National Sexually Transmissible Infections Strategy 2005-2008

Implementation Plan
IMPLEMENTATION PLAN
NATIONAL STIs STRATEGY 2005-2008

INTRODUCTION

BACKGROUND

This implementation plan for the National Sexually Transmissible Infections (STIs) Strategy 2005-2008 (the Strategy) was developed by the Department of Health and Ageing in consultation with the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH), the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases (IGCAHRD), and other key stakeholders.

In August 2005, MACASHH and IGCAHRD members together with other stakeholders, including key advisory bodies, State and Territory Governments, researchers, community based organisations, experts from relevant medical specialities, general practitioners, and people living with HIV/AIDS, convened for a joint MACASHH and IGCAHRD Strategy Implementation Forum (the Forum). Comments received during the consultation process have guided the development of the implementation plan. The agreed implementation plan was endorsed by MACASHH in December 2005.

Purpose of the Implementation Plan

Performance measures and targets are essential for evaluation of this Strategy. Systematic monitoring and evaluation across all jurisdictions will ensure that activity contributes to the overall objectives and priorities of the Strategy and will provide an accountability mechanism for use by all levels of government. The implementation plan will assist in the monitoring and evaluation of the effectiveness of the Strategy to ensure activities are informed by the best available social and epidemiological evidence.

In particular the implementation plan will:
• assign clear responsibility to lead and partner agencies;
• define key performance indicators to measure the success of the Strategy; and
• identify linkages among related implementation plans.

The implementation plan is a national document with shared ownership between State and Territory Governments, the Australian Government, the community sector, the research sector and other organisations. It is specific enough to enable identification of the outcomes to be achieved, but broad enough to accommodate local differences in implementation.
The Department of Health and Ageing is responsible for developing and coordinating the evaluation of actions identified in the implementation plan. The IGCAHRD and MACASHH are responsible for guiding and informing the development of the implementation plan, as well as completing a number of activities associated with it.

Community based organisations represent priority target groups, and are responsible for input into policy and education program development. These organisations also deliver peer support services and education initiatives to priority target populations. Other organisations may be involved in various aspects of the implementation of the Strategy. Such organisations often have a specific role to play in implementation, whether with a priority target group, service delivery or development of policies and programs.

**GUIDING PRINCIPLES**

The guiding principles underlying the Strategy are intended to provide a framework for collaborative consensus building, focusing on common goals, a shared commitment to evidence-based policy and programming, and role delineation based on strategic planning. The principles enable policies and programs to adapt effectively to changing social and policy contexts and improve the reach of these policies and programs.

**A National Strategy Approach**

- Collaborative efforts and consultation involving all levels of government, community organisations, the medical, health care, research and scientific communities will be encouraged.
- The MACASHH and its Subcommittees will meet three to four times per year, in order to progress items on their workplans as well as effectively monitor the implementation of the National STIs Strategy.
- IGCAHRD will encourage all jurisdictions to effectively implement the Strategy where feasible.

**Evidence-Based Policy**

- Policies and programs will be informed by current research and surveillance evidence.
- Support will continue for evaluation and continual improvement.
- Recognition of evidence-based policy and programs as best-practice.

**Health Promotion**

- Australia’s approach to STIs will be set within the overall framework of the Ottawa Charter for Health Promotion. The Charter defines health promotion as the process of enabling people to increase control over, and improve their health.
- All parties will ensure that information provided is appropriate and accurate so as to assist individuals in making healthy choices.
An Enabling Environment

- Support for a social, legal and policy environment that encourages health education and promotes access to appropriate health services.
- Reduce stigma and discrimination associated with STIs and related high-risk behaviours.

Early Detection and Intervention

- Enhanced awareness of the need for early diagnosis of STIs as a means of preventing further transmission and disease complications.
- Diagnosis and treatment of asymptomatic infection.
- Recognises the importance of contact tracing or partner notification.

Access to Appropriate Health Care

- Continued support for access to appropriate, affordable and non-judgemental care particularly for priority populations.
- Health care takes into account the cultural and social contexts of individuals.

Involvement of Affected People and Communities

- Ensure the participation of affected people and communities in policy and program development, implementation, and monitoring and evaluation.
- Maintain linkages with the National HIV/AIDS Strategy and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy and their respective target populations.

THE ROLE OF LEAD AND PARTNER AGENCIES

The Implementation Plan assigns responsibility for action by both lead agencies and partners. For the purposes of this plan a ‘lead’ agency has a leadership role and is responsible for initiating, coordinating and progressing action. The lead agency may not necessarily be the funding body. In some cases they may be responsible for undertaking the majority of the action. A ‘partner’ agency is responsible for assisting and supporting the lead agency to achieve the outcomes of the Strategy. Responsibility is generally assigned to national organisations unless a jurisdictional agency has whole or part responsibility for action.

Community Based Organisations

The Implementation Plan regularly lists community based organisations as partners or lead agencies. When used, the term ‘community-based organisations’ refers to organisations representing priority target groups. Including the term ‘community-based organisations’ does not exclude
other organisations, advocate agencies or individuals from being involved in and contributing to the implementation of the Strategy. Other community-based organisations are named in relation to specific action areas.

**Involvement of Other Organisations**

Other agencies not currently identified as a partner may be engaged in the implementation of the Strategy. Other agencies include Commonwealth/State/Territory Departments other than Health Departments, other community based organisations and professional organisations not listed above. Responsibility is generally assigned to national organisations unless a jurisdictional agency has whole or part responsibility for action. It is also acknowledged that there may be other organisations that are not listed in the implementation plan that may be involved in implementation.

**MONITORING AND EVALUATION**

It is intended that progress with the implementation of the Strategy be reviewed 18 months after release of the Strategy, as well as at the conclusion of the term of the Strategy. The Department of Health and Ageing will oversee the mid-term review, and it is intended IGCAHRD will have significant input into this review. It is expected that in consultation through IGCAHRD, all States and Territories will participate in the mid-term review, as well at the conclusion of the term of the Strategy. MACASHH and its Subcommittees will also be involved in the approval processes for reviews.

From the mid term review of the implementation of the Strategy, new and existing priorities will be assessed and the implementation plan adjusted accordingly, as required.

**BROAD PERFORMANCE INDICATORS**

- Development of a national minimum data set and data dictionary for HIV/AIDS and Sexual Health Ambulatory Care, for use in States and Territories, to assist in the collection of epidemiological and risk factor data on identified populations such as gay men, sex workers etc.
- Increase in the completeness and accuracy of Aboriginal and Torres Strait Islander data and notifications.
- Decreased rates of unprotected anal intercourse reported by gay and other homosexually active men, by casual relationship status.
- Monitor the rates of unprotected anal intercourse reported by gay and other homosexually active men, by regular relationship status.
- Increased number of gay and other homosexually active men reporting being tested for STIs.
- Annual rates of gonorrhoea and anal gonorrhoea.
- Annual rates of chlamydia.
- Number of notified cases of (locally acquired) infectious syphilis by gender and Aboriginal and Torres Strait Islander status.
- Annual number of Aboriginal and Torres Strait Islander workers accessing quality sexual health and blood borne virus training.
PRIORITY ACTION AREAS

1. STIS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Priority Action Area:
Continue support through the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy for jurisdiction-based initiatives that include:
- training and employment of male and female Aboriginal and Torres Strait Islander sexual health workers;
- training for health practitioners who provide services to Aboriginal and Torres Strait Islander people to enhance appropriate management of STIs;
- culturally appropriate disease prevention;
- capacity building at the community level;
- improved access to treatment and care in the primary care setting; and
- augmented behavioural and social research.

Responsibility:
Lead: Department of Health and Ageing; State and Territory Governments
Partners: MACASHH; IGCAHRD; SCATSIH; NACCHO/ACCHOs and affiliates; RACGP; ASHM; ACSHM; and the National Centres in HIV/AIDS, hepatitis C and STIs Research.

By When: Continuous

Approach to Achieve Outcomes:
- Linkages with the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy, as well as the National HIV/AIDS Strategy and the National Hepatitis C Strategy.
- National research centres encouraged to expand activities addressing issues of Aboriginal and Torres Strait Islander people’s sexual health.
- Additional support through the 2005-2006 budget initiatives for improved primary health care.

Outcomes:
- Improved access to appropriate health care by Aboriginal and Torres Strait Islander people.
- Increased numbers of Aboriginal and Torres Strait Islander sexual health workers.
- Improved capacity of health practitioners who provide services to Aboriginal and Torres Strait Islander people to address STIs.
- Enhanced awareness of STIs prevention in Aboriginal and Torres Strait Islander communities.
- Improved understanding of the behavioural and epidemiological dynamics of STIs in Aboriginal and Torres Strait Islander people.
1. STIS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES (CONT…)

Measures of Achievement:
• Increased testing for STIs in Aboriginal and Torres Strait Islander communities.
• Number and reach of prevention initiatives.
• Number of health-care practitioners targeted.
• Existence of State and Territory Indigenous STI Strategies/Implementation Plans.

Priority Action Area:
Explore possibilities for development and implementation of interventions to address high rates of syphilis in Aboriginal and Torres Strait Islander people.

Responsibility:
Lead: Department of Health and Ageing; State and Territory Governments.
Partners: MACASHH; IGCAHRD; SCATSIH; NACCHO/ACCHOs and affiliates; and the National Centres in HIV/AIDS, hepatitis C and STIs Research.

By When:
• Options paper to be released by the end of 2006.
• Consultation to occur in early 2006.

Approach to Achieve Outcomes:
• Development and implementation of interventions for syphilis control – to be informed by lessons learned and articulated in the review of the National Donovanosis (Elimination) Eradication Project and similar programs conducted overseas.
• Consultation with relevant jurisdictions, organisations and communities regarding possible design and implementation of a syphilis intervention. Existing State and Territory interventions aimed at addressing syphilis in Aboriginal and Torres Strait Islander communities should also inform new interventions.

Outcomes:
• Recommendation made to MACASHH and IGCAHRD/SCATSIH on feasibility and desirability of a syphilis intervention.
• Increased awareness of the dynamics and impact of syphilis in Aboriginal and Torres Strait Islander people.

Measures of Achievement:
• Number of stakeholders consulted.
• Options paper developed and presented to MACASHH and IGCAHRD/SCATSIH.
1. STIS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES (CONT...)

*Priority Action Area:*
Promote and monitor uptake of the Aboriginal and Torres Strait Islander adult health check.

*Responsibility:*
Lead: Department of Health and Ageing.
Partners: State and Territory Governments; Medicare Australia; and NACCHO/ACCHOs and affiliates.

*By When: Continuous*

*Approach to Achieve Outcomes:*
- Department of Health and Ageing to work with the Medicare Australia to increase medical practitioners’ awareness and utilisation of the Aboriginal and Torres Strait Islander Adult Health Check.
- Department of Health and Ageing to report to MACASHH and its Subcommittees on trends in use of the Adult Health Check.
- Promote awareness of the Adult Health Check in Aboriginal and Torres Strait Islander communities.

*Outcomes:*
- Improved access by Aboriginal and Torres Strait Islander people to testing and treatment of STIs.

*Measures of Achievement:*
- Increased utilisation of the Aboriginal and Torres Strait Islander Adult Health Check.
- Number of medical practitioners targeted through awareness raising activities.

*Priority Action Area:*
Develop and implement culturally appropriate education and health promotion messages particularly aimed at young people and gay and other homosexually active men.

*Responsibility:*
Lead: Department of Health and Ageing.
Partners: SCATSIH and IGCAHRD; MACASHH; AFAO Indigenous Strategic Alliance; NACCHO/ACCHOs and affiliates; community based organisations; and State and Territory Governments.

*By When: Continuous*
1. STIS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES (CONT...)

Approach to Achieve Outcomes:
- All jurisdictions to include Aboriginal and Torres Strait Islander people, specifically young people and gay and other homosexually active men, as target groups for sexual health education and health promotion.
- Australian Government and/or State and Territory Government support to community based and professional organisations for the development and implementation of health promotion activities targeted to Aboriginal and Torres Strait Islander communities at risk of acquiring STIs.

Outcomes:
- Improved awareness of STIs in Aboriginal and Torres Strait Islander communities to enable protection and maintenance of good health.
- Prevention of new STIs in targeted communities.

Measures of Achievement:
- Increase in the number and reach of culturally appropriate education and health promotion resources.

Priority Action Area:
Improve collection, analysis and use of surveillance data, particularly increased use of Indigenous identifiers, for nationally notifiable diseases and other locally significant STIs.

Responsibility:
Lead: IGCAHRD and CDNA.
Partners: Department of Health and Ageing; MACASHH; State and Territory Governments; NACCHO and affiliates; and the National Centres in HIV/AIDS, hepatitis C and STIs Research.

By When: Continuous

Approach to Achieve Outcomes:
- Department of Health and Ageing to work with CDNA to improve surveillance data by building on recent analysis and recommendations for improving indigenous identification in communicable diseases reporting systems.
- State and Territory jurisdictions to review notification forms and procedures, and implement measures to increase use of Indigenous identifiers.

Outcomes:
- Enhanced ability to analyse the trends in notifiable diseases among Aboriginal and Torres Strait Islander people.
1. STIS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES (CONT…)

Measures of Achievement:
- Increase in the use of Aboriginal and Torres Strait Islander identifiers in notification of STIs.

Priority Action Area:
Support the development and use of non-invasive fast diagnostic STI tests in Aboriginal and Torres Strait Islander communities.

Responsibility:
Lead: Department of Health and Ageing.
Partners: IGCAHRD; MACASHH; State and Territory Governments; National Centres in HIV/AIDS, hepatitis C and STIs Research; relevant regulatory authorities; and NACCHO/ACCHOs and affiliates.

By When: Continuous

Approach to Achieve Outcomes:
- Continuing support for research into the development of sensitive and specific diagnostic tests suitable for use in remote locations.
- Continued support for the use of non-invasive diagnostic technologies in remote communities.
- Investigate the use of new technology to allow rapid (immediate) testing in remote areas, including consideration of ways to improve cost effectiveness of such technology/programs.
- Ensure an adequate framework for gaining consent to testing for STIs and appropriate counselling for delivering diagnoses.

Outcomes:
- Additional research into new rapid diagnostic tests and adaptation of existing tests.

Measures of Achievement:
- Expanded range of tests available for rapid STI diagnosis in Aboriginal and Torres Strait Islander communities.
- Increased geographical reach and uptake of appropriate STI diagnostic tests.
2. STIS IN GAY AND OTHER HOMOSEXUALLY ACTIVE MEN

**Priority Action Area:**
Develop and introduce national prevention education approaches to STIs in relation to gay and other homosexually active men with the objectives of:
- raising awareness of the relationship between HIV and other STIs, including rethinking prevention strategies;
- reinforcing safer sex and condom use;
- increasing testing and treatment of STIs;
- improving understanding of the symptoms (or otherwise) of other STIs; and
- addressing stigma and discrimination associated with gay and other homosexually active men’s sexual health.

**Responsibility:**
Lead: Department of Health and Ageing; State and Territory Governments; AFAO
Partners: IGCAHRD; State and Territory Governments; MACASHH; community based organisations; ASHM; the National Centres in HIV/AIDS, hepatitis C and STIs Research; and providers of sexual health services and other services undertaking STIs research.

**By When:** Continuous

**Approach to Achieve Outcomes:**
- Australian Government provision of national HIV/AIDS education grants to community based and professional organisations.
- Social marketing expertise used in development and placement of prevention education messages.
- Health promotion strategies and programs informed by research from the national centres, and through consultation with target group(s) and their health-service providers.
- Development of a nationally consistent data dictionary and minimum data set for use in State and Territory sexual health clinics to capture epidemiological and risk factor data on identified target groups.

**Outcome:**
- Increase in awareness among gay and other homosexually active men of other STIs, the symptoms and treatment.
- Prevention strategies identify ways of protection against STIs (including HIV).
- Increase in frequency and uptake of regular sexual health checkups for gay and other homosexually active men.
- Increased levels of protected anal intercourse with casual partners.
- Prevention health promotion approaches are developed and documented.
2. STIS IN GAY AND OTHER HOMOSEXUALLY ACTIVE MEN (CONT...)

**Measures of Achievement:**
- Increased levels of protected anal intercourse with causal partners as reported in established surveys.
- Increases in the proportion of gay and homosexually active men, recruited through established surveys, reporting regular sexual health check ups at appropriate intervals.
- Increases in number and frequency of sexual health checkups reported by gay and other homosexually active men through established surveys.
- Prevalence of STIs diagnosed in gay and other homosexually active men.
2. STIS IN GAY AND OTHER HOMOSEXUALLY ACTIVE MEN (CONT...)

**Priority Action Area:**
Analyze and consider possibilities for addressing structural and remuneration barriers which may currently hinder increased STI testing of gay and other homosexually active men.

**Responsibility:**
Lead: Department of Health and Ageing
Partners: MACASHH; IGCAHRD; Divisions of General Practice; ACSHM.

**By When:** Mid-2006

**Approach to Achieve Outcomes:**
- Analysis of barriers to enhanced STI testing.

**Outcome:**
- Report provides greater understanding of the possible barriers to STI testing.
- Options to address any barriers are identified.

**Measures of Achievement:**
- Report on and analyse barriers to enhanced STI testing is developed and presented to MACASHH for consideration and advice.
- MACASHH to endorse the report and provide recommendations.

**Priority Action Area:**
Encourage HIV/AIDS drugs prescribing general practitioners to enhance STI testing of gay and other homosexually active men and improve sexual history taking and prevention education.

**Responsibility:**
Lead: Department of Health and Ageing
Partners: IGCAHRD; State and Territory Governments; MACASHH; ACSHM; RACGP; and ASHM.

**By When:** By 2006-07
2. STIS IN GAY AND OTHER HOMOSEXUALLY ACTIVE MEN (CONT...)

**Approach to Achieve Outcomes:**
- Information provision to S100 prescribing GPs through existing avenues with the intention of increasing awareness and testing for STIs.
- Analysis of existing opportunities to improve skills in sexual history taking.

**Outcome:**
- Increase in frequency and uptake of regular sexual health checkups by gay and other homosexually active men.

**Measures of Achievement:**
- Number and spread of general practitioners targeted.
- Increases in number and frequency of sexual health checkups reported by gay and other homosexually active men through established survey mechanisms.
- Prevalence of STIs diagnosed in gay and other homosexually active men.

**Priority Action Area:**
Explore opportunities across all areas of medical education to increase knowledge and cultural capacity of health service providers to meet the needs of gay and other homosexually active clients.

**Responsibility:**
Lead: Department of Health and Ageing
Partners: IGCAHRD; State and Territory Governments; MACASHH; ACSHM; RACGP; ASHM; and the AMA.

**By When:** Progressively

**Approach to Achieve Outcomes:**
- Explore existing opportunities to enhance cultural capacity of health service providers.
- Examine the sexual health content and competencies included across the undergraduate medical curricula.
- Examine the cultural and attitudinal barriers to testing for STIs by health service providers.
- Development of specific resources for primary care practitioners on sexual health management.

**Outcome:**
- Understanding of options to increase capacity of health service providers to meet the health needs of gay and other homosexually active men.
2. STIS IN GAY AND OTHER HOMOSEXUALLY ACTIVE MEN (CONT...)

**Measures of Achievement:**
- Options for increasing capacity of health service providers to meet the needs of gay and other homosexually active men are identified.

**Priority Action Area:**
MACASHH to facilitate promulgation of current nationally applicable clinical guidelines for the management of STIs.

**Responsibility:**
Lead: MACASHH
Partners: Department of Health and Ageing; IGCAHRD; and State and Territory Governments.

**By When:** Continuous

**Approach to Achieve Outcomes:**
- Request ACSHM to review the clinical guidelines for the management of STIs.
- MACASHH to consider endorsement and promotion of existing nationally applicable guidelines.
- MACASHH to advise on the need for development and/or revision of national guidelines related to management of STIs, ensuring that they take into account a range of clinicians and different levels of health services in urban, rural and remote settings.
- State and Territory Governments to adopt nationally relevant clinical guidelines.

**Outcome:**
- Enhanced awareness of current best practice in management of STIs.
- Maintenance and use of best practice guidelines.

**Measures of Achievement:**
- Quality of nationally applicable guidelines considered by MACASHH.
3. CHLAMYDIA CONTROL AND PREVENTION

Priority Action Area:
The HIV/AIDS and STIs Subcommittee to develop options for control and prevention of chlamydia for further consideration. These could include:

- a chlamydia screening pilot targeting sexually active young people;
- promotion of opportunistic testing and treatment in general practice and sexual health clinics; and
- a national health promotion program.

Responsibility:
Lead: MACASHH
Partners: Department of Health and Ageing; IGCAHRD; State and Territory Governments; ACSHM; RACGP; community based organisations (such as AFAO, STIGMA); the National Centres in HIV/AIDS, hepatitis C and STIs Research; and providers of sexual health services and other services undertaking STIs research.

By When: Early-2006

Approach to Achieve Outcomes:
- Committee of experts and key stakeholders established to assist in the strategic design and implementation of a national chlamydia pilot testing program.
- Pilot testing program established in consultation with key stakeholders.
- Awareness activities to be conducted as part of testing program – targeting both medical practitioners and those people at-risk.
- Exploration and utilisation of existing mechanisms for enhancing chlamydia awareness in medical practitioners.
- Undertake an analysis of the cost effectiveness of types and methods of chlamydia testing, as well as an assessment of client and provider acceptability, and identify appropriate target groups for testing.
- Investigate barriers to posting/delivery of patient collected specimens

Outcomes:
- Chlamydia testing pilot program conducted and evaluated.
- Improved testing and surveillance of chlamydia.
- Increased awareness of chlamydia amongst medical practitioners.
- Increased knowledge of chlamydia prevention strategies among sexually active young people.

Measures of Achievement:
- Increased testing of people at risk of chlamydia.
3. CHLAMYDIA CONTROL AND PREVENTION (CONT…)

- Number and distribution of health-care workers targeted in awareness raising activities.
- Prevalence and trends in chlamydia diagnoses.
- Proportion of young people with recent partner change or multiple partners reporting condom use during vaginal intercourse.

Priority Action Area:

Improve partner notification for chlamydia.

Responsibility:

Lead: IGCAHRD and CDNA
Partners: Department of Health and Ageing; State and Territory Governments; ASHM; ACSHM; RACGP; and NACCHO and affiliates.

By When: Progressively

Approach to Achieve Outcomes:

- National forum on partner notification, with emphasis on STIs, to be conducted to share information/knowledge and generate new/more effective and efficient approaches.
- Best practice approaches to partner notification to be promoted through CDNA, and reviewed in collaboration with the ACSHM.
- Existing contact tracing guidelines to be reviewed, implemented and monitored.

Outcomes:

- Improved understanding of current practices in partner notification, particularly for STIs.
- Enhanced awareness of best practice partner notification.

Measures of Achievement:

- National forum conducted and report circulated by the end of 2006.

Priority Action Area:

Explore and address barriers to enhanced data collection for chlamydia surveillance under the National Notifiable Diseases Surveillance System.
3. CHLAMYDIA CONTROL AND PREVENTION (CONT…)

Responsibility:
Lead: IGCAHRD and CDNA
Partners: Department of Health and Ageing; MACASHH; State and Territory Governments; the National Centres in HIV/AIDS, hepatitis C and STIs Research; and providers of sexual health services and other services undertaking STIs research.

By When: Progressively

Approach to Achieve Outcomes:
- IGCAHRD to continue analysis and exploration of current notification data, means of collection and options for improvement.
- CDNA to explore feasibility of options, taking into account funding limitations, and implement as appropriate.
- Establish methods to review and consistently collect morbidity data associated with chlamydia.

Outcomes:
- Options for enhanced data collection and analysis of chlamydia notifications fully explored.
- Barriers to enhanced data collection identified and addressed where possible.

Measures of Achievement:
- Collection of appropriate surveillance data for chlamydia diagnoses.
4. IMPLEMENTATION, MONITORING AND EVALUATION

Priority Action Area:
Reporting by the Australian Government and State and Territory Governments via IGCAHRD.

Responsibility:
Lead: IGCAHRD and Department of Health and Ageing.
Partners: MACASHH and State and Territory Governments.

By When: 18 months into the life of the Strategy and at its conclusion.

Approach to Achieve Outcomes:
• Reporting to take into account implementation of the Strategy at state/territory and local levels.
• Reporting to include reference to related performance information under the Public Health Outcome Funding Agreements (PHOFAs).
• Sharing of information and discussion of approaches to implementation amongst IGCAHRD members.
• Agreement on a national minimum data set for use by sexual health clinics.

Outcomes:
• Implementation of the Strategy is pursued in all jurisdictions.
• New opportunities and potential synergies are identified and taken up by IGCAHRD members.

Measures of Achievement:
• All jurisdictions present reports to IGCAHRD.
• Agreement by 2007 to a national minimum data set.

Priority Action Area:
A comprehensive and independent review of the Strategy.

Responsibility:
Lead: Department of Health and Ageing.
Partners: MACASHH and IGCAHRD.

By When: September 2007
4. IMPLEMENTATION, MONITORING AND EVALUATION (CONT…)

Approach to Achieve Outcomes:
- Review to take account of reports presented to IGCAHRD.
- Review to be informed by national and international findings on best practice in the control of STIs.
- Review to make linkages and comparisons to the National HIV/AIDS Strategy and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy.

Outcomes:
- Review undertaken by independent consultant.
- Recommendations inform the development of a subsequent STIs Strategy.

Measures of Achievement:
- Written report of the Review completed and publicly released.
# ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisations</td>
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<td>ACSHM</td>
<td>Australasian Chapter of Sexual Health Medicine</td>
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<td>AFAO</td>
<td>Australian Federation of AIDS Organisations</td>
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<td>AMA</td>
<td>Australian Medical Association</td>
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<td>ASHM</td>
<td>Australasian Society for HIV Medicine</td>
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<td>CDNA</td>
<td>Communicable Diseases Network Australia</td>
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<td>IGCAHRD</td>
<td>Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases</td>
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<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
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<td>SCATSIH</td>
<td>Standing Committee on Aboriginal and Torres Strait Islander Health</td>
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<td>STIGMA</td>
<td>STIs in Gay Men Action Group</td>
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