



Health
South Eastern Sydney
Local Health District

HIV and Sexual Health Strategy

2019-2024

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The companion document to the *HIV and Sexual Health Strategy 2019 – 2024* is
SESLHD HIV and Sexual Health Programs: State of Play 2019

Directorate of Planning, Population Health and Equity
South Eastern Sydney Local Health District

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Abbreviations

95-95-95	Increase the proportion of people with HIV who are diagnosed to 95%, increase the proportion of people diagnosed with HIV on treatment to 95% and increase the proportion of people on treatment with an undetectable viral load to 95%
Aboriginal	Aboriginal and Torres Strait Islander
ACON	AIDS Council of New South Wales
Adahps	AIDS Dementia and HIV Psychiatry Service
AOD	Alcohol and other drug
ART	Antiretroviral therapy
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BBVSS	Blood Borne Viruses and Sexually Transmissible Infections Standing Committee
BGF	Bobby Goldsmith Foundation
CALD	Culturally and linguistically diverse
CESPHN	Central and Eastern Sydney Primary Health Network
DPPHE	Directorate of Planning, Population Health and Equity
FACS	Family and Community Services
GP	General Practitioner
HAART	Highly Active Antiretroviral Therapy
HAND	HIV-Associated Neurocognitive Disorders
HARP	HIV & Related Programs
HIV	Human Immunodeficiency Virus
HOT	HIV Outreach Team
HPV	Human Papilloma Virus
ICT	Information and Communications Technology
KRC	Kirketon Road Centre
LHD	Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LHD	Local Health District
MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections
MHAHS	Multicultural HIV/AIDS and Hepatitis services
MSIC	Medically Supervised Injecting Centre
MSM	Men who have sex with men
NAPOOS	Non-admitted Patient Occasions of Service
NDIS	National Disability Insurance Scheme
NGO	Non Government Organisation
NSP	Needle and Syringe Program
NSW	New South Wales
NUAA	NSW Users and AIDS Association

PBS	Pharmaceutical Benefits Scheme
PID	Pelvic Inflammatory Disease
PLHIV	People living with HIV
PrEP	Pre-exposure Prophylaxis
PSA	Pharmaceutical Society of Australia
RACGP	Royal Australasian College of General Practitioners
S100	Section 100 – PBS highly specialised drugs
SCH	Sydney Children's Hospital
SESLHD	South Eastern Sydney Local Health District
SLHD	Sydney Local Health District
SSHC	Sydney Sexual Health Centre
SSC	Short Street Centre
STI	Sexually Transmissible Infections
STIGMA	Sexually Transmissible Infections in Gay Men Action Group
STIPU	STI Program Unit
SWOP	Sex Worker Outreach Program
TasP	Treatment as Prevention
UNSW	University of NSW
WHO	World Health Organisation

Foreword

South Eastern Sydney Local Health District has been at the forefront of the response to the human immunodeficiency virus (HIV) and sexually transmissible infections (STIs) for over 30 years. Our services have long been recognised as centres of excellence for health promotion, prevention, care and treatment to both local residents and the broader Australian and international community, based on a foundation of evidence-informed practice, diligence and dedication. We host several well-established, well-trusted, centres of excellence for HIV and sexual health. These deliver integrated services and programs in close partnership with clients, primary care providers, community agencies and peak non-government organisations to address the physical, mental health and social wellbeing of priority populations at risk and individuals living with HIV.

Recent figures released by the Kirby Institute at the University of New South Wales reveal HIV diagnoses in 2018 were the lowest number on record since 2001 and a 23 per cent decline in HIV rates in Australia over the past 5 years. Whilst these results are encouraging, we recognise there is more work to do. In 2018, roughly 30% of Australia's newly diagnosed HIV cases were diagnosed in SESLHD. Meanwhile, 40% of all HIV-positive NSW residents reside in the SESLHD catchment and 50% access the services and support we provide.

Alongside our neighbouring Sydney Local Health District, SESLHD has the highest notification rates for chlamydia, gonorrhoea, and syphilis in NSW. Continued effort is required to minimise new infections, particularly amongst vulnerable populations, and address the significant public health issues which can accompany them.

The burden of illness of HIV and STIs remains substantial, and South Eastern Sydney has particular challenges as well as real opportunities to reduce this burden. For example, HIV transmissions are increasing among populations such as overseas-born and culturally and linguistically diverse gay men and among heterosexual people. Clients presenting with late stage HIV have increased mortality, morbidity and health care costs and contribute to onward HIV transmission. HIV is still associated with significant stigma which impacts on people presenting for testing and treatment and causes considerable morbidity in people who don't receive treatment.

We have identified the need for this Strategy resting on the facts that both HIV and STIs are particularly important issues in the SESLHD jurisdiction, that the epidemics are evolving, and that there is a continued need for prudent resource management.

This Strategy sits alongside both the NSW and National Strategies for HIV and STIs. It shares the ambitious goals that both NSW and Australia have proposed to combat HIV and STIs and provides a tailored expression of the District's strategies to deliver state and national targets at the local level.

We encourage you to support this *HIV and Sexual Health Strategy 2019 - 2024* and to read the companion document - the *SESLHD HIV and Sexual Health Programs: State of Play 2019*. Together these describe the current overarching trends in SESLHD's current models of care targeted at priority populations, outline how SESLHD manages the most extensive HIV and sexual health services in NSW and identify priorities, actions and targets for future service provision.



Julie Dixon

Director Planning, Population Health
and Equity SESLHD



Tobi Wilson

Chief Executive
SESLHD

Prevent the spread of HIV and STIs, with a focus on priority populations	Strengthen health promotion, primary prevention programs and broaden HIV testing uptake for priority populations with our non-government and community sector partners
	Actively pursue the state and national targets for the HIV treatment cascade of 95-95-95 across the South Eastern Sydney Local Health District, and support parallel primary prevention efforts through increases in uptake of PrEP, condom use and the Needle and Syringe Program
	Reduce the proportion of people diagnosed with HIV who are diagnosed late
	Continue proactive efforts to tackle stigma and discrimination, both within health services and across the broader South Eastern Sydney community
	Maximise prevention, testing and treatment for STIs across all priority populations
Seek the highest level of care and quality of life for people who are infected	Maintain high quality, integrated care options for HIV and sexual health clients, especially those with complex care needs
	Build excellent HIV and sexual health shared care for clients, with general practitioners and other primary care providers
	Develop collaborative strategies tailored to address the complex needs and challenges faced by a diverse and ageing HIV-positive population and maximise quality of life
	Further enhance activities combatting social isolation among the HIV-positive community
Maintain the critical leadership role of SESLHD in order that state and national goals for HIV and STI can be achieved	Promote SESLHD's state-wide, national and international roles as a service provider and centre of excellence
	Invest in workforce development and explore options for increased workforce sharing
	Develop the capacity of primary care providers to provide care for HIV and STIs
	Maintain focus of effective governance of HIV and STIs programmatic response in SESLHD
	Improve and enhance HIV and STI data analysis and data management across SESLHD
	Sustain and promote excellence in research and education



SESLHD targets (2024) **HIV**

- Increase the proportion of key priority populations (including culturally and linguistically diverse gay men and MSM) accessing HIV testing by 5%
- Increase the proportion of people with diagnosed HIV on ART to 95%
- Work with Health ICT and the HIV and Sexual Health Services to develop capacity to measure proportion of PLHIV who are on treatment who have an undetectable viral load, and increase this proportion to 95%
- Ensure 95% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis
- Ensure 75% of high risk gay men attending public clinics are on PrEP
- Increase the number of non-S100 prescriber GPs who can provide access to PrEP by 50%
- Reduce sharing of injecting equipment among people who inject drugs by 25%
- Increase the proportion of health care staff who undertake training in addressing stigma and discrimination by 50%



SESLHD targets (2024) **STI**

- Maintain HPV adolescent vaccination coverage of greater than 80%
- Sustain low rates of STIs among sex workers
- Sustain virtual elimination of congenital syphilis
- Reduce the annual incremental rate of syphilis and gonorrhoea by greater than 50%
- Increase the proportion of partners treated via contact tracing for chlamydia by 10%
- Decrease pelvic inflammatory disease associated hospital admissions by 10%
- Increase the number of people from priority populations reached by primary prevention programs to support a safe sex culture by 50%
- Increase the proportion of Aboriginal people accessing SESLHD publicly funded Sexual Health Services by 50%

Introduction

South Eastern Sydney Local Health District (SESLHD) continues to play a standout role in the New South Wales (NSW) and national response to human immunodeficiency virus (HIV) and sexually transmissible infections (STIs). Our District has been at the centre of the HIV and STI epidemics for decades and our specialist services have long been recognised as centres of excellence for health promotion, prevention, care and treatment to both local residents and the broader Australian and international community.

Across Australia, progress continues to be made to minimise and manage the health burden caused by HIV and STIs. There are few places where best practice in HIV and sexual health service delivery, as well as the population need for these services, are as well demonstrated as they are in SESLHD (Figure 1).

Nonetheless, the burden of illness of HIV and STIs remains substantial, and South Eastern Sydney has particular challenges as well as real opportunities to reduce this burden. The need for this Strategy rests on the facts that both HIV and STIs are particularly important issues in the SESLHD jurisdiction, that the epidemics are evolving, and that there is a continued need for prudent resource management.

Co-infection between HIV and viral hepatitis is a concern so SESLHD's specialist HIV/STI services provide treatment and care to the co-infected population.

This Strategy sits alongside both the NSW and National Strategies for HIV and STIs. It shares the ambitious goals that both NSW and Australia have proposed to combat HIV and STIs and provides a tailored expression of the District's strategies to deliver state and national targets at the local level.

A companion document to the Strategy is the SESLHD *HIV and Sexual Health Programs: State of Play 2019*. It describes the current overarching trends in SESLHD's current models of care targeted at priority populations and outlines how SESLHD manages the most extensive HIV and sexual health services in NSW.



FIGURE 1 SNAPSHOT OF SESLHD

South Eastern Sydney is a large, diverse, and growing District

SESLHD is a culturally and socially diverse district, with a population of 937,000 residents projected to grow to well over one million by 2028.¹ Local residents and service users include a strong representation of each of the priority populations for HIV and STIs, including people living with HIV (PLHIV), members of the lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) community and men who have sex with men (MSM), people who inject drugs, sex workers, young people, Aboriginal Australians, and members of culturally and linguistically diverse (CALD) communities.²

The District manages and administers a full spectrum of HIV and Sexual Health Services, which include delivering local, state-wide, and international services across the following areas:



Health promotion



Prevention



Treatment



Outreach



Care & social support

The District's range of services are coordinated by the HIV & Related Programs (HARP) Unit and serve SESLHD residents as well as residents from other jurisdictions. SESLHD's specialised services include notable centres of excellence: for example, the Albion Centre has been a designated World Health Organization (WHO) Collaborating Centre for HIV care, treatment, and support for over ten years.³

The need for sustained action

In 2017, there were more people with newly diagnosed HIV infections in South Eastern Sydney than in any other LHD within NSW. These new diagnoses represented 29% of all NSW HIV notifications.⁴ In 2018, roughly 30% of Australia's newly diagnosed HIV cases were diagnosed in SESLHD. Simultaneously, the combined impact of high levels of diagnosis, treatment and suppression of detectable viral load – as well as the availability of pre-exposure prophylaxis (PrEP) – means that HIV transmission levels are at a historic low among Australian-born gay men. The resultant decrease in total HIV notifications should be celebrated. However, there are new markers of exclusion and disadvantage affecting emerging priority populations around the District. For example, HIV transmissions are increasing among populations such as overseas-born and culturally and linguistically diverse gay men and among heterosexual people. Moreover, there are significant inequities between those who can and cannot access care and medication through Medicare.⁵ Each of these factors highlights a persisting need to engage all who are at-risk of HIV, regardless of background. These problems are both local and, critically, nationally significant.⁶

The NSW HIV Strategy estimated that 11,500 HIV-positive Australians live in NSW – roughly 40% of the same year's estimate for the national HIV-positive population.^{7,8} Meanwhile, 40% of all HIV-positive NSW residents reside in the SESLHD catchment and 50% access the services and support which are provided there.^{9,10} As an estimate, at least one in five Australian PLHIV are accessing the services delivered in South Eastern Sydney, making this district a powerful arm through which to reach the growing positive population on a national scale.

Clients presenting with late stage HIV have increased mortality, morbidity and health care costs and remain a reservoir for onward HIV transmission. Despite gains made in reducing the incidence of new HIV infections in the past 5 years in NSW, the proportion of those with HIV infection who are diagnosed late has not altered appreciably. In SESLHD, the overall proportion of late diagnoses (CD4<350) is substantially higher in SESLHD (44%) compared with New South Wales and the national level (34% and 36% respectively), with a high proportion of late HIV and advanced HIV infection in the southern sector of the District. These residents are more likely to be heterosexual and overseas born, compared to the NSW average.

Alongside the neighbouring Sydney Local Health District (SLHD), South Eastern Sydney Local Health District also has the highest notification rates for chlamydia, gonorrhoea, and syphilis in NSW.¹¹ STIs remain a substantial public health concern throughout Australia. Continued effort is needed to minimise these new infections, as well as rein in fluctuations between regions and demographics. As home to a broad representation of the vulnerable populations most affected by the range of STIs – as well as host to several well-established, well-trusted sexual health services – SESLHD is well-positioned as a hub for STI prevention, diagnosis and treatment.

The statistics point to the need for a continued and committed effort to minimise and manage HIV and STIs across this District – a message that is reinforced by the recent cuts to HIV and Sexual Health Services in other Australian jurisdictions. Accordingly, this Strategy is an acknowledgment of SESLHD's well-established role in providing HIV and STI healthcare, as well as an articulation of future-focused strategies for the District to continually adapt and evolve this role.

Backdrop

Both Australia and NSW have excellent strategies for HIV and STIs, which are addressed separately at the state and national level. The strategies propose ambitious goals, including the virtual elimination of HIV transmission and congenital syphilis, as well as reduced STI transmission and STIs prevalence, reduced morbidity and mortality for PLHIV, and the elimination of stigma and discrimination experienced as a result of HIV or STIs. Specific strategies to achieve these goals respond to epidemic history and harness modern approaches: they focus on increasing the frequency and ease of testing; increasing access to education, prevention, and treatment; strengthening workforce; and investing in innovative research and data management.

Australia has real potential to eliminate the transmission of HIV, a condition that has had a profound and prolonged impact on communities within SESLHD. As a local and national hub for service and outreach excellence, and as the home to a substantial proportion of Australia's HIV-positive community, SESLHD has unique potential to continue strengthening the quality of life of positive people, to enhance levels of diagnosis and treatment, and thus to minimise transmission.

Achieving ambitious state and national goals in this historically important, high prevalence District continually requires adaptation to changing epidemic patterns and treatment and prevention options. These changes must also be made in a static funding environment, with no budget enhancement in ten years. This means that hard priority decisions, evidence-based strategy changes and continued evaluation of results are vital.

Our specialised services

Over decades, South Eastern Sydney has built up an excellent legacy of service provision for the prevention and treatment of HIV and STIs. The District's HIV and Sexual Health Services and Programs are well-known and trusted well beyond the District itself.

The HIV and Related Programs Unit (HARP) Unit provides coordination, governance and performance monitoring for HIV, sexual health and viral hepatitis services and programs across SESLHD. The HARP Unit also provides coordination, performance reports and health intelligence and support to the Illawarra Shoalhaven Local Health District (ISLHD) and St Vincent's Health Network (Darlinghurst), and hosts Adahps, a statewide service for residents of NSW who have HIV related cognitive impairment and complex needs.

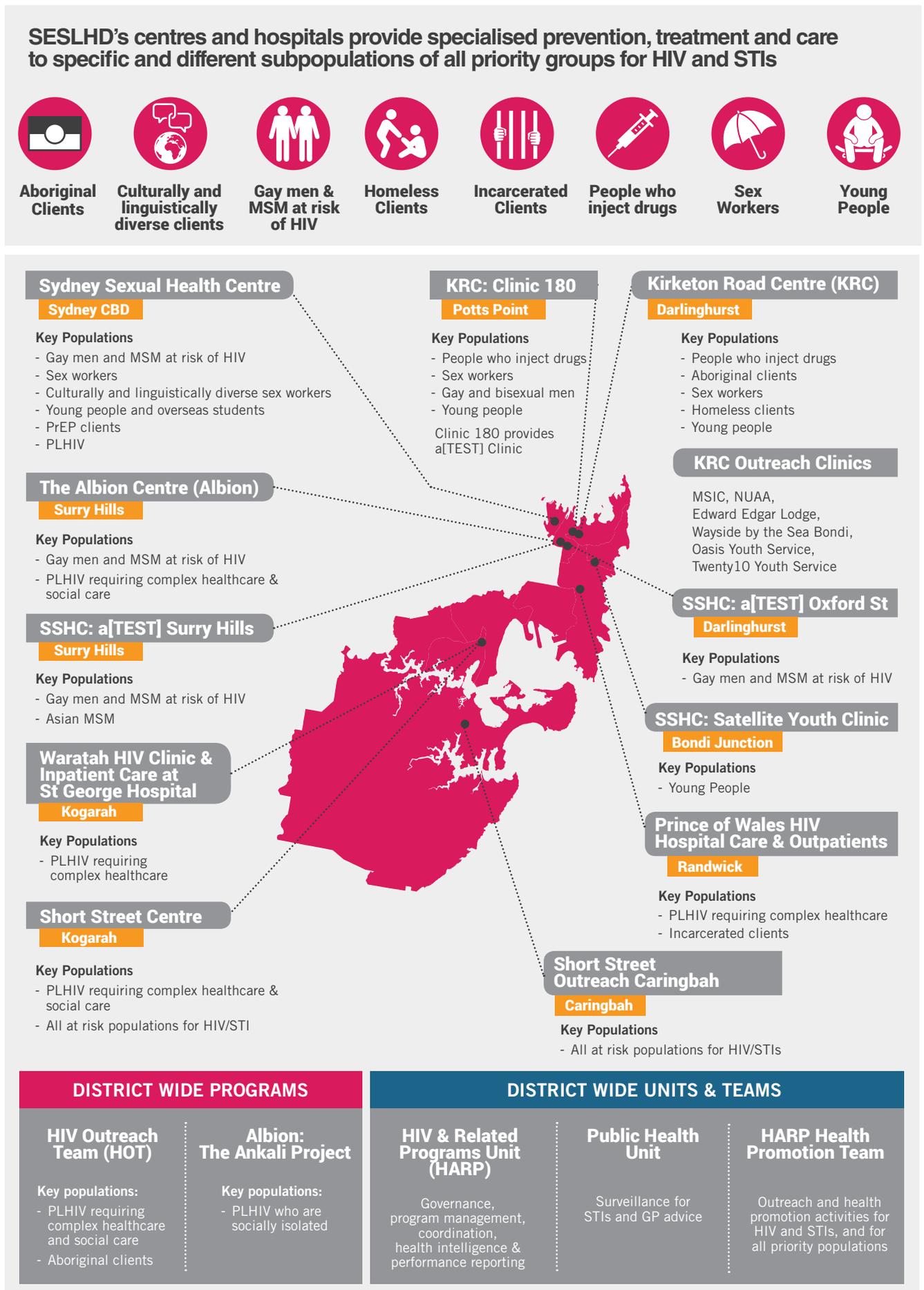
SESLHD offers the full spectrum of care encompassing health promotion, health protection, disease prevention, diagnosis, treatment and care, and surveillance. These are delivered from multiple sites and settings in the community and on hospital campuses by The Albion Centre, the HIV Outreach Team (HOT), Kirketon Road Centre (KRC), the Prince of Wales Hospital, St George Hospital, Sydney Sexual Health Centre, Short Street Centre (SSC), the Public Health Unit and the HARP Unit's Harm Reduction and Viral Hepatitis and Health Promotion Teams (Figure 2).

There are several universal population health programs supporting young people to better access to condoms, sexual health information and pathways to testing and treatment. A range of programs target priority populations including Aboriginal young people, Culturally and Linguistically Diverse (CALD) populations, Men who have Sex with Men (MSM), international students and young people identifying as LGBTQI. The programs include capacity building the youth sector and community organisations in sexual health, sexual health peer education outreach programs and condom distribution.

Partnerships are crucial to the success of these services and programs and include but are not limited to working with: community-based organisations; non-government organisations; youth services; local councils; universities and other tertiary institutions; schools with high Aboriginal populations; Aboriginal community and sporting organisations; multicultural, migrant and refugee organisations; homelessness services; LGBTQI organisations; and general practice.



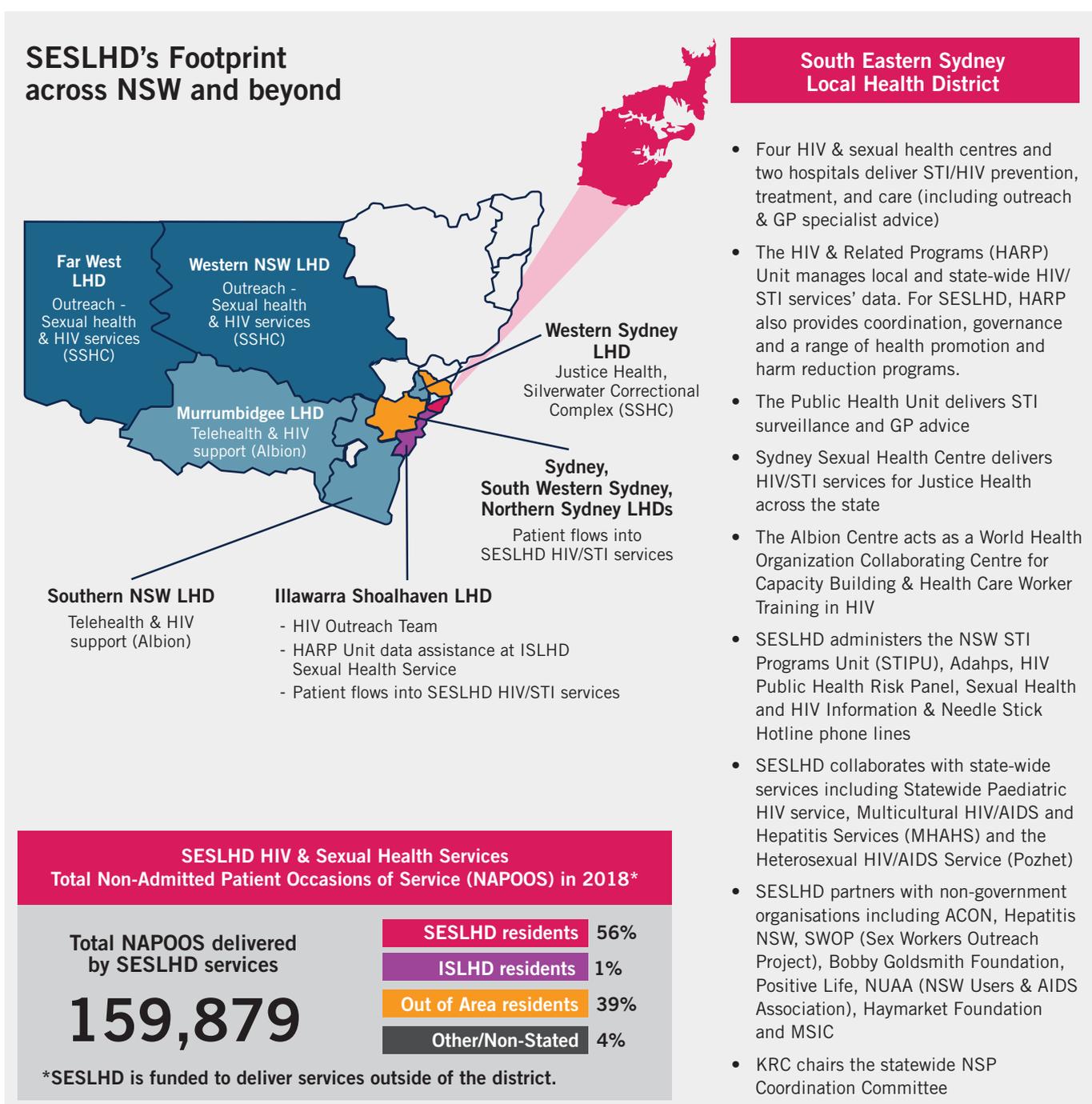
FIGURE 2 SESLHD SPECIALISED SERVICES FOR HIV AND STIs PREVENTION, TREATMENT AND CARE



All publicly funded Sexual Health Services in SESLHD are involved in the training of medical students, nurses, doctors and allied health within SESLHD.

Beyond SESLHD's boundaries, SESLHD has a significant role in providing outreach services and telehealth medicine to rural local health districts and prisons. SESLHD administers statewide telephone hotlines and training and education, the AIDS Dementia and HIV Psychiatry Service (Adahps), NSW STI Programs Unit and the HIV Public Health Risk Panel (Figure 3). The Albion Centre, KRC, SSHC and the Public Health Unit provide training to health care workers across the state. Training includes tours, online courses, specialised programs for at-risk groups, and placements for students and professionals. The Albion Centre, as a World Health Organization Collaborating Centre, also has a prominent international role, with engagement from representatives throughout the Asia-Pacific region. They provide sponsored places in training programs for visiting health workers. SESLHD HIV and sexual health specialists are also involved in international forums and conferences.

FIGURE 3 SYSTEM OF CARE (STATE LEVEL)



Our client reach

The number of clients attending SESLHD's services has grown significantly in the last five years, with the largest numbers of clients attending centrally-located, long-established service providers (see Figure 4a). While the total number of clients attending services has increased, so has the number of People Living with HIV (PLHIV) attending those services. Since 2015, the number of PLHIV receiving care has increased from 1655 to 1891; and there was a 10% increase in 2018 compared to the previous year (Figure 4b).

FIGURE 4a GROWTH IN SESLHD CLIENTS, 2014 – 2018, AND PROPORTION OF CLIENTS BY SERVICE, 2018

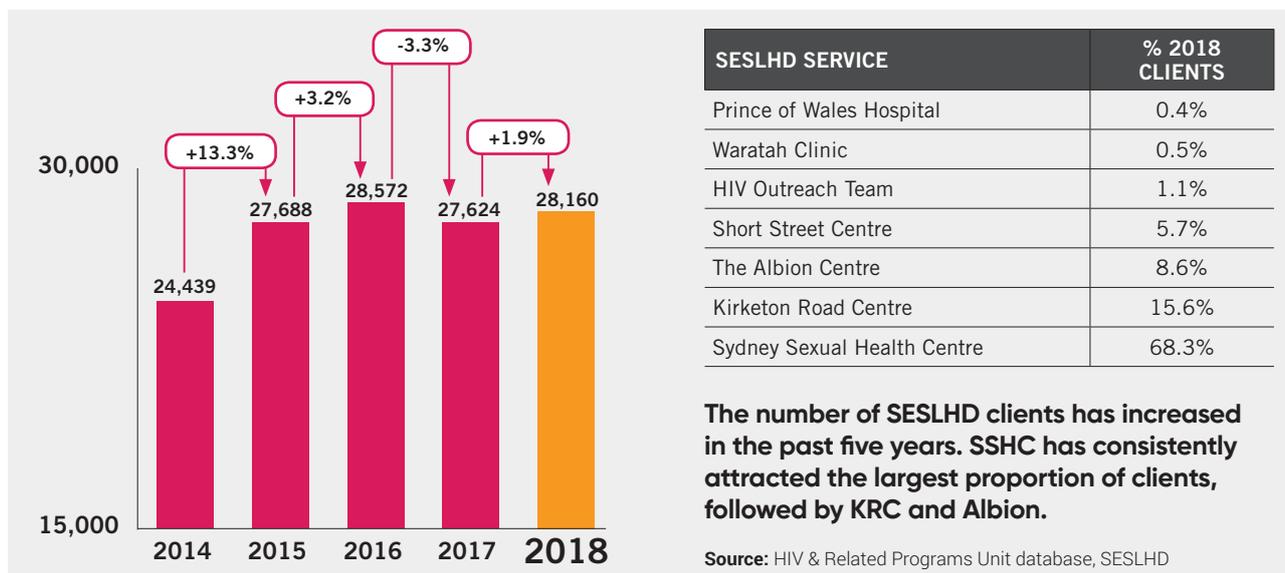
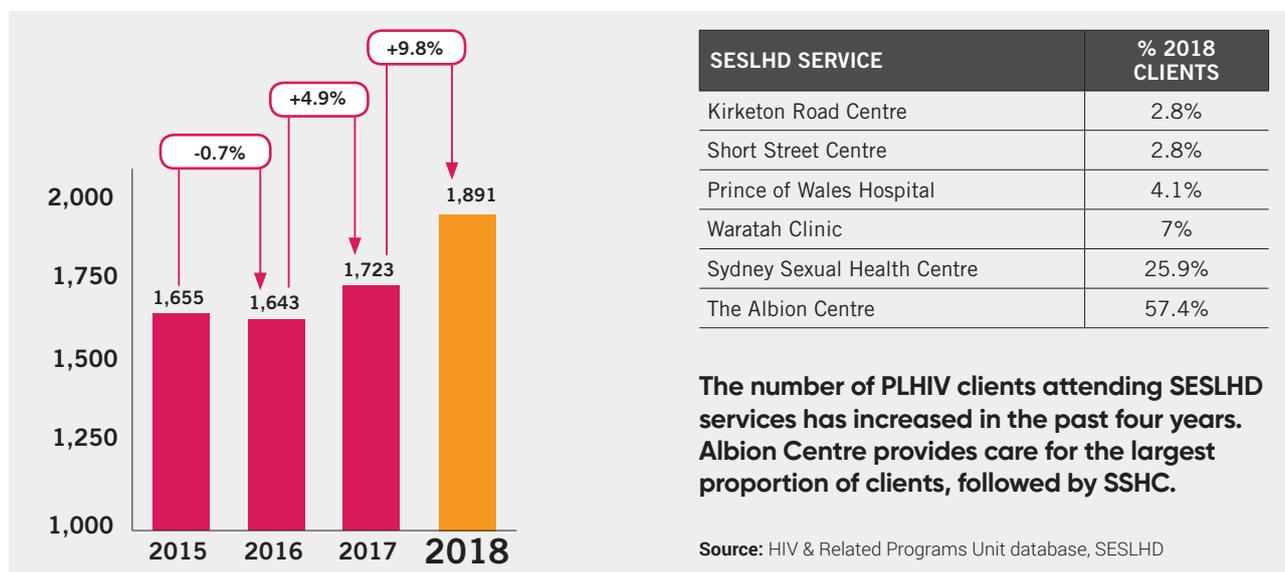


FIGURE 4b GROWTH IN PLHIV ATTENDING, 2015 – 2018, AND PROPORTION OF CLIENTS BY SESLHD SERVICE, 2018



SESLHD's services and programs are critical to reach priority populations. SESLHD's HIV and Sexual Health Services attract different mixes of population groups and many services have built a reputation as a trusted and specialist service provider among specific priority populations (Figure 2). At KRC, 9.4% of clients identify as Aboriginal people. Of 25,000 non-admitted patient occasions of service in 2018 at KRC, 21% were for Aboriginal clients, 30% were for clients involved in sex work, 49% were for clients who inject drugs, and 23% were for clients who have same-sex sexual contact. SSHC attracts a high proportion of sex workers, including those from linguistically diverse backgrounds, and caters to these groups through specialised clinics with on-site translators. Due to its central location in the Sydney CBD and renown, SSHC also attracts a significant proportion of patients who reside in other Districts but work nearby. The Albion Centre has a strong reputation among the local LGBTIQI community, in particular gay men, and also attracts a high proportion of patients who are Medicare ineligible, come from low socioeconomic backgrounds, or have complex needs.

Model of care

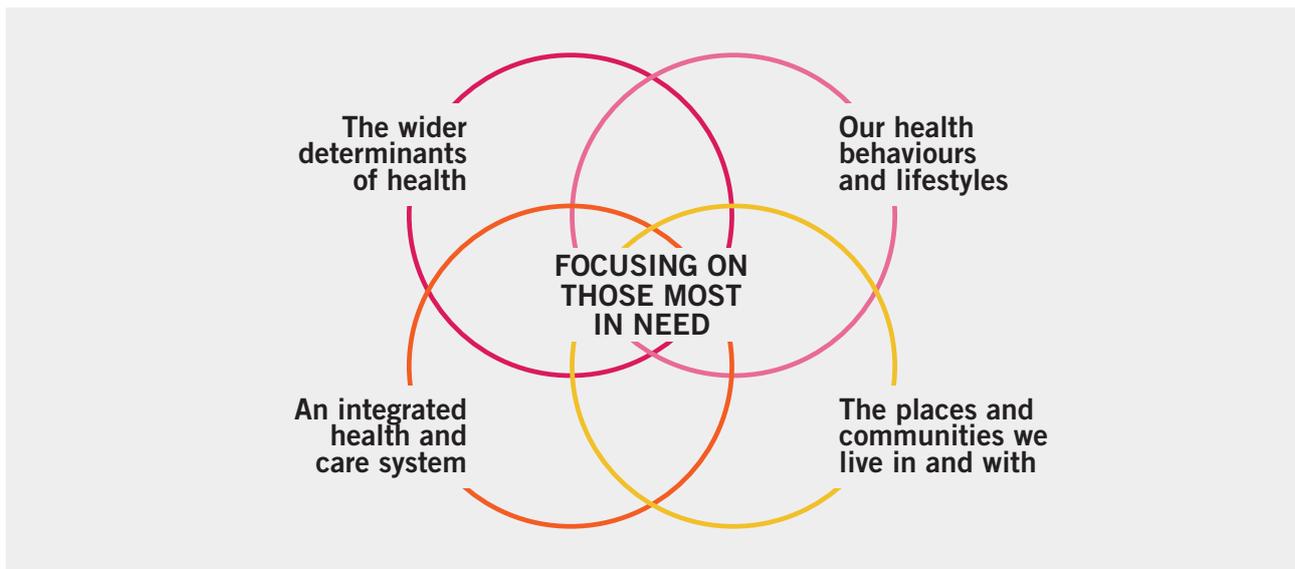
To fulfil its role administering the most extensive HIV and Sexual Health Services in NSW,¹² SESLHD pursues a model of care which prioritises both clinical and population health approaches to the needs of the local community and beyond. Table 1 summarises the three-tiered framework for the model of care.

TABLE 1 SESLHD MODEL OF CARE

Presenting needs	HARP Unit and related services within SESLHD	SESLHD Partners and other agencies
<p>Primary prevention</p> <p>SESLHD HIV and Sexual Health Services have a strong reputation for genuinely engaging with community groups, community based organisations and other stakeholders across all elements of prevention. Key primary prevention activities focus on targeting priority populations through health promotion, community education and the Needle and Syringe Program. Health promotion efforts relate to increasing testing, early treatment, and condom use, but also include wider health promotion regarding key risk factors.</p>	<ul style="list-style-type: none"> • HARP Health Promotion Unit • HARP Services Development and Informatics Unit • HARP Harm Minimisation Unit • SESLHD service providers, including KRC, Short Street, SSHC, The Albion Centre 	<ul style="list-style-type: none"> • Alcohol and other drug services (AOD) • Mental Health Services (MHS) • Non-governmental organisations (NGOs), including AIDS Council Of NSW, Positive Life, NSW Users and AIDS Association (NUAA) • Mainstream health care services, including general practitioners (GPs)
<p>Secondary prevention</p> <p>SESLHD's secondary prevention approach focuses on priority groups at higher risk. This includes MSM or young people with repeat STI notifications, PLHIV who are Medicare ineligible, and alcohol and other drug and/or mental health clients with sexual risk behaviour.</p>	<ul style="list-style-type: none"> • SESLHD service providers, including HOT, KRC, Short Street, SSHC, The Albion Centre 	<ul style="list-style-type: none"> • Adahps (The AIDS Dementia and HIV Psychiatry Service) • AOD & MHS • NGOs including ACON, Pozhet, the Bobby Goldsmith Foundation, the Haymarket Foundation
<p>Tertiary prevention and acute care</p> <p>The third tier of the SESLHD model of care caters to individuals already affected by HIV and/or STIs. SESLHD provides a range of acute care services for people with acute HIV-related illness. It also caters to individuals at very high risk, such as those with late or advanced diagnoses or serious, intersecting comorbidities, as well as clients who are highly marginalised or exhibit behaviour that may endanger others.</p>	<ul style="list-style-type: none"> • SESLHD service providers, including HOT, KRC, Short Street, SSHC, The Albion Centre • Prince of Wales Hospital and St George Hospital inpatient and outpatient services 	<ul style="list-style-type: none"> • Adahps • Justice Health • AOD & MHS • Family and Community Services (FACS) • National Disability Insurance Scheme (NDIS) • Social housing providers • NGOs including Positive Life, Pozhet, the Bobby Goldsmith Foundation, the Haymarket Foundation • St Vincent's Hospital Network • Paediatric HIV service at the Sydney Children's Hospital • HIV Public Health Risk Panel

This model of care achieves high adherence with treatment, through a commitment to both clinical and population health excellence. At all levels, SESLHD collaborates with community and government partners to provide joined up health and social care delivered by multi-disciplinary teams. Services include outreach and telehealth to other parts of NSW. Some SESLHD services also act as centres of excellence for the state and nation and have achieved an international reach through their activities in healthcare capacity building and healthcare worker training. As befits a population health system, this model of care considers the wider determinants of health, the role of people and communities, and the role of an integrated health and care system, in order to place those who are most in need at its centre (Figure 5).

FIGURE 5 POPULATION HEALTH SYSTEM MODEL *13



Principles

Across our specialised HIV and Sexual Health Services, the principles underpinning our model of care are, (and will continue to be, in the context of this Strategy):

- People are capable of managing their own lives
- People are entitled to confidentiality, privacy and honesty
- People are placed in the centre of their care
- We focus on those most in need
- We provide respectful, safe, compassionate and high quality health care
- Working in partnership achieves better health and wellbeing outcomes
- Research and innovation informs clinical service models.

It is through the combination of these core principles that this Strategy proposes to achieve equitable and sustainable progress towards its goals.

* This diagram is adapted from an original developed by Buck et al. for the King's Fund (2018). Full reference in appendix.

Governance

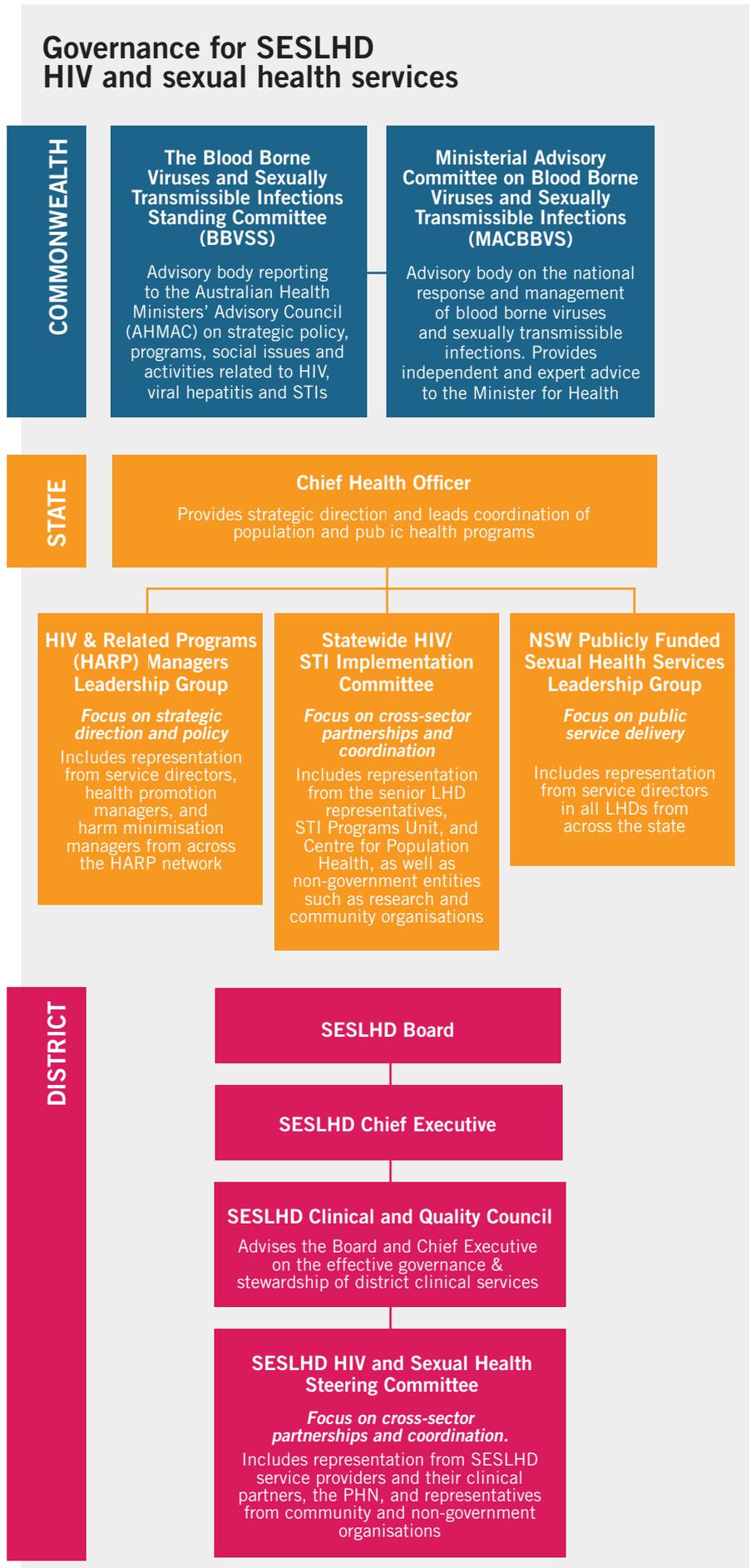
Governance of SESLHD's HIV and Sexual Health Services is led through the collaboration of various bodies at the District, State, and National level.

Figure 6 represents the groups that provide leadership and governance for HIV and Sexual Health Services in SESLHD, through provision of strategic direction, oversight, coordination, and the promotion of cross-sector partnerships. Membership across these groups is drawn from across varied regions and sectors, and senior personnel from SESLHD play a significant role at multiple levels of the system.

Coordinated by the HARP Unit, several district-wide governance committees oversee the coordination of prevention, treatment and care delivered by local and statewide HIV, sexual health and viral hepatitis services and external service providers such as non-government organisations and GPs. These multidisciplinary committees provide governance and oversight for emerging issues and challenges with such complex health needs. These committees also provide an opportunity to foster collaborations between health promotion staff, clinicians, managers and key stakeholders which share the responsibility of HIV, STIs and viral hepatitis prevention, treatment and care.

One example is the SESLHD HIV and Sexual Health Steering Committee. With a focus on cross sector partnerships and strategic direction, this committee provides a coordinated district-wide response to strengthening prevention, treatment and care programs by engaging the range of services that are responsible for the wellbeing and improved health outcomes of our consumers and community members.

FIGURE 6 HIV/STI SERVICE GOVERNANCE



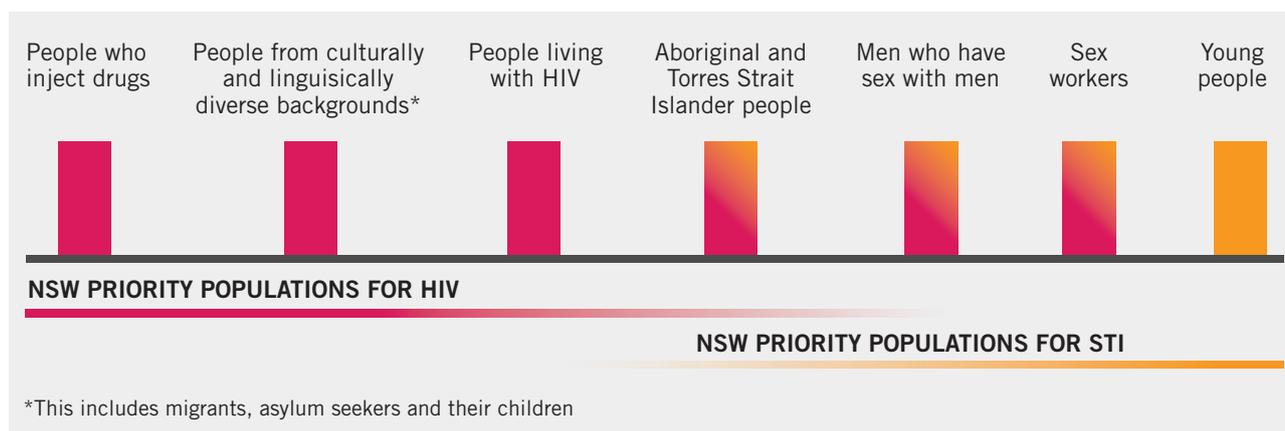
Keeping up with change and future needs

This Strategy seeks to maximise SESLHD's vital contribution to respond to changing HIV and STI epidemics in its own area and thereby shape the state-wide and national effort. Accordingly, the following sections set out pathways to modernisation and reform in the HIV and sexual health space that will allow SESLHD to maintain the excellence of its contribution and adapt responses to shifting challenges, all within a static funding environment.

SESLHD targets key, at-risk populations

The particular challenge in South Eastern Sydney is the notable concentration of populations affected by either (or both) HIV and STIs. SESLHD is home to an intersecting blend of all priority populations identified in the *NSW HIV Strategy 2016-2020* and *NSW Sexually Transmissible Infections Strategy 2016-2020* (Figure 7). Each of these priority populations – both individually and in their overlap – are a critical focus of local, state, and national strategy.

FIGURE 7 PRIORITY POPULATIONS FOR HIV AND STI*



Consumer Story

SESLHD patients have diverse needs and relationships

Single father from the Inner West.

Long-term crystal meth addiction, mental health issues, history of homelessness, and difficulty maintaining employment.

No matter where he is, The Albion Centre is his constant health support source - even while he lived on the Central Coast.

Both historically and currently, the inner-city regions of South Eastern Sydney have had a strong representation of sex workers, people who inject drugs, members of Sydney's LGBTQI community (particularly gay men), MSM, and PLHIV. More broadly, the District is home to significant communities of Aboriginal Australians, people from CALD backgrounds (including migrants and refugees), and young people, including international students. There is an overrepresentation of these communities among South Eastern Sydney residents, and even more members of these populations are drawn to the SESLHD area to access its well-known (and anecdotally, judgement-free) services.

* Although PLHIV are not a specific priority population for STI strategies at the national or state level, they are a critical sub-population of the priority populations that are listed. Infection with either HIV or STI heightens the risk of transmission for the other: while STI can facilitate the sexual acquisition and transmission of HIV, PLHIV are also at a higher risk of STI due to increased susceptibility to infection and lowered immunity. The overrepresentation of PLHIV in the SESLHD area makes this group a focal point for reducing transmission of all conditions covered in this Strategy.

Clients from diverse backgrounds often express their desire to travel to specialised services that are distant from their homes, in order to seek non-judgmental, or culturally or linguistically appropriate care. In many cases, these choices were driven by fears of disclosure, of loss of privacy in their close-knit ethnic or religious communities, or by internalised stigma related to personal or cultural values.

This concentration of priority populations emphasises the importance of minimising transmission and managing existing conditions, both from a population health perspective as well as a person-centred one. In short, in South Eastern Sydney, both national and NSW strategies need to be implemented in a way that is exemplary in both prevention and treatment.

Treatment as prevention promises progress, but late diagnosis needs continued focus

The recent history of HIV in Australia has been marked by significant strides in prevention. The existence of biomedical preventions, Treatment as Prevention (TasP), and the specific introduction of pre-exposure prophylaxis (PrEP) to the Pharmaceutical Benefits Scheme (PBS), have been highly effective in reducing new infections of HIV, particularly among Australian-born Men Who Have Sex with Men (MSM).

Nonetheless, there are several subgroups of the SESLHD community who remain at-risk, such as Asian and other CALD-background gay men and MSM, for whom continued and vigilant efforts to improve prevention and increase testing are necessary. Broader shifts in patterns of transmission emphasise the need for comprehensive health promotion, particularly as an increasing proportion of new HIV infections are being transmitted via heterosexual sex.¹⁴

Simultaneously, as male-to-male sex remains the main route of transmission in Australia, there must also be a continued focus on the gay male and MSM community: one of the key priority populations in the South Eastern Sydney region. ABS data indicates that the gay male population is more concentrated in inner Sydney than anywhere else in Australia: indeed the ten Australian suburbs with the largest proportion of male residents in same-sex couples are all in SESLHD and its neighbour SLHD.¹⁵ In the 2016 census, Darlinghurst, in SESLHD, had the highest proportion of male same-sex couples in the country, with male residents in same-sex couples representing one in five couples in the suburb.

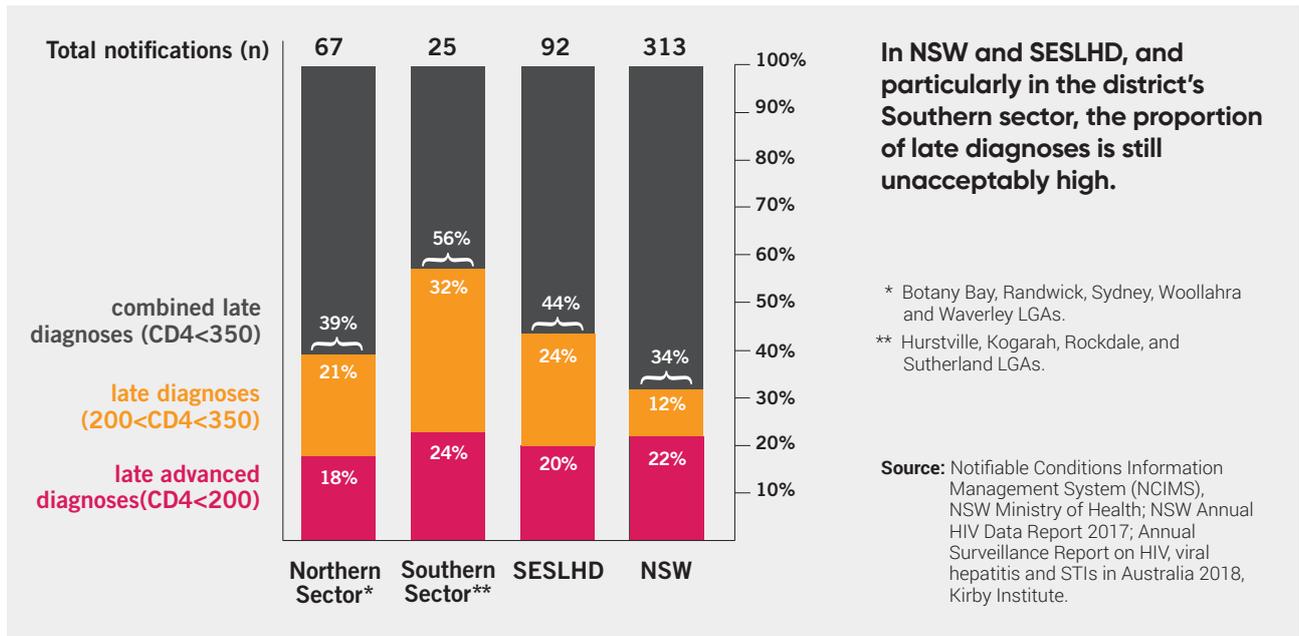
The importance of targeting this population is evident in recent testing statistics. Although NSW HIV testing rates continue to grow, data from January-June 2018 indicates that two-thirds of newly-diagnosed MSM did not have a HIV test in the 12 months prior to being diagnosed, and 44% had evidence of late diagnosis.¹⁶ Evidence shows that the proportion of people diagnosed late with HIV has not reduced over the last five years, and this proportion appears to be increasing in overseas born MSM.

In SESLHD specifically, data from 2017 emphasises the need to continually target rates of late diagnoses (Figure 8). Although the proportion of SESLHD notifications that were advanced diagnoses (CD4<200) is marginally lower than the NSW proportion, the overall proportion of late diagnoses (CD4<350) is substantially higher in SESLHD (44%) than at both state and national level (34% and 36% respectively).¹⁷ The proportion of late diagnoses in the southern sector of the District (56%) is particularly concerning. For example, across this Southern region (defined here as Georges River, the Rockdale part of Bayside and Sutherland LGAs) nearly one out of four HIV notifications were advanced diagnoses, and more than one in two were late.

SESLHD data indicates that late diagnosis is more pronounced in regions where there is lower awareness of and (anecdotally) higher stigma towards HIV, such as in the southern regions of the District. This southern sector has only one public Sexual Health Service and there is no large, gay-friendly GP clinic to attend, such as those available in Darlinghurst. Moreover, the problem with access may not only be a lack of service provision in some areas, it may be a lack of culturally appropriate services which at-risk populations can trust, feel comfortable to attend, disclose their risk behaviour and undergo testing.

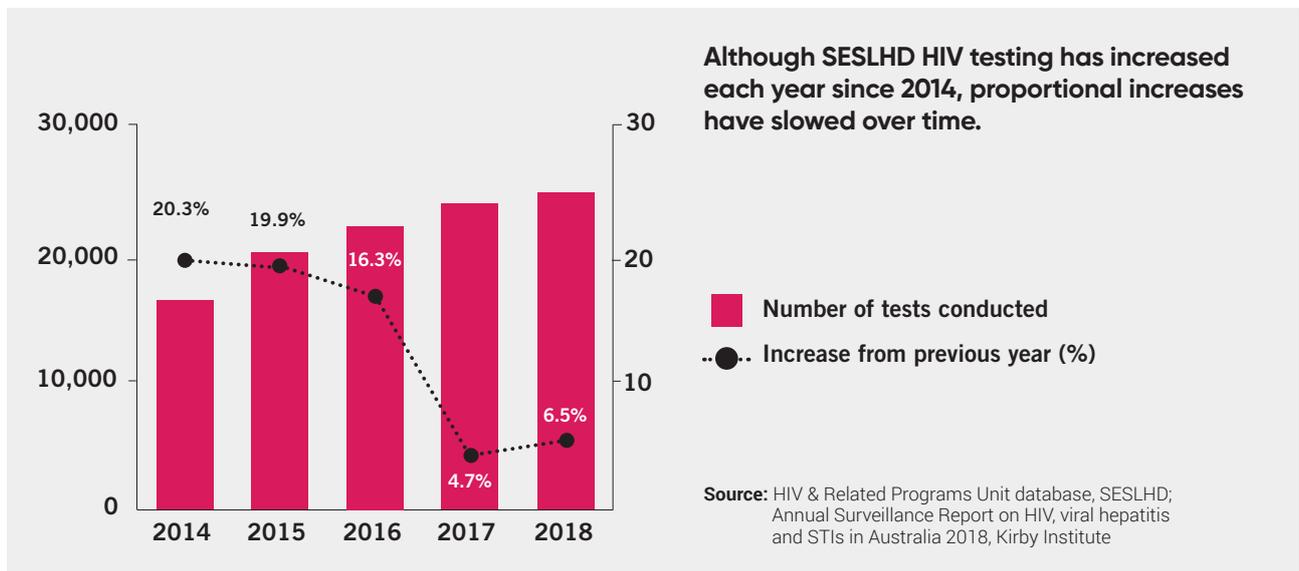
Clearly, despite the success of increases in testing and treatment as prevention and PrEP in Australian-born gay men, there are still many people being diagnosed with late and/or advanced infection. The persisting problem with late diagnosis is not a new one, but it suggests there is a need for better access to testing and care for people at risk of HIV who are from groups outside of gay community-attached, Australian-born gay men, or who live outside the inner city suburbs. The work done in the Northern sector of SESLHD in terms of service provision for gay men has been ground-breaking, innovative and it has led the state in terms of HIV prevention. For example, ACON's a[TEST] walk-in, peer-delivered, point of care testing services have been very successful in reaching their target population, which includes Asian-background MSM. Simultaneously both the public services and many private, high-caseload GP clinics have embraced point of care testing and PrEP for HIV. Yet there is more work to be done.

FIGURE 8 PROPORTION OF LATE AND ADVANCED HIV DIAGNOSES IN SESLHD AND NSW, 2017



While examining these rates of late diagnosis, it is important to acknowledge that there has been long-term growth in testing over the past five years (Figure 9). This is indicative of the concerted efforts of SESLHD services and their partners, as well as an intense period of innovation and re-orientation of service delivery in SESLHD following the 2012-2015 NSW HIV Strategy. However, the year-on-year proportional increase in testing has declined over that same five-year period.

FIGURE 9 HIV TESTING RATES IN SESLHD, 2014 – 2018



Having optimised service delivery, it will be increasingly challenging to support further, substantial increases in HIV testing without further increases in funding and staff. Clearly, TasP has a phenomenal potential to reduce rates of transmission, but it is not sufficient alone. Increases in testing are promising but need to be sustained and enhanced. HIV testing needs to be better targeted to 'hard to reach populations' and late presenters. Awareness strategies amongst the public and health professionals, including Emergency Departments and GPs, are required to identify previously undiagnosed late presenters.

Ending HIV transmission does not equal an end to HIV

In SESLHD, and around the country, it is important to keep the conversation about HIV alive, to continue spreading awareness of risk factors and available precautions into all at-risk communities. Eliminating transmission is a central goal, but it does not of itself speak to the existence of a significant (and still growing) population of HIV-positive Australians. It is important that the national narrative surrounding 'ending HIV' has been replaced by 95-95-95 and acknowledges the nuance here, and focuses on what current changes in the epidemic will mean for service demand and for those who have an ongoing need to access the services.

In the absence of a cure, it is critical that SESLHD's role in the national response to HIV maintains its focus on the condition's unique priority population: PLHIV. SESLHD has clearly acknowledged the importance of this group through extensive consultation, which has been held regularly.^{18,19,20} At its core, these consultations have sought to understand the persisting challenges faced by HIV-positive people who access SESLHD's services.

Figure 10 and Figure 11 outline these challenges by summarizing their impact at a collective level, through key themes of consultation, and at an individual level, through selected quotes. In particular, this emphasis on patient-reported experiences and outcomes emphasises the holistic health considerations for PLHIV. It demonstrates that care and support must continue, and must promote mental, emotional, social, and cognitive wellbeing, be person-centred, and be sensitive to the unique circumstances of living with HIV.

FIGURE 10: SUMMARY OF SESLHD CONSULTATION WITH PLHIV

Consultation focused on the everyday challenges encountered by positive people

SESLHD's consultation with HIV-positive residents and service users emphasised that, despite the District's many successes, its clients still face various health and social challenges. Among PLHIV, commentary focused on several key barriers:

- stigma and discrimination, particularly when accessing mainstream services
- high level of engagement in risk factors (especially smoking) among the HIV-positive community
- prevalence of co-morbidities such as social isolation, trauma, mental ill health, and alcohol and drug issues
- powerful health impacts of ageing, such as social isolation, loneliness, and premature ageing through conditions like dementia.

FIGURE 11: CONSUMER QUOTES^{21,22}



Decreased quality of life is a serious concern for many individuals living with HIV

Impact of diagnosis

I was diagnosed 12 years ago – told by a doctor and left in a room to wait for a counsellor. Two hours later, no one had come, and I walked down the street in tears – I was suicidal.

Sense of self and self-worth

When my HIV was first diagnosed, I had a very bad case of depression. Because a part of my life basically came to an end. And I had to expect that I couldn't be that person anymore. I had to work out who I was again.

Substance use and self-harm

HIV made me take a lot of stupid risks. It led to me having a ridiculous drug addiction for many years. That did my health, self-esteem and my life no good.

Impact of HIV on memory and cognitive function

My HIV-related brain injury has changed the way that my brain works and makes many simple things ... difficult.

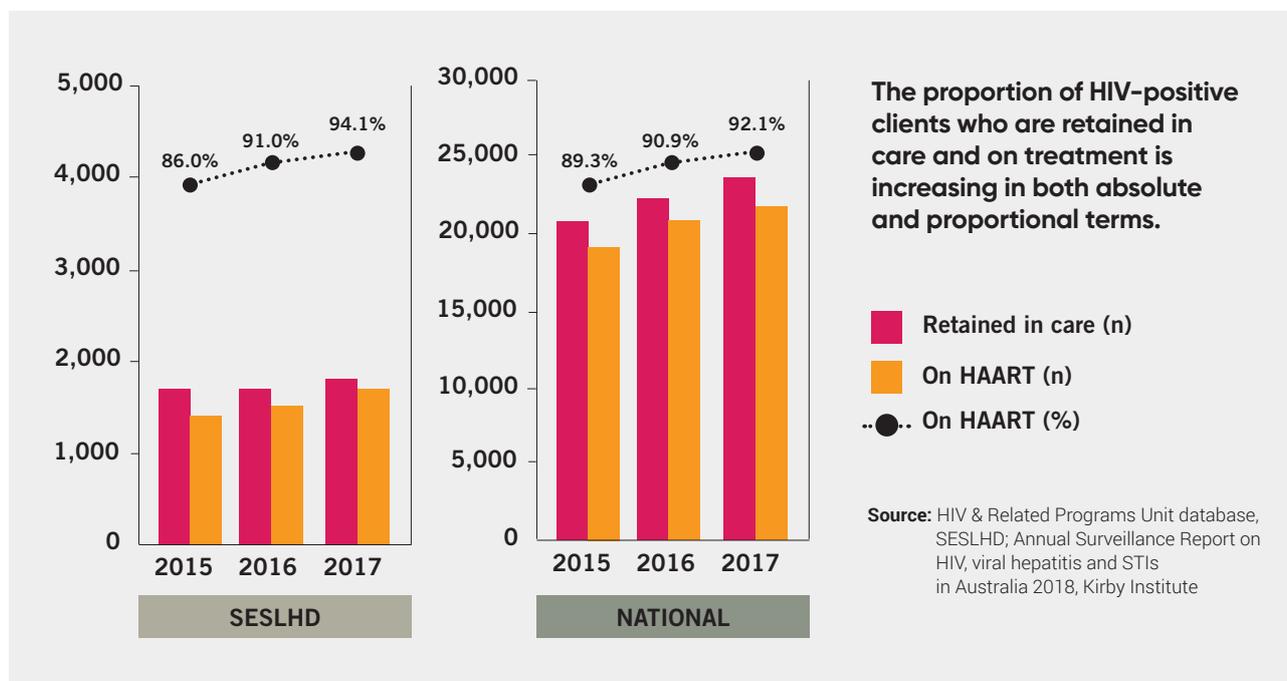
Impact of ageing

We don't know what our health is going to be like – we're the guinea pigs, we're the first lot to age. There's still the unknown for those of us who have had AIDS, those who've lived with HIV long-term.

Ageing is one of the things that keeps me awake at night. It's not something that anybody has done any thinking or planning about. I'm hearing horror stories about HIV-positive people who can't live on their own and they're finding that aged care facilities won't accept them.

Given the population health risk that HIV can pose, and the effectiveness of viral suppression, there is an obvious value in managing all HIV-positive people and ensuring their adherence to treatment. This need emphasises the importance of HIV-positive clients' reflections on their experiences, and reminds us that it is important to note the strong link between strengthening quality of life and ensuring adherence to treatment. Of course, SESLHD's high and increasing proportion of HIV-positive clients who are on highly active antiretroviral therapy (HAART) is a very positive step (Figure 12). As undetectable equals untransmissible,²³ this kind of excellence in clinical care also means excellence in prevention.

FIGURE 12 SESLHD AND NATIONAL HIV CARE AND TREATMENT LEVELS, 2015 – 2017



However, broader political pronouncements on HIV largely take for granted HIV-positive people's commitment to the TasP agenda and have little to say about what makes treatment adherence compelling to them, in absence of a cure. As noted above, positive people continue to suffer decreased quality of life, stigma and discrimination, high rates of social isolation and economic dislocation, and long-term health problems including, for example, premature entry to residential aged care due to a range of cognitive and inflammatory disease processes. Addressing these issues through a focus on quality of life – as well as treatment – is vital.

Given the high representation of HIV-positive people in SESLHD's geography and client load, success in our vital role in significantly reducing HIV transmission will require continually proactive, sensitive, and adaptive responses to the changing needs of HIV-positive people across the District.

Complexity remains a challenge for many positive people

As we approach 95-95-95 targets for diagnosis, treatment, and viral load, (i.e. increase the proportion of people with HIV who are diagnosed to 95%, increase the proportion of people diagnosed with HIV on treatment to 95% and increase the proportion of people on treatment with an undetectable viral load to 95%), care is particularly important for those individuals who are most likely to fall through the cracks, such as those with complex social needs or low capacity to manage their own treatment.



Consumer Story

An ageing HIV-positive population will pose new challenges

- HIV-positive man in his sixties.
- Highly isolated following the death of his partner.
- Living alone, with poor social skills and limited ability to manage his own health.
- Minimal financial resources at his disposal.

While HIV notifications may have reduced, the life expectancy of PLHIV has increased due to improvements in the efficacy and coverage of HAART. Hence, there will be more PLHIV who are less sick on average, but are ageing. Complex issues such as the ageing of the HIV-positive population and the emergence of HIV-Associated Neurocognitive Disorders (HAND) – as well as increasing rates of social isolation, and need for cross-sector and inter-agency coordination (for example with the National Disability Insurance Scheme) – are increasing the demand for new capabilities in aged care for HIV-positive people. These new capabilities will be critical to maintaining patients' quality of life.



Consumer Story

Not all clients may be able to manage their own treatment

Asian Australian in his mid-40s.

Co-infected with hepatitis B, positive latent syphilis.

Diagnosed with HIV, CD4 60. Immediately retained in care and placed on HAART shortly after.

Public Health Unit matches similar patient details to a 2013 HIV diagnosis at Sydney Sexual Health Centre, with patient lost to follow up.

When discussed with patient, he stated he could not remember his earlier diagnosis due to denial and shame.

There must be a continued focus on reaching this population, for if they end up off-treatment and become infectious they (and potentially their partners) will experience poor health outcomes, and this group may drive new infections.

The issue of quality of life for HIV-positive people is further complicated by the issue of multi-morbidity. Currently, 21% of SESLHD residents live with co-morbidities – a proportion increasing to 82% for those aged 85 and over.²⁴ These co-morbidities can include issues related to alcohol and other drug use or mental ill health. Other forms of complexity can include homelessness or deep forms of social marginalisation, whose clinical and social care can be particularly resource intensive, and require support related to other services such as housing and disability support. They may also include significant past or present experiences of trauma. These forms of complexity may not only complicate an individual's health and social care needs but affect their likelihood to seek care in the first place.

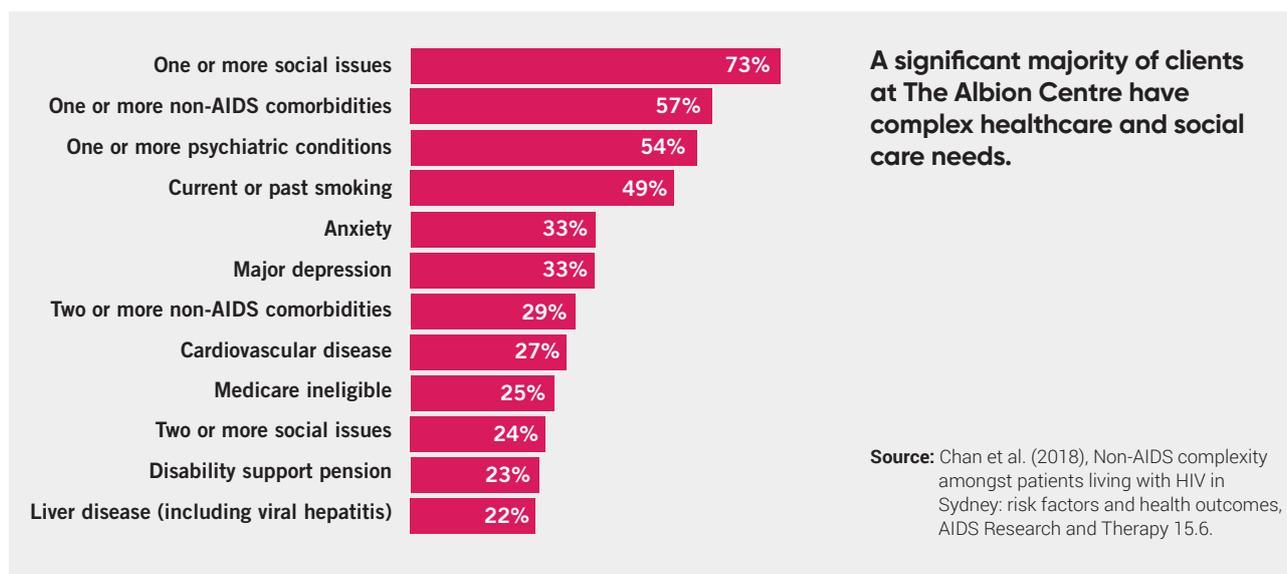
Data from The Albion Centre emphasises the extent of this complexity among a significant proportion of the HIV-positive population who access their services (Figure 13). These statistics indicate that roughly three-quarters of Albion clients experience at least one social issue, and one-quarter experience two or more social issues. Anxiety and major depression each affect one third, while one in four clients is Medicare ineligible. Nearly half are current or past smokers.

"I come from an extremely violent family. My father was an alcoholic who'd go straight from work to the pub... and he used to come home and chase mum with a knife. As an adult, that stays with me.

That's why the HIV isn't being told to people. It's all about projecting an image that everything is okay."

SESLHD client consultation

FIGURE 13 MOST PREVALENT FORMS OF NON-AIDS COMPLEXITY AMONG CLIENTS AT THE ALBION CENTRE



Despite these high figures, complexity is most prevalent among the cohort who access the HIV Outreach Team’s services. According to service staff feedback, 95% of HOT clients have complex needs. This includes eight current HOT clients who are HIV-positive adolescents. These clients may require significant social care as well as health care. SESLHD’s service are very well-placed to provide care for these clients: services including a concerted focus on each of these individuals is only becoming more important, as the community ages and issues relating to mental and physical welfare become more complex.

Stigma and discrimination are front of mind

Whether external or internalised, stigma and discrimination have a material impact on an individual’s quality of life, health, and opportunity, as well as their likelihood of diagnosis and access to timely care. Stigma and discrimination remain serious concerns for the many HIV-positive who live within the SESLHD area, as well as other individuals affected by HIV or STIs who are part of the LGBTQI community, are involved in sex work, inject drugs, or come from a minority background. As one SESLHD client expressed, “even today, people still equate HIV with a social shame, a sexual disease or an intravenous drug disease. There’s still a large stigma against HIV.”²⁵

Recent research by UNSW has reported that three-quarters of participants in the Stigma Indicators Monitoring Project had experienced stigma or discrimination in relation to their HIV status in the last year.²⁶ More than half of the respondents living with HIV specifically reported negative or different treatment by health workers. This was a theme commonly raised in client consultations, particularly among clients living in suburban areas.

“HIV is always a hurdle. The challenges of disclosure prevent you from making new friends, applying for jobs, accessing good housing. No matter what, HIV is always there. Even if it’s invisible it can’t be ignored.”

SESLHD client consultation



Consumer Story

Stigma and discrimination can be a barrier to accessing care

Australian-Vietnamese man in his late-20s.

Lives in an outer-Sydney suburb with his parents, maintains a dual life with family and friends.

Experiences stigma as a gay Asian man, including impacts on his personal relationships as well as discrimination when using health services.

Consultations specifically reflected on stigma and discrimination faced from GPs, dentists, hospital staff, and community pharmacists, as well as when accessing government benefits or entering the job market (Figure 14). Many of these experiences are interrelated – for example, discrimination in the workplace can impact on income, housing, and stability. These vignettes emphasise the painful ‘domino effect’ that stigma and discrimination in one avenue of life can have on experiences in another. These factors are also intimately connected to mental health, which remains a concern among the HIV-positive community and in particular, members that experience multiple forms of marginalisation based on their identity.

FIGURE 14: CONSUMER QUOTES ^{27,28}



Consumer Quotes

Stigma and discrimination impact patients in every part of their lives

General

It shocks you when discrimination happens because you forget, you're just getting on with your life and then something happens that reminds you that you are something that other people are uncomfortable with or that they fear.

Interpersonal relationships

It does affect my life every day because there's always a part that people won't get to know.

Hospitals

Two years ago, I took my partner to ED after a fall with a nasty head gash – the nurse said: "I'm not touching him, he's infectious."

Career and employment

My life changed very dramatically once I was diagnosed. Very quickly, I went from having a very successful career and a very high paid job to being on the pension.

Income and lifestyle

I had to learn how to live on the pension, get by without. All of a sudden you can't go on trips or spend money.

Housing

Stigma for me comes from the problems associated with HIV. Trying to rent a flat on a disability pension is a nightmare.

Legal status

I would like to stay living in Australia after nine years here, but my residency visa application automatically got rejected because I have HIV.

By contrast, the low (or non-existent) levels of stigma and discrimination felt in SESLHD services is a frequent reason put forward to by patients to explain the popularity of SESLHD services. For example, feedback from consultation with patients in the District represented staff across all SESLHD HIV and Sexual Health Services as open, knowledgeable, non-judgemental, welcoming, and supportive. This point emphasises the potential for the District to lead the way in NSW in relation to stigma and discrimination.

"A place to go where there are no labels, you are seen as a human being."

SESLHD client consultation

An increase in prevalence of STIs

Although the NSW STI Strategy notes the recent progress in responding to STIs in NSW – such as low rates of STIs amongst sex workers and the virtual elimination of congenital syphilis – it also acknowledges the need for an ongoing focus on a reduction in gonorrhoea, syphilis, and chlamydia. This is highlighted by the increase in NSW notification figures for the year 2017, compared to the previous year:

- 29% increase in gonorrhoea notifications, including 2,810 in SESLHD
- 24% increase in infectious syphilis notifications, including 439 in SESLHD
- 10% increase in chlamydia notifications, including 6,106 in SESLHD.²⁹

Figure 15 and Figure 16 represent the substantial year-on-year increases in notifications across all three conditions, at both the District and the state level, over the past five years.

FIGURE 15 NSW STI NOTIFICATIONS, 2014 – 2018

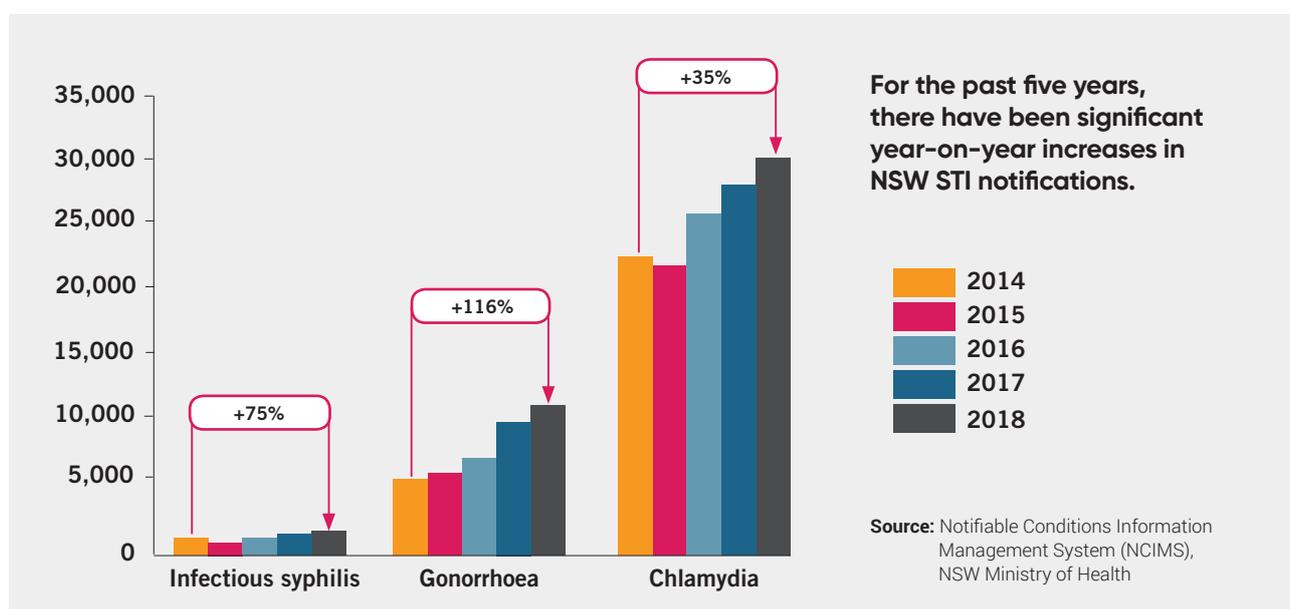
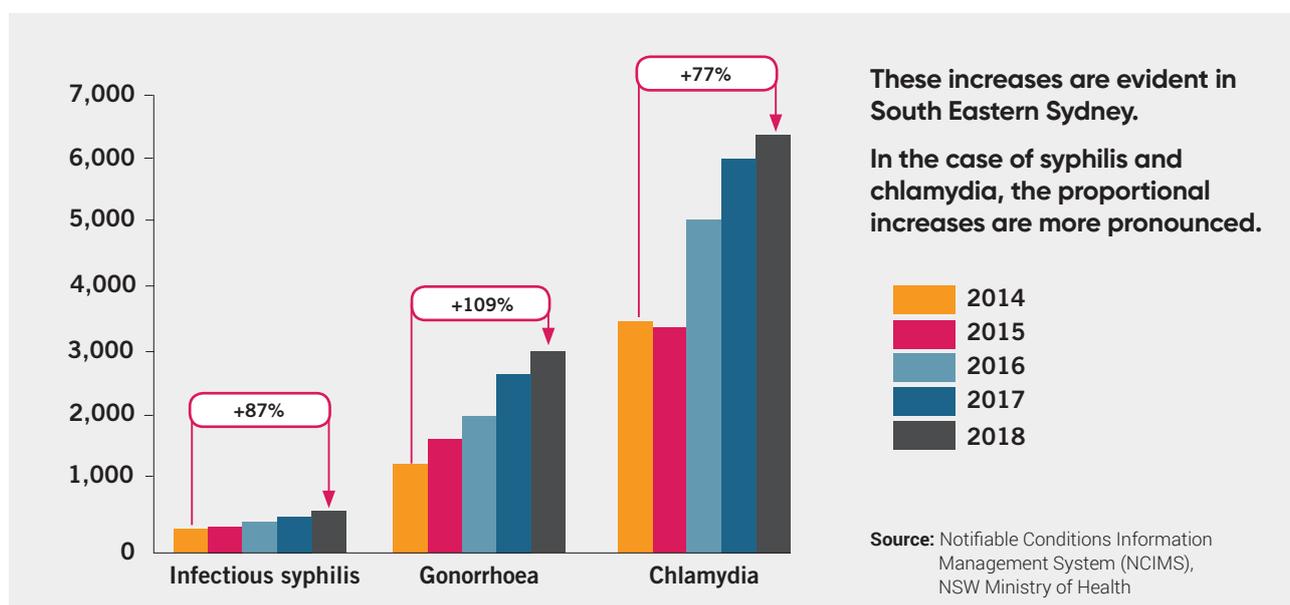


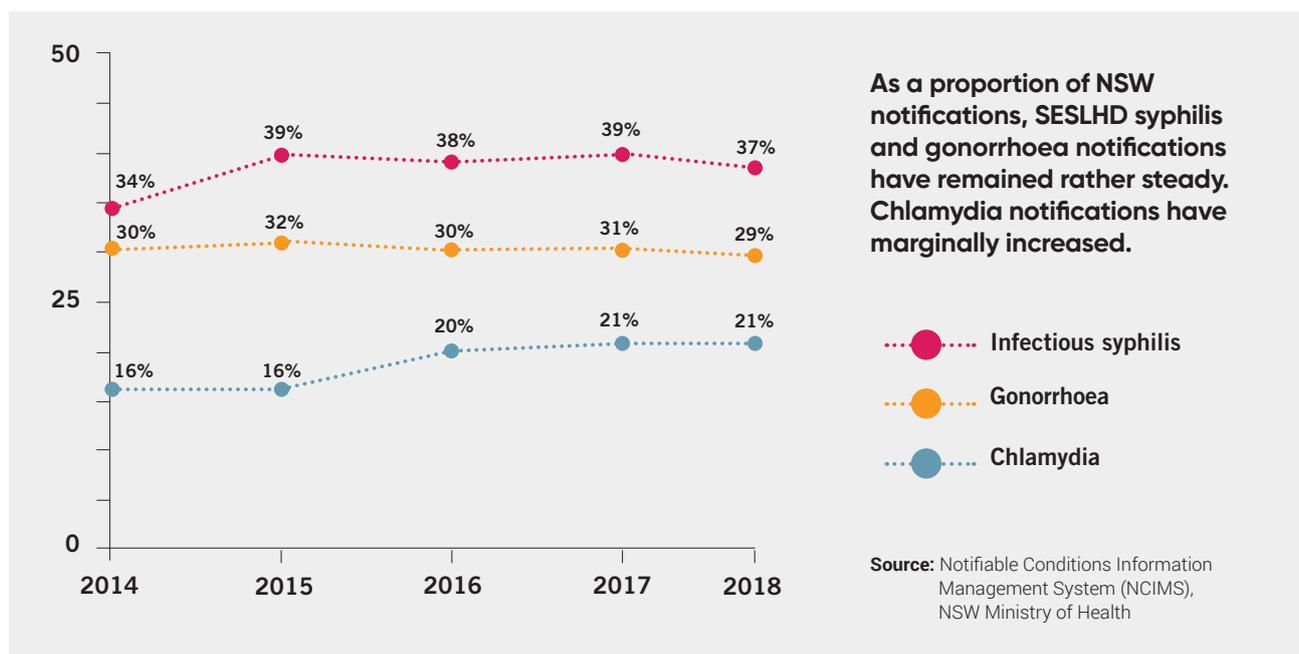
FIGURE 16 SESLHD STI NOTIFICATIONS, 2014 – 2018



When considering these increases, it is important that they are interpreted with an understanding of the impact of increased testing rates on increasing notifications and the increasing positivity rates in all STIs. It is also important to note the potential increase in susceptibility that can occur when at-risk clients are tested and treated for STIs, given that they have the potential to be re-infected.

Nonetheless, Figure 17 indicates the significant proportion of statewide notifications that occur in SESLHD – for example, since 2015, nearly two in five NSW notifications of infectious syphilis were among residents of SESLHD. Although it is important to note that the share of NSW notifications occurring in SESLHD has remained rather stable – at approximately 30% for gonorrhoea and 38% for syphilis – these are very substantial proportions of the statewide burden of disease. Meanwhile, the proportion of chlamydia notifications in SESLHD, although low by comparison (21.4%) has increased by five percentage points in five years.

FIGURE 17 PROPORTION OF NSW NOTIFICATIONS OCCURRING IN SESLHD, 2014 – 2018



Across all three conditions, SESLHD and its neighbour Sydney LHD continue to represent the highest rates of notification in the state. These increasing notification rates have led to surges in service attendance at services such as SSHC, which diagnosed nearly 80% of all chlamydia and gonorrhoea notifications within SESLHD public services in 2018.

Combatting these increases in SESLHD will require a focus on changing sexual behaviour (for example, by increasing condom use) and/or changing the rate of testing and treatment for STI. Given the prominence of its Sexual Health Services, and the representation of key priority populations within its residents, SESLHD is well-placed to attempt both in partnership with ACON and other relevant NGOs. Another critical partnership in this endeavour will be further leadership and collaboration through STIGMA (Sexually Transmissible Infections in Gay Men Action Group), which provides strategic direction for reducing STI rates among gay men and MSM, and with whom SESLHD are closely linked through the representation of multiple SESLHD services within the STIGMA group.

The focus on changing sexual behaviour points to a need for continued and concerted health promotion and adaptation to changing, technologically-mediated sexual culture. Challenges here include the high proportion of young people in the District, including the significant number of international students and tourists.

The focus on changing the rate of testing and treatment for STIs points to the concentration of particularly vulnerable groups in the South Eastern Sydney area, including sex workers and clients who are subject to repeat infections. Each of these groups represent opportunities to identify and redress risk, although creative and coordinated strategies will be needed. There will be opportunities for SESLHD to strengthen contract tracing via the publicly-funded services and in primary care. However, there may also be challenges in treatment, due to antimicrobial resistance, with gradual increases in resistance to specific STI medications. Accordingly, efforts to curb transmission and maintain treatment efficacy for STIs in the near future will also require vigilance and innovation.

Maintaining effectiveness with efficiency

In the absence of budget enhancements to NSW HIV or Sexual Health Services in the past ten years, SESLHD's strategic response has consisted foremost of rationalising existing services to current demands. The LHD embraces the operational need to maximise the efficiency of its services. It also aspires that this strategic response maintains service excellence in prevention and clinical care in the face of change.

For SESLHD, the challenge is maintaining a set of specialised services that can cater to the part of the growing population of PLHIV who do not access mainstream general practice, as well as the substantial and varied mix of people seeking specialised sexual health services. This must be done in the context of the imperative to 'share the load,' through a greater proportion of the caseload for HIV and sexual health being managed via primary care. Similarly, more acute HIV specialist services such as the HIV Outreach Team need proactively to seek (and be open to) load-sharing partnerships with colleagues in mental health and AOD sectors.

As the District continues adapting to change, other options to improve efficiency are available. These include infrastructural changes, such as improved and interoperable IT systems, improved care facilities, and the potential fruits of developing shared workforces. These initiatives will be periodically reviewed over the life of this Strategy to ensure they are well targeted and evaluated. Improving collaboration among services, providing more integrated care for clients with co-morbidities and continuing to strengthen partnerships with non-government sector organisations will also all help drive optimal outcomes and increased efficiency in the use of resources.

Some of these improvements will reduce service costs, some will drive best outcomes for given resource levels, and some will require some investment – for example, in harmonising IT and data management systems. Some will also require continued efforts to understand the overlap of service populations and the drivers of patient preferences among different sub-groups of clients.

Engagement with primary care services is varied

Access to health services can be a challenge, especially amongst the most socially vulnerable groups who may face financial, social, and cultural barriers or have experienced significant stigma. Additionally, the issue remains that diversion to primary care options is fundamentally dependent on client needs and preferences, relating to financial factors or previous experience. For example, clients accessing PrEP via publicly funded services do not pay for their consultation, whereas clients seeking PrEP in primary care will have to pay a gap fee if their consultation is not bulk-billed. A client's experience or expectation of stigma or discrimination in "mainstream" or local services, their ongoing relationship to a specific SESLHD HIV or Sexual Health Service, or the complexity of their needs.

To ensure that SESLHD's specialised services can function as efficiently as possible, it is critical that those clients who have the means and the choice to access GPs and other primary care services have their HIV and STI care managed through these channels. Greater efforts to 'share the load' of specialised HIV and STI care continue to be bolstered by SESLHD's collaboration with Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), the Royal Australasian College of General Practitioners (RACGP), and Central and Eastern Sydney Primary Health Network (CESPHN).

However, there is a high level of expertise and commitment required for GP specialisation in HIV or STI areas. Results from a CESPHN survey of local GPs revealed that many GPs in the SESLHD region consider HIV or sexual health specialisation "too complicated," and demonstrated variable familiarity with HIV and STI testing guidelines.³⁰

Consultation with SESLHD clients also indicated the need for access to specialised services and commonly, concerns related to GPs were expressed by two groups: HIV-positive people from diverse backgrounds and residents from southern or suburban regions of SESLHD. Consultations with clients in the southern half of the District emphasised that the St George area is poorly serviced by HIV-trained and/or gay-friendly GPs. This area also has a high CALD population. These consultations emphasised the low coverage of S100 GP prescribers and sexual health experts outside of central Sydney, as well as the barriers raised by a lack of bulk-billing practices and some clients' Medicare ineligibility. For these reasons, services such as the Short Street Centre and Waratah Clinic were proposed as a way to reach these subsections of the population, for whom access to HIV or STI specialist care might not otherwise be reached safely or conveniently.

It is important to acknowledge limitations in both the availability and the appropriateness of care offered through the services described above.

“I haven’t told my GP – she’s also from the Brazilian community – it’s a small group – and although she’s very professional, everyone knows each other. I’ve discussed when and if do this with my clinic. Where I come from, it’s almost impossible to ever disclose.”

SESLHD client consultation

“I just wouldn’t trust counter staff to be informed or comfortable about HIV – maybe in Erskineville, but not Punchbowl.”

SESLHD client consultation

Over the life of this Strategy, it will be critical for SESLHD to understand and safely cater to these needs, while ensuring that they can pursue an efficient level of collaboration with mainstream services. There will also be a focus on increasing support for non-S100 prescriber GPs immediately after new HIV diagnoses and encouraging shared care arrangements between them and specialist services.

Strong engagement from the community sector will bolster success

There are significant opportunities to be realised through SESLHD’s continued work with its partners in the community and NGO sector, including the peak bodies for all HIV and STI priority populations. SESLHD’s partnerships with organisations such as ACON, Positive Life, and LGBTQI community leadership organisations were a focal point of client consultations. SESLHD clients, particularly the HIV-positive and LGBTQI community, emphasised the importance of partnerships with these groups to raise awareness, combat stigma, and insure against rising concerns such as social isolation in the positive community.

Additionally, partnership with service providers such as ACON’s a[TEST] clinics and the Haymarket Foundation will bolster SESLHD’s capacity to deliver increased testing rates and care to at-risk and emerging priority populations, for example through the recent introduction of the a[TEST] service for Mandarin-speaking gay men.³¹ Across the board, partnership with these organisations will allow SESLHD to continue projecting a candid, compelling message to the local community across issues such as PrEP uptake, condom use, and frequent testing.

“ACON have kept me alive – my counsellor stayed with me through my crystal meth addiction, six jobs in six months, a lot of drug sex and STI. The support was amazing.”

SESLHD client consultation

What we want to achieve

Informed by our consultations with clients, SESLHD clinicians and managers and our community partners, through data analysis and in response to NSW and National Strategies for HIV and STIs, our goals are to:

1

**Prevent the spread of HIV and STIs,
with a focus on priority populations**

2

**Seek the highest level of care and quality
of life for people who are infected**

3

**Maintain the critical leadership role of SESLHD in order that
state and national goals for HIV and STI can be achieved.**

The Strategy provides a tailored expression of SESLHD's approach to delivering state and national targets at the local level, and support beyond our District.

How we will deliver

In order to achieve our goals SESLHD will pursue the following strategies.

TABLE 2: STRATEGIES TO ACHIEVE THE GOALS OF THE SESLHD HIV/STI STRATEGY

STRATEGIES	DETAILS
GOAL 1: PREVENT THE SPREAD OF HIV AND STI INFECTIONS, WITH A FOCUS ON PRIORITY POPULATIONS	
1.1	<p>Strengthen health promotion, primary prevention programs and broaden HIV testing uptake for priority populations with our non-government and community sector partners</p> <ul style="list-style-type: none"> • Continue to collaborate with services across youth health, Aboriginal health, multicultural health, homelessness, and drug and alcohol, as well as community organisations and peak bodies, to strengthen capacity building and deliver peer and community-led services and programs. • Work with and for young people to normalise STI testing culture and support efforts to increase condom use. • Continue to partner with ACON, NUAA, Sex Worker Outreach Program (SWOP), the Bobby Goldsmith Foundation, and Positive Life to deliver effective peer-led and community-led prevention services and programs across the District including the southern region of SESLHD. • Develop targeted approaches to reach individuals in priority populations who may be underserved, such as gay men and men who have sex with men who do not actively identify with the gay community or who belong to cultures or communities with low awareness of or strong stigma towards HIV. • Explore eternal funding through fostering partnerships with the private and community sector either for specific projects or longer term goals.
1.2	<p>Actively pursue the state and national targets for the HIV treatment cascade of 95-95-95 across the South Eastern Sydney District, and support parallel primary prevention efforts through increases in uptake of PrEP, condom use and the Needle and Syringe Program</p> <ul style="list-style-type: none"> • Continue to respond to shifting trends in the modes of transmission of HIV and the demographic profile of priority populations, in order to minimise rates of late diagnosis. • Maximise use of emerging technologies, such as dry blood spot testing and self-testing, to increase testing uptake across all priority populations. • Develop tailored strategies for vulnerable local populations, including clients from migrant and refugee backgrounds, and any members of target populations who are marginalised or at-risk. • Ensure that the sub-population of PLHIV who have complex medical or social needs are retained in care and supported to maximise treatment adherence. • Facilitate access to HIV PrEP in primary care and for selected clients in public clinics if Medicare ineligible. • Further increase the proportion of PLHIV on HAART in public services, including those who are newly diagnosed. • Promote condom use, especially to those who are outside the target populations for HIV PrEP. • Further enhance access to NSP for people who inject drugs. • Further develop and strengthen relationships with key Aboriginal health services and community organisations to improve access for Aboriginal people to HIV/ STI testing, management and prevention. • Expand service provision by Short Street Centre, in order to provide local sexual health clinical services in the Sutherland area, to increase access to services for residents in the Southern half of the sector and minimise rates of late HIV diagnosis in that region.

STRATEGIES

DETAILS

GOAL 1: PREVENT THE SPREAD OF HIV AND STI INFECTIONS, WITH A FOCUS ON PRIORITY POPULATIONS

1.3	Reduce the proportion of people diagnosed with HIV who are diagnosed late	<ul style="list-style-type: none"> • Continue to develop and promote HIV testing and raise awareness of HIV amongst Asian or other CALD gay men, people who inject drugs, heterosexual men and women and gay and bisexual men who are not community attached. • Promote culturally appropriate services where at-risk populations feel comfortable to attend and undergo testing. • Increase HIV education opportunities and promote testing for HIV amongst Emergency Departments and mainstream services. • Targeted health promotion to the southern region where late diagnosis is more pronounced.
1.4	Continue proactive efforts to tackle stigma and discrimination, both within health services and across the broader South Eastern Sydney community	<ul style="list-style-type: none"> • Continue to increase awareness and understanding of HIV among diverse communities and health care providers, in order to reduce discrimination through improving the broader population’s understanding of the condition. Awareness raising should focus on the intersecting forms of stigma and discrimination that affects positive people, including stigma related to STIs, to the LGBTQI community, to sex workers and to people who inject drugs. • Develop a comprehensive District plan with focus on addressing stigma and discrimination within health and aged care services through capacity building and health promotion programs.
1.5	Maximise prevention, testing and treatment for STIs across all priority populations	<ul style="list-style-type: none"> • Pursue targeted health promotion strategies to increase testing uptake among young people, with a focus on young people who may be marginalised or experience barriers to access, such as: <ul style="list-style-type: none"> - young people who identify with Aboriginal, CALD, or LGBTQI communities - young people who inject drugs - young people experiencing homelessness - international students and travellers. • Co-design specific strategies for Aboriginal people to reduce the prevalence of infectious syphilis and congenital syphilis. • Pursue targeted health promotion strategies and collaborate with other health care services to increase testing uptake among PrEP users, especially gay men and MSM. • Sustain high level of Hepatitis A vaccination amongst gay men and MSM. • Identify pathways and continue to provide services for people who are Medicare ineligible including international students.

STRATEGIES
DETAILS
GOAL 2: SEEK THE HIGHEST LEVEL OF CARE AND QUALITY OF LIFE FOR PEOPLE WHO ARE INFECTED

2.1	Maintain high quality, integrated care options for HIV and sexual health clients, especially those with complex care needs	<ul style="list-style-type: none"> • Continue to provide trauma informed, HIV-specific health and community services to meet the unique and complex needs of PLHIV, including those with experiences of trauma and abuse. • Collaborate with Adahps to build a shared understanding of the extent to which HIV-Associated Neurocognitive Disorders (HAND) is under-diagnosed. • Continue dedicated focus on paediatric HIV cases and use existing data and case management to understand and strengthen supports for HIV-positive children and young people undergoing transitions (such as moving into adolescence and adulthood). • Collaborate with the Royal Hospital for Women regarding women referred by POWH to Maternal Fetal Medicine. • Explore system changes to allow sharing of care plans across the service interface (eg Albion, St Vincents' with HOT and POWH). • Further enhance the employment and role of peer workers.
2.2	Build excellent HIV and sexual health shared care for clients, with general practitioners and other primary care providers	<ul style="list-style-type: none"> • Continue strong focus on attracting and retaining at-risk patients and strengthen practices of referring lower-risk or lower-complexity patients to mainstream services. • Increase shared care arrangements between GPs and HIV and sexual health specialists for HIV-positive patients. • Work with CESP HN and GPs to develop common 'transition of care pathways' to be implemented at all specialised services, in cases where local GP support is appropriate, accessible, and high quality for clients. • Develop HealthPathways for PreP and STIs.
2.3	Develop collaborative strategies tailored to address the complex needs and challenges faced by a diverse and ageing HIV-positive population and maximise quality of life	<ul style="list-style-type: none"> • Collaborate with other government agencies, NGOs and key aged care industry groups to develop a common strategic policy which advocates for the needs of ageing PLHIV, clearly articulates the impact that HIV has on ageing, and actively seeks to reduce stigma towards PLHIV (including LGBTQI positive people) through education in the aged care sector. • Develop a specific, consumer-facing 'ageing and HIV' plan which supports PLHIV to plan for ageing, and which provides information and linkage to early intervention options. • Develop a common, supported transition of care pathway for PLHIV who are ageing, to improve access to appropriate aged care accommodation and support services that can cater to complex needs.
2.4	Further enhance activities combatting social isolation among the HIV-positive community	<ul style="list-style-type: none"> • Partner with local government, community organisations and NGOs to support a broad range of opportunities for social connection and social networking among PLHIV. Additionally, support the development and rollout of programs that aim to help PLHIV to build their confidence and resilience in the face of discrimination.

STRATEGIES	DETAILS
GOAL 3: MAINTAIN THE CRITICAL LEADERSHIP ROLE OF SESLHD IN ORDER THAT STATE AND NATIONAL GOALS FOR HIV AND STI CAN BE ACHIEVED	
3.1	<p>Promote SESLHD's state-wide, national and international roles as a service provider and centre of excellence</p> <ul style="list-style-type: none"> • Sustain SESLHD HIV and related specialist services' lead clinical and population health strategy roles in support of other LHD and state/territory health services and into the region, supporting service preparedness to seek additional funding to provide such contributions.
3.2	<p>Invest in workforce development and explore options for increased workforce sharing</p> <ul style="list-style-type: none"> • Continue coordination between SESLHD service providers through an organisation-wide approach to workforce development. • Pursue greater workforce integration across HIV/STI services, through identifying opportunities for collaborative workforce practices in casual employment, recruitment, training and cross-service career pathways and placements, and strengthening shared care arrangements and mixed caseloads. • Continue to employ and retain staff who reflect the changing priority populations for sexual health and HIV, to maximise engagement and appropriateness of care.
3.3	<p>Develop the capacity of primary care providers to provide care for HIV and STIs</p> <ul style="list-style-type: none"> • Develop a comprehensive Capacity Building Framework that illustrates the breadth of capacity building work being led and facilitated by the HARP Unit across the District. • Use this framework to bolster existing collaboration with ASHM, CESP HN, RACGP, the Pharmaceutical Society of Australia (PSA), and the NSW STI Program Unit (STIPU), in order to strengthen subsidised HIV/STI education programs and work-based placements for primary care practitioners.
3.4	<p>Maintain focus of effective governance of HIV and STIs programmatic response in SESLHD</p> <ul style="list-style-type: none"> • Determine local targets in consultation with SESLHD partners (Positive Life, ACON and others) in order to quantify exactly where the District fits against the state-wide targets (to ensure 95/95/95 by 2022). • Maintain and build capacity for consumer participation in governance of services.
3.5	<p>Improve and enhance HIV and STI data management across SESLHD</p> <ul style="list-style-type: none"> • Construct a centralised HIV and STI database at HARP that identifies and seeks to address system issues, enables strong and consistent data monitoring, data reporting, surveillance, and evaluation, to provide timely and accurate data intelligence for HIV and STIs in our District. The database – overseen by HARP Informatics – should enable SESLHD staff to extract line item demographic, clinical, and testing data from each patient management system across the SESLHD HIV and Sexual Health Services. • Stratify HIV and STI data by priority population status to monitor the rates of HIV and STIs in all priority populations and act accordingly. • Design and implement a cross-district plan for an integrated, standardised clinical information system that includes e-health records. While this is in progress, continue to invest in innovative technological advancements designed to improve the clients' journey and strengthen information sharing and have transferrable records. • Develop a common, transparent approach to managing the introduction of My Health Record across the District, including integration with service records and initiatives to increase consumer and service staff understanding of the technology. • Develop an integrated, standardised client complexity and quality of life assessment tool for use across all District HIV/STI services, in order consistently to measure, track and respond to clients' physical, mental, and social care needs. • Implement a common approach to measuring and tracking the costs of Medicare-ineligible occasions of service.

GOAL 3: MAINTAIN THE CRITICAL LEADERSHIP ROLE OF SESLHD IN ORDER THAT STATE AND NATIONAL GOALS FOR HIV AND STI CAN BE ACHIEVED

3.6

Sustain and promote excellence in research and education

- Continue to provide and promote the wide range of healthcare worker education and training being delivered within our HIV and sexual health services for medical, nursing and allied health staff from SESLHD, other LHDs across NSW and from countries in the Asia-Pacific region.
- Continue to provide education and training that builds capacity within the healthcare system regarding HIV, viral hepatitis and sexual health care; in addition to targeted courses which address specific priorities such as infection control, antimicrobial resistance, novel approaches to HIV prevention and transgender medicine.
- Maintain and further develop the role of the HARP Unit in providing high level healthcare worker training which addresses harm minimisation and stigma and discrimination in the fields of sexual health and blood borne viruses.
- Enhance the scope and delivery of education and training, including: the development of new course content on emerging problems; expanding distance learning modalities such as webinars and podcasts; and accessing new audiences for training in non-traditional settings outside sexual health.
- Continue to foster a culture in which our staff are inspired and empowered to conduct research to assess new approaches to the care and prevention of communicable diseases, environmental health, health promotion, social science and health policy.
- Maintain and enhance strong linkages with academic and research centres of excellence at UNSW and other local universities via collaboration on research projects and by encouraging staff to apply for conjoint and adjunct academic appointments.
- Promote the evaluation of our work by embedding research within our services as core business and encouraging staff to publish their research findings via reports and papers in leading high-impact peer-reviewed scientific journals.
- Contribute to the work of the Clinical Innovation and Research Translation Directions Committee which is leading the implementation of SESLHD Research Strategy priorities such as building research capacity and fostering translation of research into practice across the District.

How we will measure progress

Targets with which to measure progress in HIV and sexual health in SESLHD aim to ensure that this Strategy will make a difference, to quantify progress through measurable indicators, and to explicitly link this Strategy with the targets expressed in state and national strategy. As part of the commitment to the goals set out in this Strategy, SESLHD will continually monitor progress against these targets and will report results to its Board and the SESLHD HIV and Sexual Health Steering Committee.

Although there is strong cause to be hopeful about how SESLHD will reduce the burden of HIV and STIs for its residents and service users, it is important to acknowledge that - given the prevalence and incidence of HIV and STIs in SESLHD - it may not be realistic to achieve all state and national goals within the lifetime of this Strategy, in particular the virtual elimination of HIV transmission. Local populations living with (or at risk of) HIV and STIs are diverse and SESLHD will be crossing new frontiers and reaching out to a changing blend of priority populations as it implements this Strategy.

Accordingly, Table 3 and Table 4 outline the specific targets that SESLHD seeks to achieve during the life of this Strategy (2019 – 2024). The metrics chosen for measuring success across the spectrum of HIV and STIs prevention and care are designed to quantify achievable but ambitious improvements.

TABLE 3: TARGETS FOR HIV



SESLHD targets (2024) **HIV**

Increase the proportion of key priority populations (including culturally and linguistically diverse gay men and MSM) accessing HIV testing by 5%

Increase the proportion of people with diagnosed HIV on ART to 95%

Work with Health ICT and the HIV and Sexual Health Services to develop capacity to measure proportion of PLHIV who are on treatment who have an undetectable viral load, and increase this proportion to 95%

Ensure 95% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis

Ensure 75% of high risk gay men attending public clinics are on PrEP

Increase the number of non-S100 prescriber GPs who can provide access to PrEP by 50%

Reduce sharing of injecting equipment among people who inject drugs by 25%

Increase the proportion of health care staff who undertake training in addressing stigma and discrimination by 50%

TABLE 4: TARGETS FOR STI



SESLHD targets (2024) **STI**

Maintain HPV adolescent vaccination coverage of greater than 80%

Sustain low rates of STIs among sex workers

Sustain virtual elimination of congenital syphilis

Reduce the annual incremental rate of syphilis and gonorrhoea by greater than 50%

Increase the proportion of partners treated via contact tracing for chlamydia by 10%

Decrease pelvic inflammatory disease associated hospital admissions by 10%

Increase the number of people from priority populations reached by primary prevention programs to support a safe sex culture by 50%

Increase the proportion of Aboriginal people accessing SESLHD publicly funded Sexual Health Services by 50%

Appendices

Strategic Context

Specifically, this Strategy refers to or builds on the following strategic documents:

- [The Eighth National HIV Strategy 2018 – 2022](#)
- [The Fourth National Sexually Transmissible Infections Strategy 2018 – 2022](#)
- [The Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018 – 2022](#)
- [The NSW HIV Strategy 2016 – 2020](#)
- [The NSW Sexually Transmissible Infections Strategy 2016 – 2020](#)
- [The NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016 – 2020](#)
- [The NSW Hepatitis C Strategy 2014 – 2020](#)
- [The NSW State Health Plan: Towards 2021](#)
- [The NSW Health Strategic Priorities 2018-19](#)
- [The South Eastern Sydney Local Health District Journey to Excellence Strategy 2018 – 2021](#)
- [The South Eastern Sydney Local Health District Community Partnerships Strategy](#)
- [The South Eastern Sydney Local Health District Equity Strategy](#)
- [The South Eastern Sydney Local Health District Drug and Alcohol Clinical Services Plan](#)
- [The NSW Aboriginal Health Plan 2013 – 2023](#)
- [The NSW Youth Health Framework 2017 – 2024](#)

The NSW and National Strategies for HIV and STI have overlapping sets of goals and targets. When consolidated, these strategies propose the following goals for 2020 and 2022 respectively (Table 5).

TABLE 5: HIV AND STI GOALS FOR THE NSW STRATEGY (2016-2020) AND THE NATIONAL STRATEGY (2018-2022)

	NSW (2020)	NATIONAL (2022)
HIV	<ul style="list-style-type: none"> • Virtually eliminate HIV transmission • Sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother-to-child 	<ul style="list-style-type: none"> • NSW 2020 goals • Reduce mortality and morbidity related to HIV • Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health • Minimise the personal and social impact of HIV
STI	<ul style="list-style-type: none"> • Reduce gonorrhoea and syphilis infections and reduce the burden of disease of chlamydia infection • Sustain the low rates of STIs amongst sex workers • Sustain the virtual elimination of congenital syphilis • Maintain high coverage of HPV vaccination 	<ul style="list-style-type: none"> • Reduce transmission of, and morbidity and mortality associated with, STIs in Australia • Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people’s health • Minimise the personal and social impact of STIs

Development of this Strategy and Consultation Process

The development of this Strategy was undertaken through several key stages:

- The Executive Sponsor for the Strategy is the SESLHD Director of Planning, Population Health and Equity (DPPHE), who commissioned the Strategy and oversaw development
- A scoping paper was written by the SESLHD Deputy Director of PPHE and the Manager, Strategy and Planning Unit/ Senior Health Services Planner (Manager SAPU), outlining the parameters and process
- The HIV and Sexual Health Steering Committee meeting in March 2018 was advised of the intent to develop the Strategy and their role. This was followed up in June and December 2018.
- Consultation Process:
 - An extensive consultation process was developed jointly with the Director and Deputy Director, DPPHE and applied to identify issues for consideration in the development of the services plan, and conducted by an independent consultant.
 - The starting point for consultation was with the HIV and Sexual Health Steering Committee via an initial brief introduction and a later mid-project summary of initial impressions.
 - A wide range of individual and organisational stakeholders were identified and invited to contribute either via face-to-face meetings or telephone. A total of n=91 individuals participated in this consultation between February and August 2018, with a number of key informants assisting with multiple interviews. Participation by stakeholder category is summarised in Figure 18 and described here in more detail.
 - Consumers who were current SESLHD HIV/STI service users, as well as their supporters or carers, were invited to tell their “stories”. Supported through promotion by ACON (including the Gay Asian Men’s Project), Bobby Goldsmith Foundation (BGF), Positive Life, Sydney Sexual Health Centre, Kirketon Road, The Albion Centre,
 - St Vincent’s Immunology B Ambulatory Care (IBAC) and the Short St Clinic, 19 consumers participated with an incentive of a \$30 shopping voucher provided.
 - Additionally, 53 people living with HIV were consulted in 2017 through the Harwood Community Conversations about what sort of community that wanted to live in. This process involved seven in-depth conversations and provided a strong consumer voice about health services. (These numbers are not included in Figure 18.)
 - Input from general practices was obtained firstly through direct contact with two of the four main inner-city S100 GP practices (East Sydney Doctors and Holdsworth House), where a total of 18 GPs, practice nurses and practice managers actively contributed in two facilitated one hour group discussions.
 - An online GP survey was compiled using input from NGOs, HARP, STIPU and CESPHE representatives. This was sent out to all GPs working across the CESPHE catchment region, with a total of n=181 GPs providing input in August 2018.
 - Interviews were first held with the directors of each service, as well as representatives with senior clinical, operational, nursing, mental health, pharmacy and dietetic roles, and in some instances, clients of the services themselves via consumer consultation. Services actively participating included The Albion Centre, Sydney Sexual Health Centre, Kirketon Road Centre, Short St Centre, POWH, St Vincents IBAC, SCH Paediatric HIV and others. All interviews were offered on a de-identified basis to encourage a frank discussion on where potential future service improvement might be found.

TABLE 6: SUMMARY OF CONSULTATION CONDUCTED FOR THIS STRATEGY

STAKEHOLDERS		#			
Consumers	18	Ankali (7) Consumer Reference Group (1)	Consumer interviews (10)	Consumer Reference Group (1)	
GPs & Nurses (HIV Experienced)	18	East Sydney Doctors (9)	Holdsworth House (9)		
Sexual Health Services	19	Sydney Sexual Health Centre (4) a[TEST] (1)	The Albion Centre (10)	Kirketon Road Centre (4)	Short Street Centre (1)
HIV hospital services & specialists	7	St Vincent's Immunology B Ambulatory Care & HIV specialists (3)	POWH Infectious Diseases Specialists (2)	SGH Infectious Diseases Specialists (1)	SCH Immunology & Infectious Diseases (1)
NGOs & others	12	ACON (4) Positive Life (2)	Bobby Goldsmith Foundation (2) Ankali (1)	CESPHN (2)	
HARP Unit	9	ADAHPS (1) Services Development & Informatics (1)	HIV Outreach (2) Health promotion (1)	Community Partnerships (1)	HARP Executive (3)
NSW Health	8	Public Health Unit (2) Population Health (1) BBV Advisory Panel (1)	STIPU (1) STIGMA (1)	Sexual Health InfoLink (1)	Integrated Care (1)
TOTAL INTERVIEWS		91			
GPs - CESPHN catchment		GP online survey (n=181)			
HIV/STI Steering Committee		March 2018 committee meeting	June 2018 committee meeting	September 2018 committee meeting	

- Data was sourced and analysed by the HARP Unit and the Population Health Epidemiologist (DPPHE)
- A draft Strategy was prepared by independent consultants and reviewed internally by senior DPPHE staff
- A final draft Strategy was edited by the Population Health Epidemiologist, and further revised, edited and restructured by the Manager SAPU
- The final draft Strategy was distributed to the HIV and Sexual Health Steering Committee for review in March 2019 and discussed at the committee meeting
- Feedback was incorporated by the Manager SAPU in consultation with the HARP Unit and Population Health Epidemiologist. Additional strategies and actions were developed. Targets were revised.
- A second draft was reviewed by HIV and Sexual Health Steering Committee and distributed within SESLHD
- The final draft was amended by the Manager SAPU, endorsed by the Director PPHE and submitted to the SESLHD Clinical and Quality Council for approval.

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