

WHY A SEXUAL HEALTH STRATEGY?

Aboriginal and/or Torres Strait Islander people living in remote areas of Australia have the highest prevalence and incidence of sexually transmitted infections of any identifiable population in Australia.^{1,2} These infections are major contributors to adverse reproductive health outcomes such as pelvic inflammatory disease, infertility, preterm labour and stillbirth, as well as increasing the risk of human immunodeficiency virus (HIV) transmission.^{2,5} Apunipima provides comprehensive primary health care with a focus on empowering Aboriginal and/or Torres Strait Islander communities and families living in Cape York. A recent outbreak of syphilis in Cape York communities, combined with unacceptably high rates of other preventable and easily tested for bacterial STIs, burden of viral hepatitis in some communities, and increased notifications of HIV in Aboriginal and/or Torres Strait Islander people alerted Apunipima to the need to create this strategy and subsequent action plan. This strategy reflects current best practice, is evidence-based and is consistent with regional and national approaches. This Strategy does not replace other state, national or regional strategies; instead it aims to complement other approaches while tailoring delivery to meet the specific needs of Cape York.

The North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021 was developed to eliminate congenital syphilis in babies, control the current syphilis outbreak and reduce the prevalence of STIs in North Queensland.¹ The Apunipima Cape York Health Council Sexual Health Strategy will complement this plan, over the remaining three years, 2018-2021. It also seeks to support the Queensland HIV Action Plan 2016-2021 and the North Queensland "A HIV Action Plan" [under development] by working with communities to minimise the personal and social impact of HIV and achieve the virtual elimination of new HIV transmissions in Queensland.⁶ Apunipima's Sexual Health Strategy seeks to strengthen sexual health services by addressing issues within the health system and making improvements across the healthcare continuum, from health promotion and prevention approaches, to screening and early treatment, through to ongoing management, care and follow-up.

DEFINING SEXUALLY TRANSMITTED INFECTIONS AND BLOOD BORNE VIRUSES

Sexually transmitted infections (STIs) are a variety of infections caused by bacteria, viruses and parasites are spread via direct sexual contact. Blood born viruses (BBVs) are pathogens that can be spread via sexual contact or contact with contaminated blood products, for example: during sharing of injecting, tattooing or piercing equipment, or (rarely) during transfusion.

BEHAVIOURAL RISK FACTORS FOR STIS AND BBVS

- Risky sexual behaviours, including:
 - Unprotected sex (sex without a condom)
 - Having multiple sexual partners/ casual sex
 - Sex with someone other than your partner
 - Not having a sexual health check between partners
- Low educational levels, including inadequate sexual health education
- Drug and alcohol use
- Sexual violence

SOCIAL DETERMINANTS OF HEALTH

There are a number of social and economic conditions that may increase the risk of contracting an STI/BBV, these include:

- Employment
- Education
- Food security
- Housing
- Access to social services
- Access to effective sexual health services

AIM OF THE SEXUAL HEALTH STRATEGY

To ensure Cape York people have access to effective sexual health services the strategy aims to achieve the following in a timely manner.

- Support sexual health services in Cape York to be effective and culturally appropriate
- Improve the health and wellbeing of Aboriginal and/or Torres Strait Islander people living in Cape York by decreasing the incidence and impact of STIs and BBVs
- Work in partnership with key stakeholders such as Queensland Health (QH), Torres and Cape Hospital and Health Service (TCHHS), Cairns and Hinterland Hospital and Health Service (CHHHS), Tropical Public Health Services (TPHS), Royal Flying Doctors Service (RFDS), Health Action Teams, community opinion leaders, Aboriginal Medical Services (AMS) and Queensland Aboriginal and Islander Health Council (QAIHC) to enhance sexual health services
- Reduce stigma for those living with incurable STIs and BBVs
- Enhance education and awareness of STIs and BBVs amongst community members
- Enhance education and awareness of STIs and BBVs and improve confidence in skills associated with screening and management, amongst health staff
- Increase uptake of screening for STIs and BBVs
- Work in partnership with key stakeholders such as QH, TCHHS, CHHHS, TPHS, RFDS, AMS, Health Action Teams, community opinion leaders and QAIHC to deliver a coordinated response to control STI and BBV outbreaks
- Improve the management and follow-up of STIs and BBVs
- Support an environment for further research and innovation in sexual health
- Build a sustainable system of care



OVERVIEW OF STIS AND BBVS STATISTICS RELEVANT TO CAPE YORK

Between 2010 and 2015 79% of notifications for syphilis in North Queensland were in Aboriginal and/or Torres Strait Islander people, with most of these in the 15-29 year old age group and over half of the notifications from female patients.^{1,7}

Since the outbreak began in January 2011 there have been 1 193 notifications of infectious syphilis among Aboriginal and/or Torres Strait Islander people in North Queensland (to 31 October 2018) and this syphilis outbreak have spread across the Northern Territory, Western Australia and South Australia.^{1,7} In this period there were nine congenital syphilis notifications regarding Aboriginal and /or Torres Strait Islander infants; seven of whom died as a result.⁷

Nationally, incidence of STIs and BBVs is much higher in Aboriginal and/or Torres Strait Islander people than non-Indigenous people, with rate ratios ranging from three to ten depending on the disease.^{1,2} HIV notifications are significantly higher in Aboriginal and/or Torres Strait Islander people than non-Indigenous people, and gonorrhoea notifications are 18 times higher^{1,8} or up to 29 times in remote and very remote areas such as Cape York.⁸

HOW WILL PROGRESS BE MEASURED?

Progress will be measured through a variety of methods, including development of clinical data reports, routine feedback processes to staff, routine revision of action plans, six monthly progress reports, annual outcome reporting and use of a staff training register and patient electronic medical records.

our health in our hands

**2019
2024**

SEXUAL HEALTH STRATEGY



CAPE YORK HEALTH COUNCIL



STRATEGY SCOPE

The strategy will target the following conditions through a comprehensive primary health care approach:

- Syphilis
- Chlamydia
- Gonorrhoea
- HIV
- PID (Pelvic inflammatory disease)
- Trichomoniasis
- Herpes
- Hepatitis B and C
- HPV (Human papilloma virus)
- Donovanosis
- Mycoplasma genitalium

The first four will be given priority as STIs and BBVs that are particularly prevalent in Cape York. The incidences of most STIs and BBVs have remained fairly consistent since 2013, however rates of infectious syphilis are increasing, with outbreaks occurring since early 2011.^{1,2,5}

Activities and lifestyle modifications supported by the strategy:

- Screening opportunities
- Contact tracing
- Early education
- Reducing community stigma
- Practice of safe sex
 - Sexual health education
- Awareness of increased risky sexual behaviours associated with drug and alcohol use

Priority groups:

- Those with an existing STI or BBV and their contacts
- Young people
- Men who have sex with men
- LGBTIQ+ brotherboys and sistergirls
- Those within and returning from the justice system
- High mobility individuals
- People who engage in transaction sex
- Sexually active adults
- People who inject drugs

APUNIPIMA MODEL OF CARE

The Apunipima Model of Care guides the holistic approach taken by the sexual health strategy to offer best practice care in line with the following 5 core principles:

1. Driven by community and Aboriginal and/or Torres Strait Islander leadership
2. Embedding social, emotional, cultural, environmental, and spiritual wellbeing
3. Addressing social and cultural determinants of health
4. Providing comprehensive primary health care
5. Through a community and family centred approach



ACTION AREAS

SCREENING AND TREATMENT

Regular screening of at risk populations, combined with prompt treatment, is a key control measure to decrease rates of STIs and BBVs.

OBJECTIVES:

1. To increase the uptake of screening for STIs and BBVs.
2. To improve the timeliness and appropriateness of treatment for acute presentations and positive test results.

PRIORITY ACTIVITIES:

- Work with key stakeholders, such as Queensland Health, Torres and Cape Hospital and Health Service (TCHHS), Cairns and Hinterland Hospital and Health Service (CHHHS), Tropical Public Health Services (TPHS), Royal Flying Doctors Service (RFDS), Aboriginal Medical Services (AMS), Health Action Teams, community opinion leaders and Queensland Aboriginal and Islander Health Council (QAIHC) to complement existing testing activities conducted with Cape York communities
- Improve accessibility of Apunipima's sexual health screening and treatment services

- As per the Apunipima Model of Care for all priority groups
- Outreach to those unable to attend clinic
- Social Emotional Wellbeing (SEWB) support for people with or at risk of contracting an STI or BBV
- Increase the uptake of STI/BBV screening through:
 - Continuous quality improvement activities (regular data reports, review and action planning)
 - Staff education
- Ensure screening is conducted as per recommended guidelines, including ensuring all clients diagnosed with an STI have a complete STI/BBV screen
- Reduce the risk of congenital syphilis by engagement of all pregnant women to ensure they access care and are screened as per guidelines (more frequent testing in at risk pregnant women)
- Review and enhance the follow-up of those diagnosed with an STI, including:
 - Timely treatment of the acute presentation (treatment within seven days)
 - Prompt contact tracing
 - Education and condom promotion
 - Three month retesting
 - Effective data management across the health system
- Review and enhance internal responses to STI and BBV outbreaks
- Actively participate in collaborative regional responses to outbreaks of STIs and BBVs

MANAGEMENT, CARE AND SUPPORT

There is a good deal of overlap between treatment and management, however management in this context pertains to the ongoing care of those with chronic STIs and BBVs. This is a collaborative process to ensure appropriate medical care is provided to those who require it.

OBJECTIVES:

1. To improve the health and wellbeing of all Aboriginal and/or Torres Strait Islander peoples living in Cape York by decreasing the incidence and impact of STIs and BBVs.
2. To assist those supporting Aboriginal and/or Torres Strait Islander people living with chronic conditions such as hepatitis and HIV.

3. To work in partnership with key stakeholders such as QH, TCHHS, CHHHC, TPHS, RFDS, AMS, Health Action Teams, community opinion leaders and QAIHC to enhance sexual health services.

PRIORITY ACTIVITIES:

- Develop a competent workforce:
 - Educated: STI management; follow up and further screening where appropriate; monitoring those with chronic blood borne viruses
 - Culturally competent: Extend scope of health care workers to educate and screen for further diseases; increase scope of health care workers for caring for those with chronic BBVs
- Increase the uptake of STI/BBV screening through:
 - Continuous quality improvement activities (regular data reports, review and action planning)
 - Staff education
- Ensure screening is conducted as per recommended guidelines, including ensuring all clients diagnosed with an STI have a complete STI/BBV screen
- Reduce the risk of congenital syphilis by engagement of all pregnant women to ensure they access care and are screened as per guidelines (more frequent testing in at risk pregnant women)
- Review and enhance the follow-up of those diagnosed with an STI, including:
 - Timely treatment of the acute presentation (treatment within seven days)
 - Prompt contact tracing
 - Education and condom promotion
 - Three month retesting
 - Effective data management across the health system

- Improve accessibility to Apunipima's sexual health management, care and support services
 - As per the Apunipima Model of Care for all priority groups
 - Outreach to those unable to attend clinic
 - Accessible condoms
 - Needle exchange programs in locations of need
 - SEWB support for people with chronic STIs or BBVs
- Support community education
 - Focus on confidentiality
 - Encouragement for continued follow-up
 - De-stigmatisation of disease (including contact tracing)
 - Focus on priority populations

PROMOTION AND PREVENTION

Create environments that enable access to culturally appropriate sexual health information and education, support behaviour change and provide opportunities for individuals and families to build self-efficacy in relation to sexual health issues impacting their communities.

OBJECTIVE:

Promote sexual health, increase the number of people seeking STI testing and prevent STI transmission.

PRIORITY ACTIVITIES:

- Engage Aboriginal and/or Torres Strait Islander communities in locally targeted health promotion activities
- Provide culturally appropriate community education programs and link with existing school based programs to strengthen sexual and reproductive health knowledge and influence attitudes and behaviours
- Provide culturally appropriate staff education program to complement community education
- Facilitate access to programs that focus on personal development for young people, i.e. confidence, self-esteem, negotiation skills and life aspirations
- Develop and implement awareness raising social marketing campaigns that promote risk modification and safe sex practices
- Provide information about screening, testing and the benefits of early treatment and intervention
- Work with health partners to ensure 24/7 access to free condoms across 11 communities
- Provide more access points for STI testing
- Develop locally appropriate sexual health promotion materials to support the outbreak response

Why is this action area important? Because multi-faceted, locally targeted health promotion initiatives encourage people to take control of their own health to improve health outcomes.

PARTNERSHIPS, RESEARCH AND ADVOCACY

Establish and maintain effective partnerships with relevant sexual health and research organisations, advocating on behalf of Cape York communities, supporting collaborative system development and fostering an enabling environment for research advancements in sexual health.

OBJECTIVES:

1. To improve the sexual health and wellbeing of Aboriginal and/or Torres Strait Islander people living in Cape York through a collaborative, multi-agency and system level response to decrease the incidence and impact of STIs and BBVs.
2. To support an environment for further research and innovation in sexual health promotion, disease control and surveillance measures appropriate for Aboriginal and/or Torres Strait Islander communities in Cape York.
3. To advocate for targeted investment to address gaps and specific needs identified by Cape York communities in relation to STIs and BBVs.

PRIORITY ACTIVITIES:

- Strengthen partnerships with local/regional health service providers including QH, TCHHS and RFDS, local Health Action Teams and community opinion leaders to strengthen the system, enhance sexual health service planning, screening, care and health promotion services in Cape York
- Engage local community leaders through provision of sexual health data and involve them in development of strategies and programs to address sexual health issues
- Support primary health care staff to deliver best practice sexual health care in Cape York, including the translation of research to practice as innovations emerge
- Explore translational research opportunities to guide system improvements in sexual health
- Actively participate in collaborative regional responses to outbreaks of STIs and BBVs
- Participate in TTANGO2 (Test, Treat And Go) in Aurukun to measure the clinical effectiveness, cost-effectiveness and cultural and operational acceptability of a molecular test for chlamydia and gonorrhoea point-of-care testing (using the GeneXpert)
- Participate as the North Queensland clinical hub of the Centre of Research Excellence – Aboriginal Sexual Health (CRE-ASH) to establish the ATLAS Surveillance Network to monitor trends in STI and BBV testing and diagnosis, and build sustainable organisational surveillance capabilities
- Identify gaps in research and advocate for specific research to be undertaken (e.g. through CRE-ASH)
- Develop capacity and involvement of staff in sexual health research and quality improvement activities
- Advocate for funding of additional services where there are gaps and specific needs in relation to STIs and BBVs identified by health staff and Cape York communities