DEPARTMENT OF HEALTH

Northern Territory Sexually Transmissible Infections and Blood Borne Viruses

Strategic and Operational Plan

2019-2023

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NORTHERN TERRITORY GOVERNMENT

Contents

Disclaimer: Please note that throughout this document the term Aboriginal should be taken to include Torres Strait Islander.

Minister's Foreword

Whilst there have been national strategies in place, and disease-specific NT strategies, the Northern Territory Sexually Transmissible Infections and Blood Borne Viruses Strategic and Operational Plan 2019-2023 is the first sexual health strategic plan developed in and tailored for the Northern Territory. The Plan aims to reduce the impact of STI/BBV across the Territory, with an emphasis on reducing the burden of disease on priority populations.

The conceptualisation and development of the Plan has been stakeholder driven from the start and is a noteworthy example of what can be achieved through collaboration and engagement by organisations and people who are committed to improving the health and wellbeing of all who live, work and travel in the Territory.

It is informed by the most recent developments in bio-medical technology such as point-of-care tests, anti-retroviral treatments that have allowed HIV to be managed as a chronic condition, and direct-acting antivirals that cure hepatitis C. These developments and others change the way healthcare is delivered, promote the development of new models of care and innovative approaches for engagement that helps to shifts the emphasis to prevention-focussed health promotion, education and primary care. This in turn helps empower people to make better, more informed and self-determining choices about their own health. However, in addition to these expected follow-on effects of new technology this Plan supports the need to educate and support our population right now, particularly our young people, to promote their wellbeing and choice-making and to put in place provisions for that end.

I would like to thank the stakeholder organisations, and their representatives on the NT Sexual Health Advisory Group, for their concerted efforts and valuable input over a number of years to develop the Plan, which lays the groundwork for future collaboration towards shared goals and better sexual health outcomes for all Territorians.

Minister for Health
The Honourable Natasha Fyles MLA

Background

The Northern Territory (NT) has the highest rates of sexually transmissible infections (STI) and hepatitis B and C notifications in the country. The expansive area covered by the NT and its dispersed, often difficult to reach and mobile populations makes it a challenge for all NT health segments to achieve equitable sexual health outcomes when compared to other jurisdictions, particularly in a time of ongoing financial austerity across sectors. In addition, the proximity of the NT to a number of countries with high prevalence rates of STI and blood borne viruses (BBV), some with emerging (multi) drug resistant STI infections, is such that those who travel to and from these countries may be infected with an STI/BBV and risk onward transmission if they are undiagnosed and untreated. This requires an ongoing public health response from sexual health and primary healthcare services in the NT.

In 2016, the NT Sexual Health Advisory Group (SHAG) commenced a process of stakeholder consultations around the most effective approaches to improve the coordination of STI/BBV responses in the NT. These consultations resulted in the first NT STI/BBV Strategic and Operational Plan (hereafter referred to as the 'Plan'). The Plan aims to strengthen the role of the primary healthcare (PHC) sector in STI/BBV prevention, testing and early treatment, provide stakeholders with a reference document to guide their activities, improve coordination and collaboration, and avoid the costly duplication of programs. By doing so, the Plan will help reduce the burden of disease on individuals and communities in the NT, and reduce medium to long-term costs to the NT health system by reducing demand for secondary and tertiary care services.

The Plan's goals and objectives apply to all Territorians. However, some populations are more at risk of STI/BBV transmission and are disproportionately affected by increases in disease burden. The Plan acknowledges that these populations are diverse, have diverse needs, are spread across different settings, and can have different patterns of STI/BBV transmission. In addition, risk factors such as racism, trauma, poverty, the use of alcohol and other drugs, family violence, mental ill health, and cognitive ability can adversely affect the capacity of individuals to make decisions about safer sexual practices, and for these individuals to negotiate healthy sexual relationships. The Plan also recognises that the impact of these risk factors can be mitigated by strong partnerships between organisations, sectors, jurisdictions, national peak bodies and the Australian Government, with the active involvement of affected individuals and communities. Partnerships will also be key to improving the broader social determinants of health that impact on the Plan's priority populations. Proactive and effective engagement with priority populations is more likely to occur through a coordinated stakeholder approach in the PHC sector, and through the deployment of targeted interventions and responses. The Plan focuses on reducing the gaps to equitable access to STI/BBV healthcare for priority populations and on improving access to prevention-focussed education and health promotion, testing, treatment and care. This will help ensure that the Plan is relevant, effective and supportive of those in our community who are most at risk and are most in need.

The Northern Territory covers an area of some **1,349,129** square kilometres.

228 822 people live in the Northern Territory

reside in remote communities

of the Australian population

5 year mean notifications per 100,000 between 2014 - 2018

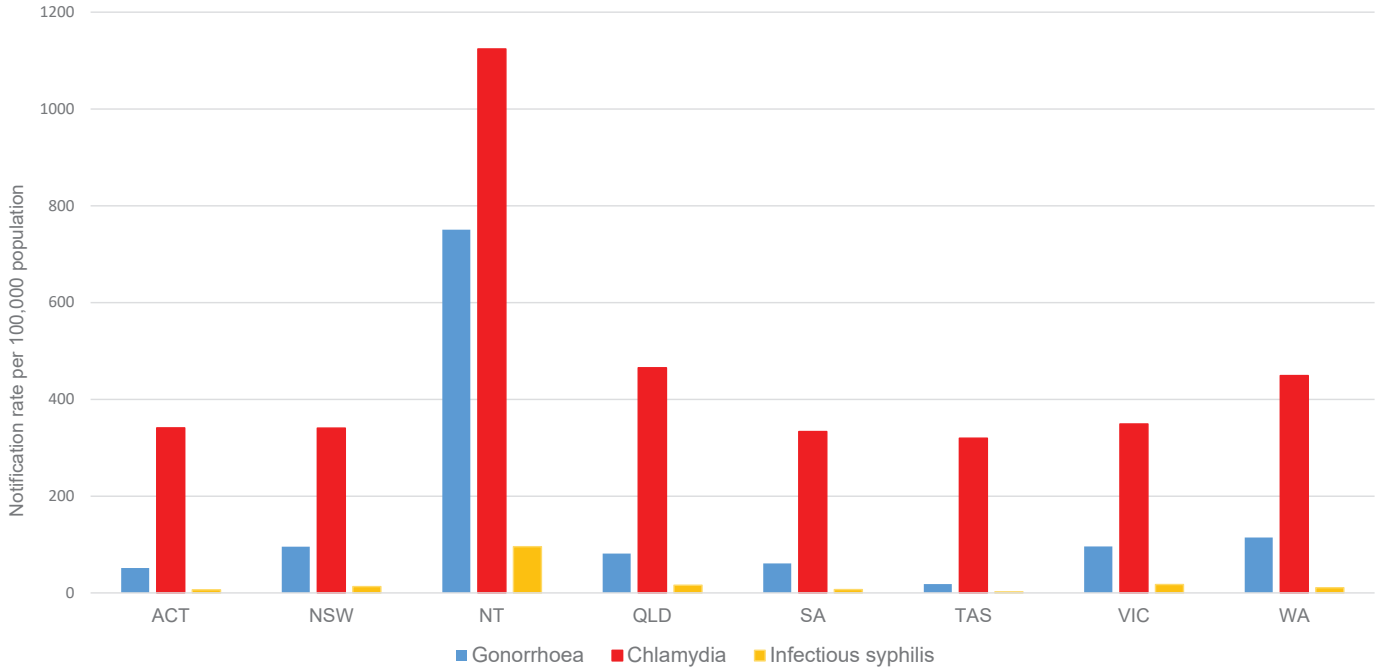

Figure 1 STIs in Australia, 2014-2018; Source: National Notifiable Diseases Surveillance System, 2019; http://www9.health.gov.au/cda/source/cda-index.cfm

GUIDING PRINCIPLES

The Plan supports the guiding principles articulated in the national STI/BBV strategies. Links to the national strategies are in Section 10 below.

1. Human rights
2. Access and equity
3. Being attuned to culturally and linguistically diverse people
4. Health promotion
5. Prevention
6. Harm reduction
7. Shared responsibility
8. Commitment to evidence-based policy and programs
9. Aboriginal and Torres Strait Islander engagement and community control
10. Partnerships

GOALS

1. Decreasing the incidence and prevalence of STI/BBV
2. Improving the care and management of STI/BBV
3. Minimising the personal and social impact of STI/BBV

OBJECTIVES

1. To improve knowledge, awareness, testing and treatment of STI/BBV
2. Eliminate hepatitis C as a public health threat by 2030
3. Reduce new hepatitis B infections
4. Eliminate HIV transmission
5. Eliminate congenital syphilis
6. Reduce the prevalence of gonorrhoea, syphilis, chlamydia and trichomonas infections
7. Support safer sexual relationships with reduced risk of violence or coercion

PRIORITY POPULATIONS

1. Aboriginal and Torres Strait Islander people
2. People with HIV and viral hepatitis
3. Men who have sex with men (MSM), trans and gender diverse people
4. People who inject drugs (PWID)
5. Young people (10-29 years)
6. Sex workers
7. People travelling to and from high prevalence countries
8. Women within the above priority populations

PRIORITY SETTINGS

1. General practice and primary healthcare, including remote settings
2. Antenatal settings
3. Alcohol and other drug services
4. Publicly funded STI/ HIV/viral hepatitis services
5. Locations frequented by mobile populations
6. Prisons and custodial settings
7. Ceremonial practices such as ‘men’s business’

KEY STAKEHOLDERS

1. Primary healthcare services- Aboriginal community controlled health services (ACCHS), government primary healthcare services, general practitioners (GP)
2. Sexual Health and Blood Borne Virus Unit, Centre for Disease Control
3. Community and social welfare services
4. Alcohol and other drug services
5. Mental health services
6. Youth services
7. Education services
8. Correctional services
9. National peak bodies, the Australian Government and other State and Territory governments.

OVERSIGHT OF THE PLAN

The Plan will be overseen by the Sexual Health Advisory Group, which is comprised of the following:

1. Aboriginal Medical Services Alliance Northern Territory (AMSANT) and member Aboriginal Community Controlled Health Services (ACCHS)
2. Australian Government Indigenous Health Division
3. Central Australia Health Service (CAHS-PHC)
4. Department of Education (DoE)
5. Department of Health (DoH) - Centre for Disease Control (CDC), Mental Health and Alcohol and Other Drugs (AOD)
6. Family Planning and Welfare Association NT (FPWNT)
7. Kirby Institute, University of NSW
8. Melaleuca Refugee Centre (MRC)
9. Menzies School of Health Research (MSHR)
10. Northern Territory AIDS and Hepatitis Council (NTAHC)
11. Northern Territory Primary Health Network (NTPHN)
12. South Australian Health and Medical Research Institute (SAHMRI)
13. Top End Health Service (TEHS-PHC)
14. A youth representative from 15-24 age group

Improving access to prevention-focussed education and health promotion, testing, treatment and care.

PRIORITY ACTION AREAS

1. Education and prevention
2. STI/BBV testing
3. Early treatment, care and support
4. Creating an enabling environment with equitable access
5. Strengthening workforce and peer-based capabilities
6. Monitoring, evaluation and focussed research

1. Education and Prevention

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
1.1 Build STI/ BBV prevention knowledge and skills.	1,7	**1.1.1** Identify resources to develop, implement and assess a comprehensive sexuality education program targeting young people 10-14 and 15-19 years in and out of schools.	1,5	ACCHS, AMSANT, DoE, DoH-CDC, CAHS-PHC, MRC, NTPHN, TEHS-PHC	The number of culturally appropriate resources identified through DoE online systems such as Learning Links, and the Health Education Toolkit. Primary healthcare develops resources to deliver in schools.
		1.1.2 Utilise social media platforms to communicate key STI/BBV prevention messages to priority populations.	1-8	ACCHS, AMSANT, DoH-CDC, NTAHC	Number and type of STI/BBV campaigns and evaluations.
		1.1.3 Implement evidence-based STI/BBV prevention campaigns with ongoing evaluation.	1-8	ACCHS, AMSANT, DoH-CDC, NTAHC	Increase in testing and improved case finding following campaigns. Rates of new HIV infections among priority populations.
		1.1.4 Develop and implement prevention-focussed education and training for priority populations.	1-8	ACCHS, DoH-CDC, NTAHC	Number of education/training sessions delivered.
		1.1.5 Build STI/BBV prevention knowledge and skills of healthcare providers, including through orientation and educational resources.	1-8	All	Up to date resources, guidelines and orientation programs available.
		1.1.6 Increase the number of health promotion messages that are locally developed or adapted (e.g. messages translated into language).	1,7	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number of education/training sessions delivered.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
1.2 Increase the use, access to and acceptability of condoms amongst priority populations in urban and remote areas.	2-7	**1.2.1** Maintain, with guidance from communities, free condom dispensers for easy access in urban and remote locations.	1-8	ACCHS, CAHS-PHC, DoH-CDC, FPWANT, NTAHC, TEHS-PHC,	Annual report on the number of condom access points and the number of condoms distributed.
1.3 Increase the uptake of the HPV vaccine.	1	**1.3.1** Continue to provide the HPV vaccine to year-seven girls and boys through the School Vaccination Program, and strengthen the process by which consent is obtained from parents and guardians.	1,5,8	ACCHS, CAHS-PHC, DoE, DoH-CDC,TEHS-PHC,	Number vaccinated as a proportion of total eligible cohort.
		1.3.2 Enable access to the HPV vaccine for high-risk populations, including gay men.	1,3,5,6,7,8	ACCHS, CAHS-PHC, DoE, DoH-CDC,TEHS-PHC	Evidence of increased HPV vaccine uptake. Provision of vaccine through sexual health clinics.
1.4 Increase access to biomedical HIV prevention methods such as PrEP, PEP and TasP.	1,4	**1.4.1** Promote and ensure access to PrEP and ensure PrEP is combined with STI prevention education and access to condoms.	3	ACCHS, CAHS-PHC, DoH- CDC, NTAHC, TEHS-PHC	Snapshot of NT numbers per year on PrEP from clinic 34 and PHC. Number of GPs who have attended PrEP training. Consideration to obtain PBS script data.
		1.4.2 Continue to promote and ensure access to PEP free of charge combined with STI prevention education and access to condoms and PrEP.	3,6,7,8	ACCHS, CAHS-PHC, DoH- CDC, NTAHC, TEHS-PHC	Snapshot of NT Clinic 34 numbers per year on PEP.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
		1.4.3 Ensure access to free antiretroviral treatment to all people diagnosed with HIV.	2	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Free antiretroviral therapy available.
		1.4.4 Support people on HIV treatment to achieve and maintain an undetectable viral load to prevent onward transmission.	2,3,7,8	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Mechanisms in place to support client adherence to HIV medications.
1.5 Increase HBV vaccination rates in children and priority populations.	3	**1.5.1** Continue to support HBV vaccination as part of the immunisation schedule and monitor during CQI audits.	1,2,7,8	ACCHS, CAHS-PHC, DoH-CDC, FPWANT, TEHS-PHC	Annualised vaccination rates. Updates on serostatus audit progress provided to SHAG meetings.
		1.5.2 Support a systematic audit and serology identification process in Aboriginal PHC to determine HBV status, and follow up with vaccination and care plans.	1	ACCHS, CAHS-PHC, DoH-CDC, MSHR, NTAHC, TEHS-PHC	Progress reported to, and tabled at, SHAG meetings.
		1.5.3 Promote and provide free HBV vaccination to Indigenous Territorians under 50 years of age.	1,8	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number of Aboriginal Territorians under 50 years of age vaccinated as a percentage of total.
1.6 Prevent BBV transmission among PWID by increasing access to sterile injecting equipment to reduce receptive sharing and equipment reuse.	1,2,3,4	**1.6.1** Ensure surveillance mechanisms in place to detect injecting drug use in new populations or regions, or significant increases in current populations and regions.	4	DoH-AOD, DoH-CDC, NTAHC	HCV prevalence in the prison population by region. AOD treatment data on admissions for injecting drug use as route of administration.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
		1.6.2 Improve Needle and Syringe Program (NSP) coverage by expanding the network of outlets where needed, and by diversifying NSP modalities in the NT to include mobile outreach services and peer distribution.	4	ACCHS, AMSANT, DoH-AOD, DoH-CDC, NTAHC	Annual report on the quantity of injecting equipment dispensed, occasions of service and demographic data collected through the NT Minimum Data Set. New NSP modalities introduced.
		1.6.3 Develop, implement, and evaluate a culturally sensitive community engagement program that addresses the needs of Aboriginal people who inject drugs.	1,4,6	ACCHS, AMSANT, DoH-AOD DoH-CDC, CAHS-PHC, NTAHC, TEHS-PHC	Program developed in conjunction with NTAHC and DoH-AOD.
1.7 Promote HCV treatment as prevention and reduce access barriers to treatment.	1,2	**1.7.1** Promote HCV awareness, testing and linkage to treatment.	2,4,8	AMSANT, DoH-AOD, DoH-CDC, NTAHC, NTPHN	Awareness campaigns run. Health pathways for HCV testing and treatment in PHC developed.
		1.7.2 Develop clinical capacity for HCV testing and treatment in NSP settings.	2,4,8	DoH-AOD, DoH-CDC, Kirby Institute, NTAHC	Number of NSP clients who have been tested and treated through clinical outreach services at the NSP.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
1.8 Education and prevention in support of the syphilis outbreak response.	1,5,6,7	**1.8.1** In addition to activities listed above, to support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. **Relevant Priority Areas:** • Guidance on frequency of testing resources for health professionals • Health professional networking and advice • Education and awareness • Sexual health education • Stocktake of strategies/ campaigns	1,5,8	ACCHS, AMSANT, DoH-CDC, CAHS-PHC, NTPHN, SAHMRI, TEHS-PHC	As listed in the Enhanced Response Action Plan.

2. STI/BBV Testing

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
2.1 Improve STI/BBV testing coverage among priority populations.	1-7	**2.1.1** Increase STI/BBV testing specifically for ages 15-29 years, including through health promotion campaign, prioritised clinical focus and other strategies.	1,3,5,8	ACCHS, AMSANT, DoH-CDC, CAHS-PHC, NTPHN, SAHMRI, TEHS-PHC	Increased testing rates with each quarter for ages 15-29 years. Description of what has led to improvements in testing where relevant.
		2.1.2 Support CQI in PHC to maintain high testing coverage in priority populations.	1-8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, FPWANT, NTPHN, TEHS-PHC	Support PHC and ACCHS to generate periodic STI testing coverage reports, with a focus ages 15-29 years. Number of PHC organisations using a CQI approach in their sexual health programs, and the proportion of PHC orgs in each region using a CQI approach.
		2.1.3 Ensure effective testing strategies are maintained to detect undiagnosed cases and reduce late HIV presentations.	1-8	AMSANT, CAHS-PHC, DoH-CDC, NTAHC,NTPHN, TEHS-PHC	Number of late HIV presentations in NT residents.
		2.1.4 Increase early antenatal screening for syphilis and repeated testing during pregnancy to eliminate the incidence of congenital syphilis and other complications during pregnancy.	1,5,8	ACCHS, AMSANT, DoH- CDC, CAHS-PHC, FPWANT, NTPHN, TEHS-PHC	% tested for syphilis at first antenatal visit. % tested at least once during pregnancy. Number of notifications of congenital syphilis.
		2.1.5 Support services increasing HIV and syphilis testing rates using the expanded NT Aboriginal health KPI STI testing indicator.	1,2,8	ACCHS, AMSANT, DoH-CDC, CAHS-PHC, NTPHN, SAHMRI, TEHS-PHC	HIV and syphilis testing rates increased to the rate of CT /NGSTI testing. Number of Stakeholder meetings held per year.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
		2.1.6 Integrate culturally and linguistically appropriate education about viral hepatitis and HIV treatment into settlement services for newly arrived refugees in the NT.	7	ACCHS, AMSANT, DoH-CDC, MRC, NTAHC, NTPHN	Number educated, increasing over time.
		2.1.7 Increase HCV treatment among PWID through NSP delivered peer-based education.	4,8	CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number of peer education sessions per year. Number of attendees.
2.2 Explore existing and emerging testing methods including rapid testing in non-laboratory settings.	1,6	**2.2.1** Expand TTANGO2 trial of PoCT for chlamydia, gonorrhoea and trichomonas across the NT.	1,5	ACCHS, CAHS-PHC, DoH-CDC, TEHS-PHC	Continue TTANGO2 trial to multiple NT sites. Report on the outcomes of the TTANGO2 trial and support its expansion if effective.
2.3 Increase opportunistic STI and BBV screening in primary healthcare settings.	1-7	**2.3.1** Provide orientation and continuous professional development to primary healthcare services in relation to STI and BBV screening and management.	1-8	AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	Evidence of STI sessions in orientation programs.
		2.3.2 Work with communities to identify health promotion messages/ campaigns that will be appropriate for them to increase awareness and testing for HBV.	1,2,7,8	CAHS-PHC, DoH-CDC, MRC, TEHS-PHC	Health promotion materials evaluated, adapted and expanded as appropriate. Number of languages. Number of people reached. Number of people tested for the first or repeat times.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
2.4 STI testing for the syphilis outbreak response.	1,5,6,7	**2.4.1** Increase testing coverage and frequency along with timely treatment among populations affected by the outbreak.	1,5,8	ACCHS, DoH-CDC, CAHS-PHC, TEHS-PHC	Evidence of increased testing and timely treatment reported to SHAG.
		2.4.2 In addition to activities listed above, to support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. **Relevant Priority Areas:** • Support increased testing, including PoCT implementation • Guidance on frequency of testing • Resources for health professionals	1,5,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	As listed in the Enhanced Response Action Plan.

3. Early Treatment, Care and Support

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
3.1 Increase the number of people living with STI/ BBV receiving appropriate management and care.	1-7	**3.1.1** Continue to promote the individual and public health benefits of early commencement of HIV treatment among those newly diagnosed with the virus.	1,2,3,7,8	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number engaged in care and support of people with HIV by institution. Number on treatment.
		3.1.2 Increase the treatment capacity for Hep C and Hep B.	1,2,4,8	CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Viral Hepatitis Service capacity increased with more staff and FibroScan purchased in Darwin/Alice Springs. Number of outreach services for Hep B/C care.
		3.1.3 Continue to promote new HCV treatments to people living with the virus, and people who are unsure of their status, including those in prisons and rehabilitation centres.	1,2,4,8	CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number diagnosed. Number on treatment. Number engaged in care. Number cured. Number tested and on treatment in prison, outpatient clinics and rehabilitation centres.
		3.1.4 Continue to promote linkage to care for HBV including assessment for eligibility for treatment and HCC screening.	1,2,7,8	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Number diagnosed. Number engaged in care. Number on treatment.
3.2 Improve models of care for STI/BBV in primary healthcare settings.	2-7	**3.2.1** Support STI treatment in PHC settings through clear guidelines to reduce the prevalence of gonorrhoea, chlamydia, trichomonas and syphilis.	1,3,5,7,8	ACCHS, CAHS-PHC, DoH-CDC, NTAHC, TEHS-PHC	Guidelines/health pathways current and available.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
		3.2.2 Strengthen appropriate HBV and HCV management in PHC in remote areas.	1,4,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, TEHS-PHC	Number of remote patients who have accessed FibroScan and Telehealth. Quarterly time to treatment audits.
		3.2.3 Increase the capacity of GP to provide appropriate management of clients living with a BBV.	1-8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	Number of GP who have completed s100 prescriber courses for HBV and HIV. Number of patients with shared care arrangements. Updated clinical pathways in place.
3.3 Explore methods to enhance contact tracing, partner notification and treatment systems.	2-7	**3.3.1** Provide regular in-services to health professionals emphasising the importance of contact-tracing and early treatment.	1-8	CAHS-PHC, DoH-CDC, TEHS-PHC	Number of in-services conducted. Number of participants. Reporting on time to treatment.
		3.3.2 Support services to deliver contact tracing.	1-8	ACCHS, CAHS-PHC, DoH-CDC, TEHS-PHC	Contact tracing policies and procedures in place. Snapshot reports on contact tracing rates where possible (e.g., syphilis register).
3.4 Early treatment, care and support for the syphilis outbreak response.	1,5,6,7	**3.4.1** In addition to above activities, support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. **Relevant Priority Areas:** • Resources for health professionals • Antenatal guidelines	1,5,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	As listed in the Enhanced Response Action Plan.

4. Creating an Enabling Environment with Equitable Access

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
4.1 Reduce stigma and discrimination toward people with STI/BBV in community and healthcare settings and reduce the social barriers to health.	1-7	**4.1.1** Develop, implement, monitor and evaluate an anti-stigma and discrimination campaign targeting healthcare workers and the general population.	1-8	ACCHS, AMSANT, DoH-CDC, MRC, NTAHC	Anti-stigma and discrimination campaign developed, implemented and evaluated.
		4.1.2 Communicate key messages that raise awareness about stigma and discrimination toward priority populations on occasions such as World AIDS Day, World Hepatitis Day, Youth Week, School health expos and International Drug Users' Day, Pride Week, International Day to End Violence Against Sex Workers, Sexual Health Week.	1-8	ACCHS, AMSANT, DoH-CDC, NTAHC, MRC	Number and type of key messages developed and method of communication (e.g. banners, billboards, radio advertisements).
		4.1.3 Maintain peer-based responses to STI/BBV and ensure meaningful engagement with affected communities.	1-8	AMSANT, DoH-CDC, MRC, NTAHC, SAHMRI	Evidence of utilisation of peer-based resources (e.g. Young, Deadly, Free). Engagement through SWOP, NSP, and Care and Support.
4.2 Work toward addressing legal and regulatory barriers to evidence-based prevention strategies.	1-7	**4.2.1** Remove barriers to the decriminalisation of sex work in the NT.	6	AMSANT, DoH-CDC, NTAHC	Sex work is decriminalised in the NT and sex workers are covered under Work Health and Safety legislation.
		4.2.2 Overcome the legal barriers to peer distribution of sterile injecting equipment.	4	DoH-CDC, NTAHC	Support peer distribution as a legal NSP modality in the NT.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
4.3 Creating an enabling environment with equitable access for the syphilis outbreak response.	1,5,6,7	**4.3.1** In addition to the activities mentioned above, support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. **Relevant Priority Areas:** • Resources for health professionals • Education and awareness • Sexual health education • Health professional education • Antenatal guidelines	1,5,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	As listed in the Enhanced Response Action Plan.

5. Strengthening Workforce and Peer-based Capabilities

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
5.1 Strengthening the STI/BBV workforce in the healthcare sector.	1-7	**5.1.1** Identify gaps in clinical capacity for testing, treating and effectively managing people with STI/BBV, and advocate for more resources and other required support to address these.	1-8	All	New positions created within each service. Number of unfilled positions. Review testing rates by region.
		5.1.2 Expand and continuously improve specialised sexual health service delivery.	1-8	1-8	Maintain specialised sexual health service through Clinic 34. Clinic 34 service in Palmerston established. Workforce at Clinic 34 in Tennant Creek increased.
		5.1.3 Increase and maintain over time a non-clinical, skilled, prevention-focussed, health promotion workforce for sexual health and harm reduction.	1-8	All	Number of health promotion staff in organisations. Number of active stakeholders in the NT Health Promotion Advisory Group.
		5.1.4 Increase peer-based engagement of priority populations.	1-8	ACCHS, AMSANT, DoH-CDC, MRC, NTAHC	Number of peer-led programs.
		5.1.5 Increase capacity to evaluate and improve health promotion campaigns	1-8	All	Number and proportion of health promotion campaigns that are evaluated.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
5.2 Strengthening workforce and peer-based capabilities for the syphilis outbreak response.	1,5,6,7	**5.2.1** In addition to the activities mentioned above, support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. Relevant Priority Areas: • Surge workforce • Skilled and stable workforce	1,5,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	As listed in the Enhanced Response Action Plan.

6. Monitoring, Evaluation and Focussed Research

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
6.1 Improve surveillance of STIs and BBVs in priority populations.	1-7	**6.1.1** Continue to publish periodic surveillance updates on the CDC website.	1-8	DoH-CDC	Annual and quarterly surveillance reports published. Surveillance reports provided to major partners.
6.2 Improve measurement of testing and treatment coverage.	1-7	**6.2.1** Support STI/BBV CQI activities across PHC services.	1-8	ACCHS, CAHS-PHC, DoH-CDC, TEHS-PHC	Percentage of PHC services participating in CQI activities.
		6.2.2 Obtain and review NT Aboriginal Health KPI STI testing rate reports by Health Service Delivery Areas and/or clinic-level across the NT to inform strategic and operational decisions.	1-8	ACCHS, CAHS-PHC, DoH-CDC, TEHS-PHC	STI testing rate reports obtained and reviewed.
		6.2.3 Use STI testing data from pathology providers in NT to generate NT-wide testing positivity reports.	1-8	DoH-CDC	Testing data used for testing reports and informs sexual health programs activities. Testing data from all pathology providers in the NT.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
6.3 Support social, behavioural, epidemiological and clinical research to inform the NT STI/BBV responses.	1-7	**6.3.1** Utilise evidence-based monitoring and evaluation data to inform on the strategic and operational decisions of SHAG and other STI/BBV reference groups.	1-8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, TEHS-PHC	Data used in support of planning and evaluation of sexual health activities.
		6.3.2 Support new research to improve sexual health outcomes in the NT.	1-8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, Kirby Institute, SAHMRI, TEHS-PHC	Updates provided to SHAG.
		6.3.3 Monitor and support HTLV -1 awareness in the NT to ensure a timely and effective public health response.	1	ACCHS, AMSANT, DoH-CDC, Kirby Institute	Updates provided to SHAG.
		6.3.4 Use STRIVEplus observational study of sexual health CQI in the Northern Territory.	1,5,8	ACCHS, AMSANT, DoH-CDC, Kirby Institute	Implement STRIVEplus measures for CQI. Updates provided to SHAG.
		6.3.5 Support the MOST trial to assess impact of new strategies (e.g. incentives) to increase STI testing among young Aboriginal people in Central Australia.	1,5,8	ACCHS, AMSANT, DoH-CDC, Kirby Institute	Complete MOST trial. Updates provided to SHAG.
		6.3.6 Support the HepBPAST study.	1,8	ACCHS, AMSANT, DoH-CDC, MSHR	Updates provided to SHAG.
		6.3.7 Support the NHMRC partnership project looking at the Bexsero vaccine for meningitis B and possible positive effect on gonorrhoea rates.	1,5,8	ACCHS, AMSANT, DoH-CDC, SAHMRI	Implementation plan provided to SHAG if approved by NHMRC.

Strategy	Objective	Activity	Priority Population	Responsibility	Performance Measure
6.4 Monitoring, evaluation and focussed research for the syphilis outbreak response.	1,5,6,7	**6.4.1** Conduct research on syphilis antenatal screening and follow up of infants in accordance with jurisdictional guidelines.	1,5,8	CAHS-PHC, DoH-CDC, TEHS-PHC	Completion of research projects or audits.
		6.4.2 In addition to the activities mentioned above, support the National Enhanced Response to Addressing STI in Indigenous Populations Action Plan. **Relevant Priority Areas:** • MJSO reporting • Laboratory reporting and access to data • STI national KPI indicators • Congenital syphilis case evaluation	1,5,8	ACCHS, AMSANT, CAHS-PHC, DoH-CDC, NTPHN, TEHS-PHC	As listed in the Enhanced Response Action Plan.

RELEVANT STRATEGIES AND FRAMEWORKS

1. *Ottawa Charter for Health Promotion.* https://www.who.int/healthpromotion/conferences/previous/ottawa/en/
2. *Third National Hepatitis B Strategy 2018-2022* http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1
3. *Fifth National Hepatitis C Strategy 2018-2022.* http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1
4. *Eighth National HIV Strategy 2018-2022.* http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1
5. *Fourth National Sexually Transmissible Infections Strategy 2018-2022.* http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1
6. *Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2018-2022.* http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1
7. *National Drug Strategy 2017-2026.* http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf
8. *Northern Territory Hepatitis B Action Plan 2014.*
9. *Fifth National Mental Health and Suicide Prevention Plan.* http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan
10. *National Aboriginal and Torres Strait Islander Health Plan 2013-2023.* *http://*www.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan
11. *World Health Organization Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021.* http://apps.who.int/iris/bitstream/nandle/10665/246296/WHO-RHR-16.09-eng.pdf;jsessionid=97B0E3806C2BDEA5C30FBDE9780945FC?sequence=1
12. *Northern Territory Health Aboriginal Cultural Security Framework 2016-2026.* https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/730
13. *Northern Territory Domestic, Family & Sexual Violence Reduction Framework 2018–2028* https://territoryfamilies.nt.gov.au/__data/assets/pdf_file/0006/464775/Domestic,-Family-and-Sexual-Violence-Reduction-Framework.pdf
14. *Enhanced Response to Addressing Sexually Transmissible Infections (and Blood Borne Viruses) in Indigenous Populations Action Plan 2017* https://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/Action-Plan-May18.pdf
15. *Principles of good sexual health care relating to the high incidence of sexually transmissible infections (STIs) and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander Communities RACP 2018.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-principles-of-good-sexual-health_final.pdf

ACRONYMS

ACCHS	Aboriginal Community Controlled Health Services
AHP	Aboriginal Health Practitioner
AHW	Aboriginal Health Worker
BBV	Blood borne viruses
CQI	Continuous quality improvement
GP	General Practitioner
HCC	Hepatocellular carcinoma
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HTLV	Human T-lymphotropic virus
KPI	Key performance indicator
MSM	Men who have sex with men
NT	Northern Territory
NSP	Needle and syringe program
PEP	Post-Exposure Prophylaxis
PHC	Primary healthcare
PoCT	Point-of-care test
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
SHAG	Sexual Health Advisory Group
STI	Sexually transmissible infections
SWOP	Sex Workers' Outreach Program

Northern Territory Sexually Transmissible Infections and Blood Borne Viruses

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