clients
 - further enhancing access to treatment, based on evaluation results of the Shared Care program
- Provide and promote HIV Non-occupational Post Exposure Prophylaxis (NPEP) program statewide, including:
 - updating state guidelines to ensure consistency with national guidelines
 - developing and implementing national strategies to improve effectiveness and cost-effectiveness of the program
 - increasing awareness and understanding of the guidelines by Emergency Department clinicians
- Implement the Queensland Protocol for the Management of People with HIV Who Place Others at Risk and support those involved in implementation by:
 - providing advice and training, using courses such as the HIV prescribers annual update
 - developing strategies to ensure clinicians are aware of their responsibilities
- Promote increased sexual health testing and follow-up for high risk groups including msm, young people, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds, including:
 - increasing workforce capacity to conduct testing in correctional facilities
 - building towards systematic testing and follow-up in Aboriginal and Torres Strait Islander communities
 - developing innovative strategies for increasing access to STI testing and treatments.

3. Health sector capacity

Queensland has a rapidly growing population with an increasing burden of disease associated with rising STI notifications (including HIV) and sustained high incidence and prevalence of HCV. Increased health services are needed to meet the associated health needs of the Queensland population.

What are we going to do over the next three years?

- Lead the governance and reporting of Queensland Health commitments in the 2009–2011 Implementation Action Plan of the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*
- Develop programs and resources to support enhanced contact tracing and management, particularly relating to chlamydia and gonorrhoea infections identified by general practitioners
- Provide increased opportunities for training and development of the HIV/AIDS, HCV and sexual health (HAHCSH) workforce
- Improve the way we work with Health Service District management, including
 - increasing awareness of population health services' role in HIV/AIDS, HCV and sexual health
 - advocating for higher priority for sexual health promotion
 - identifying and using opportunities to engage Health Service District CEOs in service issues
- Implement integrated information systems for the sexual health, tuberculosis and Mobile Women's Health Service programs
- Build capacity within the HAHCSH workforce to undertake collaborative research with the university sector
- Implement a system of regular and timely reporting of infection epidemiological trends and analysis, including HIV
- Increase capacity of the clinical HAHSCH workforce to allow for succession planning

Attachment A

Deliverables for 2009–2010*

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Primary prevention		
1.1 Implement and evaluate safe sex promotion targeting young people and other groups at high risk of STIs	<p>Work with other units and services within Queensland Health to explore incorporation of safe sex/sexual health promotion within health promotion plans and strategies targeting young people</p> <p>Investigate partnership opportunities with key stakeholders to address recommendations from the 2009 Strategy Consultation Forum</p> <p>Facilitate the work of the Safe Sex No Regrets Steering Group and PRISM Working Group informing campaign development, implementation and evaluation</p>	Support implementation of Queensland Safe Sex No Regrets initiatives with regional activities coordinated by HAHCSH coordinators
1.2 Develop, implement and evaluate a population-wide sexual health promotion project targeting populations living in remote Far North Queensland, and use learnings to inform sexual health promotion in other areas	Seek additional funding for the Health Promotion Queensland Aboriginal and Torres Strait Islander communication campaign project in Far North Queensland	<p>Develop a 12 week serialised radio play in the Torres Strait supported by community awareness and engagement activities to promote discussion</p> <p>Complete the life history study of Gay Men and Sister Girl and other adults in the Torres and Northern Peninsula Area Health Service District (TNPA)</p> <p>Further develop community capacity by adapting existing empowerment strategies, including Youth and Relationships Networks (YARN)</p>

* This attachment includes deliverables against the reform agenda only. Ongoing work is described in Attachment B. All population health strategies are conducted in a collaborative manner. Lead agencies have been identified in the responsibilities columns.

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Primary prevention (continued)		
<p>1.3 Support community-based organisations, other non-government service providers and Queensland Health services to deliver HIV and other STI prevention campaigns, programs and services targeting high risk groups, including negotiating new service agreements and effectively managing these contracts</p>	<p>Support the establishment of a service to deliver the HIV and Other STI prevention program targeting sex workers in Queensland</p> <p>Establish new service agreements with agencies</p> <p>Plan and facilitate new reporting framework including written reports and face-to-face meetings</p> <p>Fund and facilitate HIV and Sexual Health Clinicians Forum and Research Forum</p> <p>Support planning for the Australasian Sexual Health and HIV/AIDS Conferences, and participate in forums, panels and presentations</p> <p>Finalise clinical management guidelines for nurses and medical officers in sexual health</p>	<p>Provide advice and support to community-based organisations at the regional and local level to inform development, implementation and evaluation of program initiatives</p> <p>Involve Health Service Districts in the implementation of strategies (where appropriate), facilitated by HAHCSH coordinators</p> <p>Maintain service agreements with Queensland Association for Healthy Communities, James Cook University, University of Queensland, Mura Kosker, and Northern Peninsula Area Women's Shelter to help build community capacity and develop effective sexual health communications in TNPA Health Service District</p>
<p>1.4 Address threats of HIV transmission in emerging at risk groups (eg, heterosexual men travelling/working overseas)</p>	<p>Support implementation and evaluation of the Far North Queensland travellers (heterosexual) social marketing campaign delivered through Family Planning Queensland</p>	<p>Collaborate with Family Planning Queensland (Cairns) in the development, implementation and evaluation of the heterosexual campaign in Far North Queensland</p> <p>Scope deliverables for a communications strategy in the Torres Strait Treaty Zone, and commence development of deliverables</p>
<p>1.5 Lead the review of the <i>HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011</i>, and complete its implementation</p>	<p>Facilitate the implementation of the Strategy Implementation Action Plan 2009–2011, including new reporting framework</p> <p>Develop plan for evaluating the Strategy (evaluation to commence in 2010)</p>	<p>Facilitate stakeholder input into the review and Implementation Action Plan development processes and provide support to consultants</p>

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Primary prevention (continued)		
<p>1.6 Evaluate current approaches to support sex education initiatives in high schools including advocating for the uptake of successful models for sex education curriculum in all schools, with Education Queensland and Family Planning Queensland</p>	<p>Establish a formal mechanism to routinely engage with Curriculum Branch, Department of Education and Training and Queensland Health's Communicable Diseases Branch</p>	<p>Develop networks with school principals and teachers</p> <p>Support Family Planning Queensland school based youth health nurses and other partners to improve the capacity of the District Men's and Women's Health Program (MWHP) teams to support the delivery of school based education</p> <p>Develop a project with Family Planning Queensland and Education Queensland that aims to improve the capacity to provide high quality school based sex education in Far North Queensland (subject to funding)</p>
<p>1.7 Explore additional HCV prevention strategies, informed by national research, and develop and implement an agreed approach</p>	<p>Collaborate with key stakeholders to prioritise future blood borne virus prevention strategies in consideration of the recommendations of the Robert Griew report and other relevant reports</p>	
<p>1.8 Participate in the review of the four national strategies and revise state approaches to ensure alignment with national strategies</p>	<p>Participate in national strategies development processes</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Secondary prevention and treatment		
2.1 Develop, implement and evaluate models of care for people living with HIV/AIDS which optimally use the available workforce	Support the implementation of the recommendations of the Queensland HIV Models of Care project through funding, advice and participation in working groups	Support community-based program (Queensland Positive People) initiatives (eg. local peer support networks)
2.2 Develop initiatives to support people with HCV	Progress the development of the Hepatitis C Treatment and Care Framework, considering the recommendations of the evaluation of the HCV Shared Care initiative Facilitate discussion with HCV clinicians and key stakeholders regarding models of treatment and care management	Consider outcomes of the Review of Best Practice for Alcohol Reduction for people with Hepatitis C, as part of the HCV health promotion project in Far North Queensland
2.3 Provide and promote HIV Non-occupational Post Exposure Prophylaxis (NPEP) program statewide	Progress the implementation of recommendations from the 2007 review of Queensland's NPEP program Disseminate findings of the review project report and support local implementation of recommendations Work with Centre for Health Care Related Infection Surveillance and Prevention to review the relevant sections of the Queensland Infection Control Guidelines, and consider opportunities for staff training	Provide access for clients of services, and training for health service staff in relation to the NPEP guidelines, and ensure consistency with prescribing
2.4 Implement the Queensland Protocol for the Management of People with HIV Who Place Others at Risk and support those involved in implementation	Use the findings from the HIV clinicians meeting to inform the development of a strategy for training clinicians relating to the Protocol	Promote rights and responsibilities brochure and appropriate application of Protocol to clinicians

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Secondary prevention and treatment (continued)		
<p>2.5 Promote increased sexual health testing and follow-up for high risk groups including msm, young people, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds</p>	<p>Implement and coordinate Phase 1 of Contact Tracing Support Officer project</p> <p>Tender for the development and implementation of a sexual health and positive lifestyle program and information technology communication strategy for indigenous youth</p> <p>Consider the recommendations of the chlamydia testing trial in relation to future use of postal kits</p> <p>Support the steering group implementing Safe Sex No Regrets initiatives regionally</p>	<p>Assist in the finalisation of Queensland Health protocols for the management of Papua New Guinea Nationals presenting to Queensland Health facilities in the Torres Strait that include a proactive approach to STI testing and treatment</p> <p>Continue to implement and monitor an intensive STI testing and treatment strategy for young people (15 to 24 years) in Cape York and Torres Strait (Young Person Check)</p> <p>Support trials of various testing protocols in appropriate settings</p>

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
3. Health sector capacity		
<p>3.1 Lead the governance and reporting of the Queensland Health commitments in the 2009–2011 Implementation Action Plan of the <i>Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011</i></p>	<p>Conduct annual consultation forum and prepare annual report for State Cabinet</p> <p>Develop a streamlined reporting process</p>	
<p>3.2 Develop programs and resources to support enhanced contact tracing and management, particularly relating to chlamydia and gonorrhoea infections identified by general practitioners</p>	<p>Advocate for the inclusion of a contact tracing item under the Medicare Benefit schedule</p> <p>Implement and coordinate Phase 1 of Contact Tracing Support Officer</p>	<p>Develop communication strategy relating to general practitioners contact tracing responsibilities</p> <p>Implement enhanced gonorrhoea surveillance in Cairns with a view to improving gonorrhoea management</p> <p>Continue gonorrhoea enhanced surveillance in the TINPA Health Service District with the aim of improving chlamydia/gonorrhoea management and contact tracing effectiveness</p> <p>Continue the Cairns gonorrhoea project to evaluate the potential role of enhanced surveillance in improving clinical management</p>
<p>3.3 Provide increased opportunities for training and development of the HAHCSH workforce</p>	<p>Reconvene sector workforce development group to consider recommendations of the workforce development and training audit</p> <p>Monitor and support Aboriginal and Torres Strait Islander sexual health worker short course in sexual health competencies and skills development</p> <p>Evaluate the HAHCSH training program for service providers working with young people</p>	<p>Finalise report on ongoing needs of Aboriginal and Torres Strait Islander sexual health workers, including identification of sexual health training pathways</p> <p>Design, implement and evaluate the authorisation course for Aboriginal and Torres Strait Islander sexual health workers</p>

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
3. Health sector capacity (continued)		
3.4 Improve the way we work with Health Service District management	Collaborate with coordinators to establish new regional plans to replace the previous area health service plans	Develop a mechanism to facilitate communication with senior district health staff Pilot formal accountability statements in Tropical Population Health Services
3.5 Implement integrated information systems for the sexual health, tuberculosis and Mobile Women's Health Service programs	Support the development and rollout of the Population Health Information and Clinical Services Solution (PHICSS)	Facilitate trialling and testing to support development of the Population Health Information and Clinical Services Solution
3.6 Build capacity within the HAHCSH workforce to undertake collaborative research with the university sector	Explore links with Queensland University of Technology regarding chlamydia research project addressing epidemiology, prevention and control Negotiate with the Office for Health and Medical Research to provide services to link academics and clinicians on current and future research projects, through a whole of population health services approach Investigate options to facilitate sexual health clinical network	

Attachment B

Ongoing work roles and responsibilities

Statewide unit responsibilities	Population health unit responsibilities
1. Enabling environmental strategies	
<p>Collaborate with relevant government departments and non-government service providers to support implementation and monitor progress on the Strategy</p> <p>Represent Queensland Health on the Office for Aboriginal and Torres Strait Islander Health (OATSIH) Sexual Health Working Group</p> <p>Represent Queensland on national committees and sub-committees including Blood Borne Viruses and Sexually Transmissible Infections Sub-Committee (BBVSS), Intergovernmental Committee on Drugs (IGCD) and BBVSS Working Group</p> <p>Manage service agreements with funded community based organisations and non-government organisations, including six-monthly performance reports</p> <p>Provide secretariat support for the Ministerial Advisory Committee for HIV/AIDS, Hepatitis C and Sexual Health</p> <p>Liaise with HAHCSH coordinators on across-program issues and coordinate six-monthly reporting</p> <p>Provide written advice (eg. Ministerial, letters, memos, briefings, questions on notice) as requested</p> <p>Inform health policy which impacts on the planning and delivery of HIV/AIDS, HCV and sexual health services</p> <p>Liaise with service providers and relevant stakeholders in relation to issues affecting target populations</p> <p>Maintain working knowledge of relevant Queensland Health policy, procedures and programs</p> <p>Liaise with Needle and Syringe Program Management Unit and other relevant stakeholders to ensure coordinated approach to BBV prevention issues</p>	<p>Monitor Health Service District progress against the HHCSTI Strategy Implementation Action Plan 2009–2011</p> <p>Collaborate with relevant government department representatives and non-government service providers to support Strategy implementation and monitor progress</p> <p>Support the initiation or maintenance of HSD networks of sexual health clinicians</p> <p>Convene regional interagency HIV, HCV and sexual health advisory bodies</p> <p>Work with school-based youth health nurses and relevant teachers to support schools to deliver education information and resource materials on HIV, HCV and STI issues</p> <p>Routinely maintain and update local HAHCSH policies and protocols in accordance with changes, quality standards and Queensland Health guidelines</p> <p>Participate in population health services and Health Service District planning processes for the delivery of the HAHCSH program</p> <p>Liaise with service providers and other relevant stakeholders in relation to issues affecting target populations</p> <p>Inform local Health Service District policy and planning which impacts on the planning and delivery of HIV/AIDS, HCV and sexual health services</p> <p>Respond to requests to brief committees, deliver teaching sessions and present at conferences on sexual health</p> <p>Manage service agreements with community organisations and academic institutions in the development of the Torres sexual health communications project</p>

Statewide unit responsibilities	Population health unit responsibilities
2. Education and prevention strategies	
<p>Continue to oversee administration of NPEP</p> <p>Monitor the review and update of the HAHCSH website</p> <p>Develop systematic approach to review of websites</p> <p>Promote sexual health services through advertising in specialist media eg. gay press</p> <p>Develop, implement and evaluate the 2009–2010 HIV Prevention Action Plan in collaboration with the Queensland Association for Healthy Communities, Queensland Positive People, Positive Directions and other key stakeholders</p>	<p>Implement and support condom social marketing</p> <p>Oversee local projects funded through the Australian Government Hepatitis C Education and Prevention Initiative</p> <p>Identify emerging issues and provide an educational response</p> <p>Develop, implement, and coordinate programs that seek to enable safer sexual and injecting behaviours, as well as access to primary prevention strategies</p> <p>Include sexual health research and evidence based care issues in general practitioner and other health professional newsletters</p> <p>Reflect and report on the effective and appropriate local administration and prescription of NPEP, in line with best practice guidelines</p> <p>Support the coordination of teams of health professionals to identify, plan, implement, and assess relevant local health promotion strategies (including representatives for target groups whose behaviours place them at risk as identified in the national and state strategies)</p>

Statewide unit responsibilities	Population health unit responsibilities
3. Early detection, care management and treatment strategies	
<p>Promote and facilitate implementation of national HIV and HCV testing policies</p> <p>Work with Mental Health Branch to revise and update HIV and HCV mental health protocols</p> <p>Promote, monitor, evaluate and report on the Aboriginal and Torres Strait Islander Polymerase Chain Reaction (PCR) STI Testing Program</p> <p>Manage cases under the <i>Protocol for the Management of People Living with HIV who Risk Infecting Others</i></p>	<p>Offer appropriate tests to clients at sexual health clinics and develop appropriate outreach programs</p> <p>Develop, implement, and coordinate programs that enable wider access to and better targeting of testing and treatment strategies</p> <p>Maintain and promote access to and use of current evidence based resources, including guidelines and manuals</p> <p>Audit services and client records to ensure treatment and management of people with HIV, HCV and STIs is consistent with best practice and incorporates new and emerging research evidence and technologies</p> <p>Continue to support district sexual health teams in the delivery of sexual health services in remote areas</p> <p>Continue to provide weekly reports of new diagnoses of bacterial STI to remote sexual health teams</p>

Statewide unit responsibilities	Population health unit responsibilities
4. Training and professional development strategies	
<p>Monitor progress of HIV, HCV and sexual health promotion training for people working with young people (Family Planning Queensland)</p> <p>Support ongoing workforce development projects, particularly those provided through the funded project at the University of Queensland School of Medicine</p> <p>Participate in the organisation of the Deadly Sex Congress</p> <p>Support and participate in national professional development forums, particularly the Australasian Society of HIV Medicine conferences</p> <p>Continue to support scholarship programs eg. sexual health nurse scholarship</p>	<p>Produce newsletters to communicate with HAHCSH workforce</p> <p>Support Aboriginal and Torres Strait Islander health workers to attend relevant training</p> <p>Continue to support, and as able, fund the University of Queensland School of Medicine educational opportunities for general practitioners and other workers in the health industry identifying education needs through feedback via local networks</p> <p>Maintain professional connectivity by attending relevant forums (as appropriate) and maintaining professional memberships</p>

Statewide unit responsibilities	Population health unit responsibilities
5. Research and surveillance strategies	
<p>Provide advice as necessary to national research projects</p> <p>Monitor progress of the Prison Entrants Blood Borne Virus survey and reporting</p> <p>Monitor ongoing Queensland research projects</p> <p>Collect, analyse and distribute data</p> <p>Produce regular reports on trends and surveillance</p> <p>Promote and facilitate statewide and national social research studies including:</p> <ul style="list-style-type: none"> – Queensland Gay Periodic Survey – National Fingerprick Study – National Cohort: HIV Risk Behaviours Study – HCV Enhanced Surveillance Study – HIV Seroconversion Study – Australian Chronic Hepatitis C Observational Study (Queensland section) – Australian Research Centre in Sex, Health and Society research studies such as the National Secondary School Survey (Queensland analysis) 	<p>Maintain syphilis register</p> <p>Participate in clinical trials for the treatment and management of HIV, HCV and STIs as available</p> <p>Support clinicians with training in new Population Health Information and Clinical Services Solution database which will enhance potential of local research and surveillance</p> <p>Maintain scrutiny of evidence based surveillance reports as relevant to localised HAHCSH activity and provide reports containing non-identifying data to appropriate key stakeholders</p> <p>Continue to regularly report on gonorrhoea enhanced surveillance</p> <p>Report on the evaluation of the Young People Check in each location and overall as a strategy</p> <p>Perform and report on location-based chlamydia/ gonorrhoea quality management audits, as needed</p>

References

1. Queensland Health. 2005, *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*, [Online] Available at: http://www.health.qld.gov.au/sexhealth/publication_policy.asp.
2. Council of Australian Governments. 2009, *National Partnership Agreement on Indigenous Early Childhood Development*, [Online] Available at: http://www.coag.gov.au/coag_meeting_outcomes/2008-10-02/docs/indigenous_early_childhood_NPA.pdf.
3. Unpublished data from the Notifiable Conditions Systems as cited, 10 June 2009.
4. Queensland Health. 2009, *Statewide Weekly Communicable Diseases Surveillance Report*, 11 May 2009, Queensland Health, Brisbane.
5. Queensland Health. 2009, *Statewide Weekly Communicable Disease Surveillance Report*, 24 May 2009, Queensland Health, Brisbane.
6. Queensland Health. 2006, *The Health of Queenslanders 2006*. Report of the Chief Health Officer Queensland, [Online] Available at: http://www.health.qld.gov.au/cho_report/default.asp.
7. Wilson, D, Hoare, A, Regan, D, Wand, H & Law, M. 2008, *Mathematical Models to Investigate Recent Trends in HIV Notifications Among Men Who Have Sex with Other Men in Australia*, [Online] Available at: [http://www.nchechr.unsw.edu.au/NCHECRweb.nsf/resources/HIV_Mod_FINAL_Rep/\\$file/Final+NCHECR+Modelling+Report.pdf](http://www.nchechr.unsw.edu.au/NCHECRweb.nsf/resources/HIV_Mod_FINAL_Rep/$file/Final+NCHECR+Modelling+Report.pdf).
8. Australian Government Department of Health and Ageing. 2005. *National HIV/AIDS Strategy 2005–2008: Implementation Plan*. [Online] Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-impl-plan>.
9. Australian Government Department of Health and Ageing. 2005. *National Hepatitis C Strategy 2005–2008: Implementation Plan*. [Online] Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-impl-plan>.
10. Australian Government Department of Health and Ageing. 2005. *National Sexually Transmissible Infections Strategy 2005–2008: Implementation Plan*. [Online] Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-impl-plan>.
11. Australian Government Department of Health and Ageing. 2005, *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005–2008: Implementation Plan*. [Online] Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-impl-plan>.



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