

## HIV/AIDS Strategy 2006-2009: Overview and Action Plan

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**Summary** The NSW HIV/AIDS Strategy 2006-2009: Overview and Action Plan provides a framework for HIV/AIDS prevention, treatment, care and support, research and workforce development in NSW.

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# NSW HIV/AIDS Strategy

2006 – 2009

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# Executive Summary

The Australian response to HIV/AIDS has been highly effective in minimising rates of infection and improving health outcomes for individuals with HIV/AIDS.

NSW is, however, at a significant point in the history of the epidemic with the number of HIV/AIDS notifications starting to rise again after levelling off in the late 1990s. This Strategy, which will operate from 2006-2009, provides a framework for safeguarding gains made to date and responding to emerging challenges.

The partnership approach to HIV/AIDS has served the people of NSW well. It has provided a framework for collaboration between government, affected communities, researchers and medicine, and has ensured that programs and services are informed by both the best available evidence and the experience of those living with or at risk of HIV infection. Strengthening the partnership is an ongoing priority for the NSW response to HIV/AIDS.

This Strategy provides a framework for reducing future infections among those populations considered at highest risk: gay men, people from culturally and linguistically diverse backgrounds, Aboriginal people, people who inject drugs, and sex workers. It also identifies priorities for improving the health of people living with HIV/AIDS, through both population level programs and individual clinical services.

The Strategy also provides a framework for ensuring that funding and service delivery infrastructure is allocated in line with the current needs of members of priority populations. It spells out those activities that will be undertaken in the following four years to review the current service needs of these populations and improve alignment of resources to those needs. This includes ensuring that workforce development, research, and statewide service infrastructure supports best practice health promotion, and treatment, care and support service delivery.

The Strategy identifies current priorities in HIV/AIDS and is intended to be of use to both HIV/AIDS program funded services, and other health and human services with responsibilities for HIV prevention, and improving health outcomes for people living with HIV/AIDS. It is intended to help strengthen and expand a whole-of-Health and whole-of-government approach to reducing HIV infections and to help improve the health of people living with HIV/AIDS in NSW.

HIV/AIDS has had a significant impact in NSW: it has led to significant loss of life and diminished quality of life for many individuals. Responding effectively to HIV/AIDS required the reshaping of the health system to improve its ability to respond to the needs of individuals and communities affected by a poorly understood, stigmatised infectious disease. This, in turn, led to a stronger emphasis on partnership and the role of affected communities in the development and delivery of health services.

Within NSW, HIV infections plateaued from the mid 1990s until 2001. However, during 2001 and 2002 there were notable rises in HIV notifications. HIV notifications increased by 15% from 2001 to 2002; this was followed by a further 6% increase from 2002 to 2003. These were the first sustained increases since the epidemic was effectively brought under control in the late 1980s. While there was a slight decline in overall notifications from 2003 to 2004, this was not sustained into 2005. This highlights a point of significant vulnerability in the NSW response to HIV/AIDS and requires a strengthening and focusing of health promotion activities.

There is also a need to safeguard gains achieved in the NSW response to HIV/AIDS. For example, the prevention of a major epidemic among injecting drug users has been reliant on the capacity of the Needle and Syringe Program to provide sterile injecting equipment and health promotion, and this requires ongoing investment.

Within Australia, responsibility for HIV/AIDS health promotion, treatment, care and support, and research is shared between the members of the HIV/AIDS partnership, that is, the collaboration between the Australian Government and state governments, affected communities, and medical and scientific organisations, bodies and agencies. Within NSW, the dedicated HIV/AIDS program includes Area Health Services, community-based organisations, non-government organisations and statewide services. However, responsibility for preventing HIV infection and improving the health of people living with HIV/AIDS is also shared by the health system and human service system more broadly and should be embedded in population health programs, inpatient service delivery and whole-of-government strategies.

The development of the *NSW HIV/AIDS Strategy* is a requirement of the Public Health Outcomes

Funding Agreement. The Strategy translates the priorities within the National HIV/AIDS Strategy into the NSW context, and sits under *Healthy People 2006*. The Strategy provides a framework for improving the health of the people of NSW by preventing new HIV infections, improving the health of people living with HIV/AIDS and reducing the impact of HIV on individuals and communities. The purpose of this Strategy is to safeguard gains in the NSW response to HIV/AIDS, outline emerging challenges and articulate strategic priorities for the NSW response to HIV/AIDS in the years 2006 to 2009. At a programmatic level, this Strategy identifies priorities for action and for the allocation of resources, and provides a framework for assessing the performance of the HIV/AIDS partnership and broader government and health systems in responding to HIV prevention, treatment and care.

## Goals

- To reduce new HIV infections in NSW.
- To improve the health of people living with HIV/AIDS.
- To reduce HIV-related discrimination and address systemic barriers to HIV health promotion.

## Targets

- To reduce newly acquired HIV infection by 25 per cent by 2009.
- To achieve annual reductions in the rates of gonorrhoea, infectious syphilis and Chlamydia among priority populations.
- To reduce the physical and psychological disorders and associated disabilities in people living with HIV/AIDS.
- To decrease the number of late diagnoses of HIV infection by 25 per cent by 2009.
- To achieve successive annual reductions in AIDS related deaths by 2009.
- To increase the number and distribution of s100 prescribers across NSW, and increase the number of general practitioners (GPs) involved in HIV care by 20 per cent by 2009.

## Baseline data on targets

There is a range of data that can be used to measure the current status of the above targets; this data will also be used to monitor progress toward the targets during the life of the Strategy.

### **Target One – To reduce newly acquired HIV infection by 25 per cent by 2009**

There were 124 notifications of newly acquired HIV infection in 2004. The intention is to reduce this to fewer than 93 notifications per year by 2009.

### **Target Two – To achieve annual reductions in the rates of gonorrhoea, infectious syphilis and Chlamydia among priority populations**

Notification data for STIs does not currently record population factors such as gender of sexual partner, country of birth or Aboriginality. Data on rates of the above STIs is gathered via a range of clinical and social research projects, including the Health in Men Study and the Sydney Gay Community Periodic Survey. In addition, there is a range of strategies used to determine the impact of STIs on priority populations. This includes the use of indicators such as notifying GP and data from sexual health services. In the first instance, progress toward these targets will be measured using overall notifications of gonorrhoea, syphilis and chlamydia.

There were 1,430 notifications of gonorrhoea, 301 notifications of infectious syphilis and 9,976 notifications of chlamydia in NSW in 2004<sup>1</sup>.

### **Target Three – To reduce physical and psychological disorders and disabilities in people living with HIV/AIDS**

There is currently no single definitive measure of the incidence and prevalence of physical and psychological disorders among people living with HIV/AIDS. Rather, there is a range of indicators, including data from Positive Health and HIV Futures studies, on self-reported health status, the impact of HIV-related symptoms on lifestyle, and physical and psychological co-morbidities. Just over 50% of participants in the Positive Health study (Prestage et al, 2005) reported their general health was very good or excellent, while 29% reported it was good, 15% reported it was fair, and 3% reported it was poor. The activities outlined in this Strategy are intended to increase the proportion that experience very good or excellent health.

### **Target Four – To decrease the number of late diagnoses of HIV infection by 25 per cent by 2009**

An individual is defined as a late presenter if they have been diagnosed with AIDS within 90 days of being diagnosed with HIV (Kaldor and French, 1993).

Individuals who are diagnosed with HIV late in the clinical course of their illness are unable to benefit from antiretroviral therapies that can prevent or delay progression to AIDS. They may also be more likely to transmit HIV to their partners.

Forty individuals received a late diagnosis of HIV in 2003. The majority of these were gay or other homosexually active men, although heterosexuals were disproportionately represented: heterosexuals accounted for 18% of overall notifications but a much larger proportion of late diagnoses (about 40 per cent).

From 2000 to 2003 inclusive, there were 1,494 notifications in NSW of people testing positive for HIV for the first time. Of these, 132 (nine per cent) were considered late presenters. There were on average 33 late presenters each year, with the actual number ranging from 22 to 44 per year.

The intention of this target is to reduce late presentations to fewer than 30 per year by 2009.

### **Target Five – To achieve continual annual reductions in AIDS-related deaths by 2009**

Some 39 people with HIV/AIDS died in 2004. This number has not varied greatly since 2001 (in 2000, 79 deaths were notified). People with HIV/AIDS have a death rate ten times that of the general population. It is the intention of this strategy to reduce this difference by focusing on preventable deaths in people with HIV/AIDS, and achieving continual annual reductions in AIDS-related deaths.

### **Target Six – To increase the number and distribution of s100 prescribers across NSW, and increase the number of GPs involved in HIV care by 20 per cent by 2009.**

There were 134 community-based s100 prescribers in NSW in 2005. In addition, there were an undetermined number of GPs and other primary care providers involved in the diagnosis of HIV and the care of people living with HIV/AIDS. It is intended that by 2009 the number of community-based s100 prescribers will have increased to 160, and that there will have been particular emphasis on increasing prescribers in those areas where they are most needed. It is also intended that there will be an increase in the number of GPs actively involved in offering HIV tests and providing care for people living with HIV/AIDS.

<sup>1</sup> The *NSW Sexually Transmissible Infections Strategy* outlines priorities and activities for reducing the incidence of Chlamydia among women and men who fall outside the priority populations for this Strategy.

Achieving the six targets of this Strategy will require integrated health promotion, clinical services and research.

## Principles

The NSW response to HIV/AIDS is based on principles shared among members of the HIV/AIDS partnership. The principles listed below should guide programming and service delivery in this area:

- Partnership and joint action.
- Involvement of affected communities.
- Bipartisanship.
- Primary and secondary prevention.
- Harm minimisation.
- Providing an enabling environment.
- Redressing health inequities.
- Effectiveness in achieving health outcomes.
- Good practice service and program development.
- Accountability, transparency and evaluation.
- Maintaining mechanisms that reduce risks.
- Taking a population health approach.
- Collaboration between population programs and services for individuals.

## Priority populations

Priority populations have been identified based on HIV incidence, heightened vulnerability to HIV infection, health impact of HIV infection, and health equity. The priority populations for the NSW HIV/AIDS program are as follows:

- Gay men and other homosexually active men.
- People living with HIV/AIDS.
- People from priority culturally and linguistically diverse backgrounds.
- Aboriginal people.
- People who inject drugs.
- Sex workers.

In addition to these populations, there are also populations whose HIV prevention, treatment, care and support needs warrant specific attention. These include HIV-negative individuals in sero-discordant relationships (relationships with HIV-positive people), people in correctional facilities, people with an intellectual disability, and people with a mental illness.

## Monitoring and evaluation

Monitoring and evaluation are required to determine progress toward identified targets and objectives, and to account to government and stakeholders on the effectiveness and efficiency of the program in achieving health outcomes and administering government funding.

Overall responsibility for monitoring the implementation of this Strategy rests with the Ministerial Advisory Committee on AIDS Strategy and its Health Promotion Sub-Committee and, under their guidance, the NSW Department of Health. Evaluation of the Strategy and progress toward the six targets of this Strategy will be undertaken at a statewide level.

Each funded service is responsible for translating statewide priorities into strategic and operational plans. Each service is required to regularly evaluate the effectiveness of their programs and services and to review the alignment between local priorities and statewide priorities.

A mid point review of the Strategy will be undertaken at the beginning of the 2008. The review will encompass process, impact and outcome evaluation, and will cover the extent to which strategies have been implemented, the quality of implementation initiatives, and the extent to which objectives have been met. The findings of the mid point review will be used to refine priorities for the remaining two years of the Strategy.

In Australia, health promotion has been extremely successful in preventing new HIV infections and in improving the health and quality of life of people living with HIV/AIDS. Health promotion is a core aspect of the NSW response to HIV/AIDS, and makes a vital contribution to improving the health of the people of NSW and minimising the burden of illness for individuals and communities. As such, the health and economic benefits of health promotion programs are significantly greater than the costs (Applied Economics, 2003).

There is a well-established HIV/AIDS health promotion infrastructure in NSW. Health promotion programs are currently undertaken by Area Health Services, community-based organisations and other non-government organisations. In addition, GPs, other clinical and allied health workers, other government agencies such as the NSW Department of Housing and the Department of Education and Training, and other agencies concerned with advocacy and community development also contribute to HIV health promotion outcomes. Maintaining these mechanisms requires ongoing investment in the HIV health promotion workforce, and ensuring access to data and research that supports program development and evaluation.

In NSW, HIV/AIDS health promotion programs are based on the following principles:

- 1 All individuals have the right to information, education and skill development that enables them to protect themselves and others from HIV infection and to avoid being involved in HIV transmission.
- 2 Health promotion is most effective when it is developed in collaboration with members of affected communities.
- 3 Programs and services should be developed in a way that is relevant and appropriate to the needs and experience of the target audience.
- 4 HIV health promotion materials – including health education and social marketing resources – should be designed to maximise audience reach and impact.

- 5 HIV programs should address broader social determinants of health where there is a link with vulnerability to HIV infection or health outcomes for people living with HIV/AIDS.

The HIV/AIDS epidemic is at a crossroad in NSW. There is a critical role for effective and robust health promotion programs that ensure that achievements made to date are safeguarded, and respond to emerging challenges.

## Priorities

The priorities for HIV/AIDS health promotion during the life of this Strategy are:

- HIV prevention among gay men.
- Health promotion for people living with HIV/AIDS.
- Health promotion for people in HIV sero-discordant relationships.
- Harm minimisation.
- HIV prevention among people from priority culturally and linguistically diverse backgrounds.
- HIV prevention with other priority populations.
- HIV testing.
- creating a supportive environment for people living with HIV/AIDS.

The Action Plan appended to this Strategy establishes objectives and strategies, and identifies lead agencies, for each of the priority areas for HIV/AIDS health promotion.

Access to highly active antiretroviral therapy (HAART) has contributed to significant improvements in health outcomes at a population level for people living with HIV/AIDS. Relatively high levels of uptake and sustained use of HAART have contributed to dramatic declines in opportunistic infections and AIDS-related deaths among people living with HIV/AIDS and have enabled many individuals living with HIV/AIDS to experience both improved quality of life and greater lifespan.

According to the Australian HIV Observational Database, in 2002 some 69 per cent of people living with HIV/AIDS in Australia were taking HAART, with some 50 per cent of those reporting an undetectable viral load at follow up. However, there has been an increase in the proportion of people reporting taking treatment breaks, both structured and unstructured. HIV Futures 4 (Grierson et al, 2004) reported that a majority of people living with HIV/AIDS are actively engaged in monitoring their health and undergo regular testing for viral load and CD4 cell counts.

Some 70% of people living with HIV/AIDS report that they are living well, with the remainder reporting fair or poor health. There continues to be uncertainty about the long-term effectiveness and resistance profiles of HAART, and concern about the toxicities associated with long-term use of HAART. A small number of people continue to die each year from AIDS-related illnesses, and the overall death rate of people diagnosed with HIV/AIDS continues to be ten times that of the general population.

In addition, there have been other changes in the health status of people living with HIV/AIDS. In particular, there is now greater awareness of the impact of pre-existing illnesses on HIV/AIDS, and the interaction between living with HIV/AIDS and ageing. People living with HIV/AIDS now experience a greater risk of developing serious health conditions that are not traditionally defined as HIV/AIDS related, such as heart disease, cancer and neuropsychiatric conditions, due to toxicities associated with long-term use of HAART.

In recent years, there has been increased attention given to mental health, cognitive impairment and the health and personal impacts of alcohol and other drug use among people living with HIV/AIDS. In addition, HIV disease progression continues to be an issue.

A significant proportion of people living with HIV/AIDS experience co-infection with other illnesses, with 44 per cent of respondents in HIV Futures 4 (Grierson et al, 2004) reporting that they had at least one major health condition other than HIV/AIDS. The current prevalence of Hepatitis C among people living with HIV/AIDS is estimated to be 13 per cent. Other health conditions commonly reported by respondents include hepatitis B, asthma and psychological disorders.

## Priorities

The priorities for HIV/AIDS treatment, care and support during the life of this Strategy are:

- matching funding and service models to need
- coordination, partnership and service linkages
- social housing and supported accommodation
- oral health
- health and wellbeing
- individuals with complex needs
- collection and monitoring of utilisation data
- treatments and monitoring
- general practitioners.

The Action Plan appended to this Strategy establishes objectives and strategies, and identifies lead agencies, for each of the priority areas for HIV/AIDS treatment, care and support.

## Priorities

The priorities for HIV/AIDS infrastructure and support during the life of this Strategy are:

- workforce development
- research, data and evaluation
- statewide services
- linkages to related health and human service agencies.

The Action Plan appended to this Strategy establishes objectives and strategies, and identifies lead agencies, for each of the priority areas for HIV/AIDS infrastructure and support.

# Action Plan

Chapter Two: HIV/AIDS Health Promotion – Section One: HIV prevention among gay men		
Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Decrease rates of unprotected anal intercourse with casual partners.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-strategic health promotion including campaigns, group work and individual education.</li> </ul>	ACON PLWH/A NSW Metro Gay Men's HIV Prevention Interagency AHSs
<ul style="list-style-type: none"> <li>Increase the number of gay men who are actively involved in HIV prevention activities.</li> </ul>	<ul style="list-style-type: none"> <li>Develop strategies to engage gay men at an individual and population level.</li> </ul>	ACON PLWH/A NSW AHSs
<ul style="list-style-type: none"> <li>Increase the number of gay men who participate in HIV health promotion services as consumer advisers or representatives.</li> </ul>	<ul style="list-style-type: none"> <li>Identify strategies to establish and recruit consumer advisers to HIV health promotion programs.</li> </ul>	All services funded to undertake HIV prevention
<ul style="list-style-type: none"> <li>Increase the profile of HIV-related issues in the gay community media.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a formal partnership with board members and editors of the key gay community print publications.</li> <li>Commission articles discussing HIV prevention and the lived experience of people with HIV/AIDS in NSW.</li> </ul>	ACON PLWH/A NSW Metro Gay Men's HIV Prevention Interagency
<ul style="list-style-type: none"> <li>Increase awareness of HIV-related issues among existing gay community social/ support groups.</li> </ul>	<ul style="list-style-type: none"> <li>Establish an annual cycle to update leaders and members of gay community social/ support networks on current HIV-related issues.</li> </ul>	ACON PLWH/A NSW
<ul style="list-style-type: none"> <li>Undertake coordinated relevant HIV prevention health promotion programs and campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain the Gay Men's HIV Prevention Interagency as a mechanism for coordinating HIV health promotion targeting inner city gay men.</li> </ul>	ACON to convene AHSs and NGOs to participate
<ul style="list-style-type: none"> <li>Ensure programs and campaigns are informed by insights from primary care providers.</li> </ul>	<ul style="list-style-type: none"> <li>Formalise a strategy for engaging GPs and primary care providers in campaign and prevention efforts.</li> </ul>	STIGMA ACON AHSs
<ul style="list-style-type: none"> <li>Increase gay men's awareness of STIs, their prevention and their management.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake specific social marketing addressing STIs in gay men.</li> <li>Integrate STIs into HIV social marketing campaigns where appropriate.</li> </ul>	STIGMA ACON PLWH/A NSW AHSs
<ul style="list-style-type: none"> <li>Increase regular, appropriate screening for STIs among gay men.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the consistent use of the STIGMA STI Testing in Men who Have Sex with Men Guidelines through development of supporting materials and training.</li> </ul>	STIGMA AHSs

<ul style="list-style-type: none"> <li>● Increase appropriate screening for HIV and STIs among gay men from priority CALD backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue to undertake and develop strategies to improve HIV/STI screening among priority CALD gay men.</li> </ul>	STIGMA Metro Gay Men's HIV Prevention Interagency MHAHS AHSs
<ul style="list-style-type: none"> <li>● Strengthen HIV prevention among gay men who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide targeted HIV prevention health promotion to gay men who inject drugs.</li> </ul>	ACON NUAA
<ul style="list-style-type: none"> <li>● Decrease the prevalence of STIs among gay men.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase the capacity of general practitioners to address STIs and sexual health among gay men.</li> </ul>	STIGMA AHS
<ul style="list-style-type: none"> <li>● Increase uptake of vaccines for those STIs that are preventable.</li> </ul>	<ul style="list-style-type: none"> <li>● Promote access to vaccines for hepatitis A and B.</li> <li>● Monitor the implications of the development of vaccines for viral STIs.</li> </ul>	STIGMA AHS
<ul style="list-style-type: none"> <li>● Decrease systemic barriers to regular STI screening among gay men.</li> </ul>	<ul style="list-style-type: none"> <li>● Explore innovative strategies to increase gay men's access to sexual health services and general practices.</li> </ul>	STIGMA AHS
<ul style="list-style-type: none"> <li>● Strengthen safe sex cultures within those settings where gay men go to meet sexual partners.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a suite of Internet-based HIV health promotion services.</li> <li>● Undertake site based community level initiatives.</li> </ul>	Metro Gay Men's HIV Prevention Interagency ACON AHSs
<ul style="list-style-type: none"> <li>● Maintain high levels of awareness of post exposure prophylaxis (PEP) among gay men.</li> </ul>	<ul style="list-style-type: none"> <li>● Integrate PEP information into social marketing, education resources and other health promotion initiatives targeting gay men.</li> </ul>	ACON Metro Gay Men's HIV Prevention Interagency AHSs
<ul style="list-style-type: none"> <li>● Use existing gay community venues to distribute condoms, lubricant and health promotion materials.</li> </ul>	<ul style="list-style-type: none"> <li>● Maintain existing mechanisms for distributing condoms, lubricant and health promotion materials to gay community venues.</li> </ul>	ACON AHSs
<ul style="list-style-type: none"> <li>● Gain a more accurate picture of the relationship between alcohol and drug use and sexual risk taking among gay men.</li> </ul>	<ul style="list-style-type: none"> <li>● Commission a meta-analysis of existing Australian and international literature on the relationship between alcohol and other drug use and sexual risk taking.</li> </ul>	STIGMA
<ul style="list-style-type: none"> <li>● Increase health literacy regarding psycho stimulants and their effects.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop health education resources on health-related harms associated with the use of psychostimulants.</li> </ul>	ACON NUAA PLWH/A NSW
<ul style="list-style-type: none"> <li>● Increase gay men's access to related health services such as alcohol and other drug (AOD) services and counselling services.</li> </ul>	<ul style="list-style-type: none"> <li>● Establish policy and local level relationships between the HIV/AIDS program and service providers in AOD and mental health.</li> </ul>	AIDB AHSs ACON
<ul style="list-style-type: none"> <li>● Increase gay men's awareness of the relationship between alcohol use, unsafe sex, and HIV infection.</li> </ul>	<ul style="list-style-type: none"> <li>● Integrate information on alcohol and drug use in campaigns and health education resources as appropriate.</li> </ul>	STIGMA ACON AHSs
<ul style="list-style-type: none"> <li>● Undertake research to increase understanding of the risk practices, service access and HIV health promotion needs of gay men, and men who have sex with men, in suburban, regional and rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>● Commission research into risk practices, identity, and HIV/STI knowledge among gay men, and men who have sex with men, in suburban, regional and rural areas.</li> </ul>	Rural AHSs AIDB

**Chapter Two: HIV/AIDS Health Promotion – Section Two: Health promotion for people living with HIV/AIDS**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Enable people living with HIV/AIDS to make informed decisions about their health.</li> </ul>	<ul style="list-style-type: none"> <li>Provide people living with HIV/AIDS with accurate and timely information on current issues around living with HIV, treatments and side effects, and emerging issues such as superinfection and the health risks associated with it.</li> </ul>	PLWH/A NSW ACON
<ul style="list-style-type: none"> <li>Provide people living with HIV/AIDS with peer support when they require it.</li> </ul>	<ul style="list-style-type: none"> <li>People living with HIV/AIDS (NSW) and ACON to undertake a mapping project to identify the support needs of people living with HIV/AIDS at different points post diagnosis.</li> <li>PLWH/A (NSW) and ACON to develop specific projects which respond to those points.</li> </ul>	PLWH/A NSW ACON
<ul style="list-style-type: none"> <li>Maintain access to regular health monitoring among people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Provide people living with HIV/AIDS with information on health monitoring and the range of health issues for which they may require regular testing.</li> <li>Improve access to programs that address related health issues, including smoking, nutrition and mental health.</li> </ul>	PLWH/A NSW ACON AHSs
<ul style="list-style-type: none"> <li>Reduce rates of STIs and improve the sexual health of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Improve access to, and knowledge about, STI testing among people living with HIV/AIDS.</li> </ul>	PLWH/A NSW ACON STIGMA AHSs
<ul style="list-style-type: none"> <li>Provide people living with HIV/AIDS with information about recreational illicit drug use, interactions between recreational drugs and HIV treatments and potential impacts on immune function and nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>Develop health education resources.</li> <li>Commission articles for community publications.</li> <li>Address in individual educational contexts.</li> </ul>	PLWH/A NSW ACON Counsellors and educators
<ul style="list-style-type: none"> <li>Provide targeted health promotion and culturally appropriate support to people living with HIV/AIDS who are from culturally and linguistically diverse backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a plan to address gaps in information for CALD people living with HIV/AIDS around treatment, side effects and relationships.</li> </ul>	CALD HIV Interagency
<ul style="list-style-type: none"> <li>Establish mechanisms to monitor and address health issues specific to positive women.</li> </ul>	<ul style="list-style-type: none"> <li>Re-establish the women and HIV policy network as a means for tracking women-specific health issues.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>Support HIV prevention efforts among people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Convene community forums.</li> <li>Develop multi-strategic health promotion.</li> <li>Develop resources that support clinicians to address HIV prevention implications of increased viral load.</li> </ul>	PLWH/A NSW Metro Gay Men's HIV Prevention Interagency AHSs

**Chapter Two: HIV/AIDS Health Promotion – Section Three: Health promotion for people in HIV sero-discordant relationships**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Improve understanding of the experiences and HIV prevention needs of people in sero-discordant relationships.</li> </ul>	<ul style="list-style-type: none"> <li>● Commission social research that describes the experiences and health promotion needs of sero-discordant couples.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Build community support and understanding of sero-discordancy.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase the profile of sero-discordant relationships in forums and publications.</li> </ul>	PLWH/A ACON HIV/AIDS and Heterosexuality Service (HHAS)
<ul style="list-style-type: none"> <li>● Improve supports available to HIV-negative partners following their partner's diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>● Enhance the capacity of clinical service providers, including GPs and counsellors, to address specific issues for positive and negative individuals in sero-discordant relationships, including ensuring that all positive patients are aware of PEP, should they need to have a partner use it.</li> <li>● Increase awareness of services currently available to HIV-negative partners, including counselling and group programs through promotional activities.</li> <li>● Offer group programs to HIV-negative partners in sero-discordant couples.</li> <li>● Increase the awareness among people living with HIV/AIDS of the services available to support their HIV-negative partner.</li> <li>● Review eligibility criteria for HIV/AIDS counselling services to address accessibility.</li> </ul>	ACON HHAS PLWH/A NSW Counsellors
<ul style="list-style-type: none"> <li>● Strengthen relationships to enable mutual support and communication, including communication regarding safe sex.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop programs and resources that specifically address issues for sero-discordant couples in newly established relationships.</li> <li>● Conduct peer support groups for positive and negative individuals in sero-discordant relationships, with specific programs for gay men and heterosexuals.</li> </ul>	ACON HHAS Counsellors
<ul style="list-style-type: none"> <li>● Reduce the proportion of HIV-positive individuals with undiagnosed HIV infection.</li> </ul>	<ul style="list-style-type: none"> <li>● Enhance the capacity of GPs to regularly initiate discussion on HIV testing with members of priority populations</li> <li>● Continue to run occasional social marketing campaigns that reinforce regular HIV testing for members of priority populations and their partners, with the Australasian Society for HIV Medicine and other key professional organisations included from the planning phase</li> </ul>	STIGMA ACON Metro Gay Men's HIV Prevention Interagency AHSs
<ul style="list-style-type: none"> <li>● Maintain high levels of knowledge regarding PEP among people in sero-discordant relationships.</li> </ul>	<ul style="list-style-type: none"> <li>● Integrate PEP information into social marketing, education resources and other health promotion initiatives targeting people in sero-discordant relationships.</li> </ul>	ACON Metro Gay Men's HIV Prevention Interagency HHAS AHSs
<ul style="list-style-type: none"> <li>● Provide effective and responsive health promotion programs to people in sero-discordant relationships.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure all activities undertaken with sero-discordant couples include process, impact and outcome evaluation.</li> </ul>	ACON PLWH/A NSW HHAS Counsellors

## Chapter Two: HIV/AIDS Health Promotion – Section 4: Harm minimisation

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Undertake health promotion in a harm minimisation framework.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain support for community development work to ensure that the views of people who inject drugs continue to influence design and implementation of HIV prevention.</li> </ul>	<p>NUAA AHSs</p>
<ul style="list-style-type: none"> <li>Improve access to Needle and Syringe Program services among Aboriginal communities and priority CALD communities.</li> </ul>	<ul style="list-style-type: none"> <li>Commission a feasibility study to explore strategies for improving Aboriginal access to health education and injecting equipment.</li> <li>Continue to build support for, and improve access to, the Needle and Syringe Program in priority CALD communities.</li> </ul>	<p>AIDB AH+MRC MHAS AHSs</p>
<ul style="list-style-type: none"> <li>Build community support for the Needle and Syringe Program.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen partnerships between local government and Needle and Syringe Program policy and services.</li> <li>Develop Community Sharps Management Plans in priority locations.</li> <li>Increase community awareness of the consequences of an HIV epidemic among people who inject drugs.</li> <li>Establish a mechanism to update community leaders on current issues for drug users in NSW.</li> <li>Identify appropriate mechanisms to update community leaders on current issues in harm reduction.</li> <li>Promote the evidence of effectiveness of the Needle and Syringe Program.</li> <li>Investigate the barriers that prevent injecting drug users from appropriately disposing of used injecting equipment.</li> </ul>	<p>NUAA AHSs AIDB</p>
<ul style="list-style-type: none"> <li>Undertake peer education in a harm minimisation framework.</li> </ul>	<ul style="list-style-type: none"> <li>NUAA to revise the Tribes Program with the aim of engaging with harm minimisation programs to reach injecting drug users.</li> <li>Improve the evidence base for peer education strategies among injecting drug users.</li> </ul>	<p>NUAA</p>
<ul style="list-style-type: none"> <li>Improve understanding of the needs of people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Identify strategies to recruit and support consumer advisors to health promotion programs.</li> <li>Commission appropriate social research as required.</li> </ul>	<p>NUAA AHSs</p>
<ul style="list-style-type: none"> <li>Monitor HIV incidence, service access and behavioural patterns among people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Commission research investigating links between changing patterns of drug availability/use, modes/frequency of administration, and their impact on harm minimisation strategies.</li> </ul>	<p>AIDB</p>
<ul style="list-style-type: none"> <li>Improve health outcomes for people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake specific social marketing addressing STIs in injecting drug users networks</li> <li>Promote access to vaccines for hepatitis A and B.</li> </ul>	<p>NUAA ACON STIGMA</p>
<ul style="list-style-type: none"> <li>Improve access to primary care among people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the capacity of GPs to address primary health care for injecting drug users.</li> </ul>	<p>NUAA AHSs</p>
<ul style="list-style-type: none"> <li>Maintain awareness of PEP among people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to integrate PEP information into social marketing, education resources and other health promotion initiatives targeting people who inject drugs.</li> </ul>	<p>NUAA AHSs</p>

**Chapter Two: HIV/AIDS Health Promotion – Section Five: HIV prevention among people from priority culturally and linguistically diverse backgrounds**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Decrease late presentations among people from priority CALD backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a CALD HIV/AIDS Inter-agency for the duration of the Strategy to guide the implementation of health promotion and care and support initiatives with and for people from priority CALD backgrounds across the NSW HIV program.</li> </ul>	MHAHS AIDB
<ul style="list-style-type: none"> <li>Reduce stigma and discrimination associated with HIV/AIDS in priority CALD communities.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake targeted social marketing and community development with priority communities.</li> </ul>	MHAHS CALD HIV Interagency
<ul style="list-style-type: none"> <li>Increase the use of data and research to inform program and service development.</li> </ul>	<ul style="list-style-type: none"> <li>Improve access to and utilisation of, HIV notification data, service utilisation data and social research into the needs and experiences of people from priority CALD communities.</li> </ul>	Communicable Diseases Branch AIDB CALD HIV Interagency
<ul style="list-style-type: none"> <li>Increase awareness of personal risk of HIV infection among people from priority CALD backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain investment in the capacity of the MHAHS and other services to undertake work with priority CALD communities with ethnic communities and ethnic media and provide services to individuals.</li> </ul>	AIDB MHAHS
<ul style="list-style-type: none"> <li>Increase rates of appropriate HIV testing among at-risk individuals and populations.</li> </ul>	<ul style="list-style-type: none"> <li>Services involved in antenatal HIV testing to prioritise HIV pre-test discussion and counselling with women from priority CALD communities.</li> <li>Undertake targeted testing campaigns as appropriate.</li> </ul>	MHAS AHSs GPs Metro Gay Men's HIV Prevention Interagency
<ul style="list-style-type: none"> <li>Increase the capacity of HIV/AIDS services to address the needs of people from culturally and linguistically diverse backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>All services targeting people living with HIV/AIDS to consider the gender and culture-specific dimensions of diagnosis with HIV/AIDS and review their accessibility and appropriateness for this population.</li> </ul>	CALD HIV Interagency AHSs ACON PLWH/A
<ul style="list-style-type: none"> <li>Increase the capacity of the mainstream health system to address the HIV health promotion needs of people from culturally and linguistically diverse backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen relationships between NSW HIV services and screening and settlement services provided by the Department of Immigration and Multicultural and Indigenous Affairs.</li> </ul>	CALD HIV Interagency MHAHS
<ul style="list-style-type: none"> <li>Support GPs to address HIV/AIDS with people from culturally and linguistically diverse backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>All services targeting GPs to consider the extent to which they are working with GPs who are working with/members of priority CALD communities and addressing HIV issues for that community.</li> </ul>	All relevant services
<ul style="list-style-type: none"> <li>Increase awareness about PEP among people from priority CALD communities.</li> </ul>	<ul style="list-style-type: none"> <li>Integrate information about PEP into social marketing, education resources and other health promotion initiatives targeting people from priority CALD communities.</li> </ul>	CALD HIV Interagency Metro Gay Men's HIV Prevention Interagency

**Chapter Two: HIV/AIDS Health Promotion – Section Six: HIV Prevention with other priority populations –  
A. Aboriginal sexual health**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Reduce rates of HIV and STIs among Aboriginal people in NSW.</li> </ul>	<ul style="list-style-type: none"> <li>● Reduce the stigma associated with injecting drug use, sexuality and related issues, including harm minimisation and safe sex.</li> <li>● Increase understanding and acceptance by key Aboriginal community members of the processes and benefits of providing health services to deal with STI, HIV and hepatitis C education, prevention and management issues, targeting people most at risk.</li> </ul>	<p>AH&amp;MRC</p>
<ul style="list-style-type: none"> <li>● Improve access to HIV and STI testing among Aboriginal people in NSW.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase health service access to Aboriginal people with or key risk factors.</li> <li>● Increase health service access to Aboriginal people within key settings of risk, in particular correctional facilities and settings attended by young people.</li> <li>● Increase Aboriginal community engagement with sexual health, HIV and hepatitis C education, prevention and management services within a holistic health framework.</li> <li>● Develop culturally appropriate and sensitive sexual health service delivery models that are accessible to local Aboriginal people and meet statewide service planning standards.</li> <li>● Put mechanisms in place to support Aboriginal Sexual Health Workers to develop culturally appropriate Aboriginal-specific sexual health education resources.</li> <li>● Increase early opportunistic basic sexual-health-related interventions by health service staff other than sexual health staff and Aboriginal sexual health workers.</li> <li>● Increase the number of holistic health outreach activities undertaken by health services.</li> <li>● Define the roles and responsibilities of key stakeholders in contributing to sexual health service delivery under a holistic health model.</li> </ul>	<p>AH&amp;MRC AHSs ACON</p> <p>ASHAC AIDB</p> <p>AHSs</p> <p>ASHAC</p>

**Chapter Two: HIV/AIDS Health Promotion – Section Six: HIV Prevention With Other Priority Populations – B. Sex workers**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Strengthen peer education and health promotion activities for sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake social marketing to sex workers that addresses HIV and STI prevention in occupational settings.</li> <li>Maintain investment in the capacity of SWOP to work with sex workers, their partners, and sex industry owners, operators and clients.</li> </ul>	SWOP
<ul style="list-style-type: none"> <li>Maintain a partnership approach to preventing HIV and STIs among sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Initiatives targeting sex workers should be planned by the Sex Workers Outreach Project and partner agencies and jointly implemented where appropriate.</li> </ul>	SWOP AHSs
<ul style="list-style-type: none"> <li>Safeguard gains by facilitating an enabling environment.</li> </ul>	<ul style="list-style-type: none"> <li>Build community and partnership support for the occupational health and safety of sex workers.</li> </ul>	SWOP AHSs
<ul style="list-style-type: none"> <li>Develop a current picture of risk behaviours among sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Commission behavioural research on risk practices, prevention strategies and barriers to implementing these strategies among sex workers.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>Develop a current picture of sexual health service utilisation by sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Review service utilisation data to assess reach.</li> </ul>	AHSs
<ul style="list-style-type: none"> <li>Maintain and extend the capacity of services to reach sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake outreach and promote services as appropriate.</li> </ul>	AHSs
<ul style="list-style-type: none"> <li>Respond to emerging educational issues among sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Promote access to testing and, where appropriate, post exposure prophylaxis, particularly among CALD sex workers and their clients, and male and transgender sex workers.</li> </ul>	SWOP AHSs
<ul style="list-style-type: none"> <li>Develop programs and services which address gaps in service access and health promotion among sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a training program on key issues for service providers to sex workers, for sexual health services, NSW police, local government, WorkCover NSW, the Department of Immigration and Multicultural and Indigenous Affairs and the Australian Federal Police.</li> </ul>	SWOP

**Chapter Two: HIV/AIDS Health Promotion – Section Six: HIV prevention with other priority populations – C. Prisoners**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Increase awareness of the benefits of HIV testing and accessing HIV services for HIV treatment.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase access to consistent and tailored education in correctional settings.</li> </ul>	Justice Health CRC Justice Support
<ul style="list-style-type: none"> <li>● Increase appropriate screening within correctional settings.</li> </ul>	<ul style="list-style-type: none"> <li>● Maintain and improve the Justice Health targeted screening program for inmates.</li> <li>● Increase practitioners' skills in screening for and managing STIs in correctional settings.</li> </ul>	Justice Health
<ul style="list-style-type: none"> <li>● Improve access to the means of HIV prevention in prison settings.</li> </ul>	<ul style="list-style-type: none"> <li>● Improve inmates' access to cleaning solution, condoms, dams, gloves and lubricant.</li> <li>● Improve distribution of condoms and lubricant via Justice Health clinics.</li> </ul>	Justice Health
<ul style="list-style-type: none"> <li>● Improve health outcomes for people with HIV and STIs.</li> </ul>	<ul style="list-style-type: none"> <li>● Reduce barriers to access to PEP for inmates and detainees.</li> </ul>	Justice Health

**Chapter Two: HIV/AIDS Health Promotion – Section Six: HIV prevention with other priority populations – D. Other populations**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Maintain basic knowledge of HIV and its prevention among the people of NSW.</li> </ul>	<ul style="list-style-type: none"> <li>● Maintain investment in whole-population activities that profile safe sex and HIV prevention.</li> </ul>	AIDB FPA Health
<ul style="list-style-type: none"> <li>● Increase HIV knowledge and skills among people with an intellectual disability and people with a mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop model health promotion programs addressing HIV and sexual health issues for people with an intellectual disability.</li> <li>● Build the capacity of HIV, sexual health, disability and mental health services to address the HIV health promotion needs of people with an intellectual disability and mental illness.</li> </ul>	FPA Health

## Chapter Two: HIV/AIDS Health Promotion – Section Seven: HIV testing

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Increase access to appropriate testing among members of priority populations, especially gay men, Aboriginal people and people from priority CALD backgrounds</li> </ul>	<ul style="list-style-type: none"> <li>Undertake targeted promotion of HIV testing among priority populations.</li> <li>Improve understanding of barriers to HIV testing among members of priority populations and develop appropriate responses.</li> <li>Improve understanding of factors which sustain high rates of HIV testing among people who inject drugs.</li> </ul>	<p>ACON MHAHS AH&amp;MRC</p>
<ul style="list-style-type: none"> <li>Build the capacity of health services to offer opportunistic HIV testing to members of priority populations and individuals at greater risk.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce development on cultural sensitivity and issues for specific populations.</li> <li>Collaboration between specialist services and GPs.</li> </ul>	AHS
<ul style="list-style-type: none"> <li>Support the maintenance of high standards of clinical care, pre-test discussion and post-test counselling associated with HIV testing.</li> </ul>	<ul style="list-style-type: none"> <li>Participate in the review of the National HIV Testing Guidelines.</li> </ul>	CAS
<ul style="list-style-type: none"> <li>Develop a proactive approach to the arrival of new testing technologies.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor proposals before the Therapeutic Goods Administration regarding rapid testing and develop models to support implementation in NSW when appropriate.</li> </ul>	<p>Metro Gay Men's HIV Prevention Interagency CAS</p>

## Chapter Two: HIV Health Promotion – Section Eight: Creating a Supportive Environment for People Living With HIV/AIDS

Objectives (What Do We Want To Achieve)	Strategies (How Will We Achieve It)	Lead Agency
<ul style="list-style-type: none"> <li>Reduce discrimination and stigma regarding HIV/AIDS in the general community.</li> <li>Improve community understanding of the needs and experiences of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain community awareness initiatives such as World AIDS Day.</li> <li>Maintain the Positive Speakers Bureau as a key tool in educating community members about the lived experience of people living with HIV/AIDS.</li> </ul>	<p>AHSs PLWH/A NSW ACON</p>
<ul style="list-style-type: none"> <li>Reduce discrimination and stigma regarding HIV/AIDS in the gay community.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake social marketing to raise the profile of people living with HIV/AIDS.</li> <li>Undertake community development that includes people living with HIV/AIDS.</li> </ul>	<p>ACON PLWH/A NSW</p>
<ul style="list-style-type: none"> <li>Reduce stigma and discrimination regarding HIV/AIDS in health services.</li> </ul>	<ul style="list-style-type: none"> <li>Each Area Health Service to identify strategies for addressing stigma and discrimination.</li> </ul>	AHSs

**Chapter Three: Treatment, Care and Support – Section One: Matching funding and service models to needs**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Ensure that the models of HIV/AIDS services are appropriate to needs and operate to maximise the health outcomes of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Define models of care for high, medium and low prevalence populations and Area Health Services.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Provide a needs-based framework for re-allocating funding from inpatient care to ambulatory care services, in line with the current needs of people living with HIV/AIDS, and for monitoring emerging needs.</li> </ul>	<ul style="list-style-type: none"> <li>● Review and update the HIV/AIDS Role Delineation Guidelines</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Minimise service duplication and service gaps.</li> <li>● Increase clarity regarding the roles and responsibilities of service providers within the HIV/AIDS partnership.</li> </ul>	<ul style="list-style-type: none"> <li>● Articulate the roles and responsibilities of main service providers.</li> <li>● Develop service agreements with main service providers where appropriate.</li> <li>● Develop funding criteria, service agreements and performance indicators for statewide services.</li> <li>● Review existing service agreements with non-government organisations to ensure that there is adequate delineation of services.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Increase the number and distribution of s100 prescribers.</li> </ul>	<ul style="list-style-type: none"> <li>● Review and expand the range of formats used for s100 training to improve participation from rural and regional clinicians.</li> <li>● Examine the feasibility of offering financial incentives to GPs to attend s100 prescriber training.</li> </ul>	ASHM AHSs
<ul style="list-style-type: none"> <li>● Increase general GP knowledge of HIV related care.</li> </ul>	<ul style="list-style-type: none"> <li>● Convene a forum to identify innovative strategies to recruit new s100 prescribers and support the existing s100 workforce.</li> </ul>	ASHM AHSs
<ul style="list-style-type: none"> <li>● Broaden the roles of GPs in the provision of care to people with HIV.</li> </ul>	<ul style="list-style-type: none"> <li>● Support GPs and their professional organisations to provide increased services to people living with HIV, including but not limited to the provision of s100 drugs.</li> </ul>	ASHM
<ul style="list-style-type: none"> <li>● Support GP s100 prescribers to respond to the greater complexity of needs.</li> </ul>	<ul style="list-style-type: none"> <li>● Support GPs to strengthen referral relationships with consultants in priority areas such as cardio-thoracics, neurology and diabetes.</li> </ul>	AHSs

### Chapter Three: Treatment, Care and Support – Section Two: Coordination, Partnership and Service Linkage

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Improve holistic service delivery to people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Define models of care for high, moderate and low prevalence Area Health Services.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Improve access to appropriate services for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop referral protocols and lines of communication to strengthen communication between major HIV service providers.</li> </ul>	AHSS
<ul style="list-style-type: none"> <li>● Establish mechanisms that facilitate shared planning and service development between services.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a joint service planning forum which includes ACON, PLWH/A (NSW) and service providers in the former South Eastern Sydney and Central Sydney Area Health Services.</li> </ul>	AHSS
<ul style="list-style-type: none"> <li>● Strengthen partnerships and collaboration between the full range of those services that share responsibility for providing people living with HIV/AIDS with treatment, care and support.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop policy level linkages between HIV, mental health, and alcohol and other drugs program areas at Departmental and Area Health Service level.</li> <li>● Develop service agreements between HIV, mental health and alcohol and other drug services to: <ul style="list-style-type: none"> <li>– address needs of people living with HIV/AIDS</li> <li>– work collaboratively to develop a holistic response to the needs of people living with HIV/AIDS</li> <li>– address workforce development issues.</li> </ul> </li> </ul>	AIDB  AHSS
<ul style="list-style-type: none"> <li>● Increase the participation of community-based and non-government organisations in service planning and coordination.</li> </ul>	<ul style="list-style-type: none"> <li>● Community organisations to be represented on ongoing and time-limited service planning committees.</li> </ul>	AHSS ACON PLWH/A NSW
<ul style="list-style-type: none"> <li>● Improve coordination of care for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Review local coordination mechanisms and strengthen as appropriate.</li> </ul>	AHSS
<ul style="list-style-type: none"> <li>● Improve discharge planning.</li> </ul>	<ul style="list-style-type: none"> <li>● HIV specialist wards to strengthen direct relationships with other wards which regularly provide care for people living with HIV/AIDS, and with the ambulatory care and community services involved.</li> </ul>	AHSS
<ul style="list-style-type: none"> <li>● Improve links between hospitals in low prevalence areas and those in high prevalence areas.</li> <li>● Improve support and skills available in low prevalence areas.</li> </ul>	<ul style="list-style-type: none"> <li>● Establish formal links between hospitals in low prevalence and high prevalence areas in order to provide staff in low prevalence areas with access to support, advice and referrals.</li> <li>● Workforce development.</li> <li>● Mentoring and peer support.</li> </ul>	AHSS



### Chapter Three: Treatment, Care and Support – Section Four: Oral Health

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Improve oral health outcomes for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Convene a forum on dental issues for people living with HIV/AIDS, and include in this forum all stakeholders, together with representatives of the Australian Dental Association.</li> <li>Include oral health in Area Health Service planning.</li> <li>Explore the feasibility of establishing an Oral Health Promotion Program for people living with HIV/AIDS.</li> <li>Explore the implications of the expansion of Medicare to include oral health care, including the potential for increased GP referral to oral health services.</li> </ul>	<p>AIDB</p> <p>AHSs Dental Forum</p> <p>Dental Forum</p>
<ul style="list-style-type: none"> <li>Improve access to mainstream public dental and oral health services among people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the partnership between the Oral Health Branch and AIDB.</li> <li>Seek opportunities for workforce development among oral health workers on HIV issues.</li> </ul>	Dental Forum
<ul style="list-style-type: none"> <li>Provide people living with HIV/AIDS with information on oral health care and its significance.</li> <li>Improve awareness among people living with HIV/AIDS of services they are able to access, including the mainstream public dental health program where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Develop community education resources.</li> <li>Include oral health in Talkabout and other relevant community publications.</li> <li>Develop resources that support GPs to address oral health with people living with HIV/AIDS.</li> </ul>	PLWH/A NSW
<ul style="list-style-type: none"> <li>Identify strategies for strengthening the existing HIV Dental Program.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate the existing HIV Dental Program to determine the extent to which the current model of service provides sufficient adequate access and is cost effective.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>Improve the access of people living with HIV/AIDS to products which improve oral health.</li> </ul>	<ul style="list-style-type: none"> <li>Identify those products which would be beneficial and explore mechanisms for improving access.</li> </ul>	Dental Forum

### Chapter Three: Treatment, Care and Support – Section Five: Health and wellbeing

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Improve health outcomes for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake initiatives targeting people living with HIV/AIDS, community-based prescribers and HIV specialists regarding the significance of diet, exercise and smoking in offsetting HIV- and HAART-related conditions such as cardio-vascular disease and diabetes.</li> </ul>	<p>PLWH/A NSW</p> <p>AHSs</p> <p>ACON</p>
<ul style="list-style-type: none"> <li>Increase awareness of the significance of diet, exercise and nutrition in assisting individuals to manage HIV illness and the impacts of HAART.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake community education.</li> <li>Document existing health literacy activities undertaken by GPs and other practitioners.</li> </ul>	<p>PLWH/A NSW</p> <p>AHSs</p> <p>ACON</p>
<ul style="list-style-type: none"> <li>Increase awareness of the existing services available to support people living with HIV/AIDS in managing diet, exercise and smoking.</li> </ul>	<ul style="list-style-type: none"> <li>Publicise services and eligibility criteria.</li> </ul>	<p>AHSs</p> <p>ACON</p>

<ul style="list-style-type: none"> <li>● Increase the number of appropriate, successful referrals from community-based prescribers and HIV specialists to individual services and group programs.</li> </ul>	<ul style="list-style-type: none"> <li>● Undertake activities that increase the profile of allied health services such as dietitians and physiotherapists among community-based prescribers and HIV specialists.</li> <li>● Strengthen referral pathways from community-based prescribers and HIV specialists to allied health services, including dietitians, physiotherapists and counselling services.</li> <li>● Undertake activities that increase the profile of counselling services and support programs offered by community-based organisations among community-based prescribers, HIV specialists and people living with HIV/AIDS.</li> </ul>	<p>AHS ACON</p>
<ul style="list-style-type: none"> <li>● Improve mental health outcomes for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Support the work of community-based prescribers in addressing depression, anxiety and social isolation among people living with HIV/AIDS.</li> </ul>	<p>ASHM ACON AHS</p>
<ul style="list-style-type: none"> <li>● Build mental health resilience and reduce mental health crises among people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Undertake a mapping exercise to identify current early intervention approaches and develop early intervention models.</li> <li>● Trial innovative approaches to early intervention in order to develop new models of service delivery.</li> </ul>	<p>ACON</p>
<ul style="list-style-type: none"> <li>● Improve access to appropriate generalist allied health and specialist support including mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>● Work with Mental Health Branch to improve people living with HIV/AIDS access to community-based counselling services.</li> <li>● Strengthen local partnerships between HIV services and allied health.</li> </ul>	<p>AIDB AHS</p>
<ul style="list-style-type: none"> <li>● Improve the responsiveness of HIV and other health services to the needs of marginalised populations, including people from culturally and linguistically diverse backgrounds and Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>● Each service to examine service utilisation in the context of access issues for heterosexual women and men, Aboriginal people and people from CALD backgrounds living with HIV/AIDS.</li> <li>● Each service to review policies and practices to limit barriers to service access and offer appropriate services to people from diverse cultural backgrounds and Aboriginal people.</li> <li>● Those Area Health Services with large Aboriginal populations to maintain adequate sexual health services that reduce STI rates in the local Aboriginal population</li> <li>● Establish a CALD HIV/AIDS interagency for the duration of the Strategy.</li> <li>● Undertake initiatives which address experiences of anxiety, depression and social isolation among Aboriginal and CALD people living with HIV/AIDS.</li> </ul>	<p>AHS ACON PLWH/A NSW</p> <p>MHAHS AIDB ASHAC CALD Interagency</p>
<ul style="list-style-type: none"> <li>● Improve access to HIV treatments among those ineligible for Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>● Participate in ongoing negotiations between the State Government and the Australian Government regarding access to services for those without a Medicare card.</li> <li>● Identify strategies to improve access to HIV care and support for people ineligible for Medicare.</li> <li>● Sexual health services to continue to provide access to confidential and free HIV testing.</li> </ul>	<p>AIDB MHAHS</p>

**Chapter Three: Treatment, Care and Support – Section Six: Individuals with complex needs**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Improve mental health outcomes for people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a case management policy and model for people with complex needs.</li> </ul>	ADAHPS
<ul style="list-style-type: none"> <li>● Improve access to appropriate health, case management, advocacy, health promotion and other services for people with complex needs who are living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Identify effective pathways for people with HIV/AIDS with complex needs to access services.</li> <li>● Investigate the feasibility of addressing the needs of people with complex needs living with HIV/AIDS through local Joint Guarantees of Service between Human Service Agencies.</li> </ul>	ADAHPS AHS
<ul style="list-style-type: none"> <li>● Enhance the capacity of mental health and case management agencies to provide appropriate services to individuals with complex needs.</li> </ul>	<ul style="list-style-type: none"> <li>● Formalise a partnership between the AIDS/ Infectious Diseases Branch, the Centre for Mental Health and the Department of Disability, Ageing and HomeCare to improve access to appropriate case management through inclusion in eligibility criteria, policies and procedures, and by offering staff training and strengthening referral pathways.</li> <li>● Develop and implement training modules which support staff in mental health services and case management agencies to provide appropriate case management to people with complex needs living with HIV/AIDS.</li> </ul>	AIDB  ADAHPS
<ul style="list-style-type: none"> <li>● Improve the capacity of HIV and sexual health services to support people with complex needs who are living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop and implement training modules which increase the skills of HIV service providers to provide direct case management for people living with HIV/AIDS with complex needs.</li> <li>● Develop and implement training modules which support workers and volunteers in HIV services to meet the needs of people with complex needs living with HIV/AIDS.</li> </ul>	ADAHPS
<ul style="list-style-type: none"> <li>● Increase access to services for prison inmates with HIV/AIDS both during and following incarceration.</li> </ul>	<ul style="list-style-type: none"> <li>● Strengthen partnerships between Justice Health and local HIV, sexual health and alcohol-and-other-drugs services.</li> </ul>	Justice Health AHS

### Chapter Three: Treatment, Care and Support – Section Seven: Collection and monitoring of utilisation data

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Collect standardised data that supports reporting, reviewing, resource allocation and service planning in line with the needs of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a HIV/AIDS Ambulatory Care MDS.</li> <li>Develop a HIV/AIDS data dictionary to support the HIV/AIDS Ambulatory Care MDS.</li> <li>Monitor the consistent collection of data on both inpatient and ambulatory care.</li> </ul>	AIDB AHS
<ul style="list-style-type: none"> <li>Identify and monitor unmet need and emerging service needs among people living with HIV/AIDS across NSW.</li> </ul>	<ul style="list-style-type: none"> <li>Identify sources of reliable data on non-admitted services provided by NGOs, GPs and Area Health Services.</li> <li>Assess service gaps and unmet need.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>Ensure the optimal fit between funding allocation and the health and service needs of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Once established, use utilisation data to review allocation of funding to inpatient and ambulatory care within Area Health Services.</li> <li>Establish a monitoring framework which provides standard performance indicators on which to base annual reviews of HIV services provided by Area Health Services and non-government organisations.</li> </ul>	AIDB

### Chapter Three: Treatment, Care and Support – Section Eight: Treatments and monitoring

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Ensure maximum access to HAART for those who choose to take combination treatments.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work with the Australian Government to expand access points to HIV Highly Specialised Drugs.</li> <li>Identify and explore the feasibility of alternative models of dispensing HAART for regional and rural NSW.</li> </ul>	AIDB ASHM CAS
<ul style="list-style-type: none"> <li>Support people living with HIV/AIDS to manage treatments related side effects and toxicities.</li> </ul>	<ul style="list-style-type: none"> <li>Explore the feasibility of establishing new HIV services that treat metabolic conditions such as lipodystrophy and lipoatrophy.</li> <li>Each hospital pharmacy to put in place mechanisms, consistent with s100 guidelines, that will reduce waiting times and ensure supply at appropriate times.</li> <li>Area Health Service plans include strategies for ensuring that hospital pharmacies provide confidential, non-judgmental services to people living with HIV/AIDS, including provision of policies and procedures and training of staff.</li> </ul>	CAS
<ul style="list-style-type: none"> <li>Maximise access to appropriate and cost effective pathology services.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake a review of current funding arrangements and projected need for laboratory services in order to maximise efficiencies.</li> </ul>	AIDB

### Chapter Three: Treatment, Care and Support – Section Nine: General practitioners

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>Monitor the number and distribution of GPs who are s100 prescribers or engaged in HIV-related care.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to produce an annual snapshot of the number of GPs who are s100 prescribers or who have accessed the Australasian Society for HIV Medicine or other relevant training in each Area Health Service.</li> </ul>	ASHM
<ul style="list-style-type: none"> <li>Increase the number of s100 prescribers, particularly in those Area Health Services currently affected by a shortage of prescribers.</li> </ul>	<ul style="list-style-type: none"> <li>Review and expand the range of formats used for s100 training to improve participation from rural and regional clinicians.</li> <li>Examine the feasibility of offering financial incentives to GPs to attend s100 prescriber training.</li> </ul>	ASHM
<ul style="list-style-type: none"> <li>Increase the number of GPs able to manage HIV-related issues.</li> </ul>	<ul style="list-style-type: none"> <li>Convene a forum to identify innovative strategies to recruit new s100 prescribers and support the existing s100 workforce.</li> </ul>	ASHM
<ul style="list-style-type: none"> <li>Maintain existing s100 prescribers through improved support.</li> </ul>	<ul style="list-style-type: none"> <li>Include issues specific to GPs in the development of models of care for high, moderate and low prevalence HIV/AIDS areas.</li> <li>Develop brief intervention guidelines and resources to support high caseload GPs in their work with people living with HIV/AIDS.</li> <li>Assess the feasibility of implementing innovative strategies for supporting s100 prescribers through, for instance, contracting GPs to work on a sessional basis in local sexual health services, and/or the provision of accommodation or administrative support for GP clinics.</li> <li>Develop models of peer and specialist support for GPs.</li> </ul>	AIDB  Brief Interventions Working Group ASHM AIDB AHS
<ul style="list-style-type: none"> <li>Strengthen partnership relationships with other health programs working with GPs.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a Departmental working group consisting of AIDB, the Centre for Chronic Disease Prevention and Health Advancement.</li> <li>Working group to develop strategies to increase GP capacity to use additional Medicare rebates to undertake health promotion.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>Increase the number of successful appropriate referrals from GPs to other services, including referrals for case management, mental health, drug and alcohol and allied health services.</li> </ul>	<ul style="list-style-type: none"> <li>Build strong local relationships between GPs, HIV specialist services (including level 5/6 hospitals), HIV clinicians and sexual health services, including through the establishment of clear referral protocols and ongoing communication.</li> <li>Examine existing websites providing GPs with sexual health and HIV information and support, and rationalise and improve content to improve access to services for referral and support.</li> <li>Establish local referral pathways to help GPs to refer clients to mental health, drug and alcohol, and allied health services.</li> </ul>	AHSS

**Chapter Four: Infrastructure and Support – Section One: Workforce development**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Build the professional skills of the specialist HIV/sexual health promotion workforce.</li> </ul>	<ul style="list-style-type: none"> <li>● NSW Health Workforce Development Program in hepatitis, HIV and sexual health to undertake an annual series of practicums to build the capacity of the HIV health promotion workforce.</li> <li>● Profile existing mechanisms for developing the HIV health promotion workforce such as the three-day training program in HIV and sexual health promotion offered by Albion St Centre and the previous Western Sydney Area Health Service.</li> <li>● Each service to incorporate workforce development into business and strategic plans.</li> <li>● NSW Health Workforce Development Program in hepatitis, HIV and sexual health to support services to develop effective workforce development plans.</li> </ul>	<p>WDP</p> <p>WDP Each agency offering training</p> <p>All services</p> <p>WDP</p>
<ul style="list-style-type: none"> <li>● Expand the health promotion knowledge and skill set of other health workers who contribute to HIV health promotion outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>● Implement a series of workshops and teleconferences addressing HIV and sexual health promotion.</li> </ul>	<p>WDP</p>
<ul style="list-style-type: none"> <li>● Utilise existing national training packages to provide accredited training.</li> </ul>	<ul style="list-style-type: none"> <li>● NSW Health Workforce Development Program in hepatitis, HIV and sexual health to examine the value of modifying existing training packages to meet the needs of staff working in Area Health Services and non-government organisations.</li> <li>● Support the development of HIV-specific curriculum in the forthcoming public health training package and promote relevant accredited and postgraduate courses.</li> <li>● The Sex Workers Outreach Project to continue implementing the Scarlet Alliance National Training Project for peer health educators working with sex workers.</li> <li>● Explore the feasibility of establishing shared traineeships in HIV community care through the Australian National Training Agenda.</li> </ul>	<p>WDP</p> <p>WDP</p> <p>SWOP</p> <p>BGF</p>
<ul style="list-style-type: none"> <li>● Improve the HIV knowledge and awareness of workers in the mainstream public health system in order to improve services provided to people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Implement HIV-specific curriculum through the forthcoming public health training package.</li> <li>● Each Area Health Service to develop mechanisms to offer regular training on HIV medical, psycho-social and discrimination/confidentiality issues to staff in priority units, eg cardio-thoracic, metabolic disorders units.</li> </ul>	<p>AHS</p>
<ul style="list-style-type: none"> <li>● Enhance the capacity of the HIV and health workforce to deliver appropriate services to people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Each Area Health Service AIDS Program and all AIDS-program-funded community-based organisations and non-government organisations are required to develop workforce development strategies that complement the HIV service model for their population.</li> <li>● Examine the potential for electives in HIV specialities such as counselling.</li> </ul>	<p>AHS NGOs</p>

<ul style="list-style-type: none"> <li>● Improve the ability of mainstream inpatient and outpatient units to meet the broader health needs of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Each Area Health Service to work with relevant local workforce development coordinators to increase knowledge of HIV discrimination and the needs of priority populations.</li> </ul>	AHS
<ul style="list-style-type: none"> <li>● Continue to develop the individual skills and infrastructure support for Aboriginal Sexual Health Workers.</li> </ul>	<ul style="list-style-type: none"> <li>● Foster an environment that supports Aboriginal Sexual Health Workers and reduces professional isolation.</li> <li>● Ensure that ongoing training opportunities, support and advice are provided to Aboriginal Sexual Health Workers, staff in Aboriginal Community Controlled Health Services and staff in Area Health Services.</li> </ul>	ASHAC  ASHAC Each agency
<ul style="list-style-type: none"> <li>● Build the capacity of HIV/AIDS services to deliver culturally appropriate services and programs to Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide staff with training in cultural competence</li> </ul>	AHS NGOs ASHAC
<ul style="list-style-type: none"> <li>● Strengthen the capacity of General Practitioners to address HIV/AIDS in clinical settings.</li> </ul>	<ul style="list-style-type: none"> <li>● Implement the findings of the NSW HIV/ Sexual Health Clinical Interface Project with regard to working with GPs.</li> <li>● Monitor and respond to the need of mainstream GPs to develop skills in HIV-related care such as contact tracing and HIV test discussion.</li> <li>● Examine the role of the Royal Australian College of General Practitioners and the Australian College for Rural and Remote Medicine in maintaining core HIV skills such as pre- and post-test counselling.</li> <li>● Each Area Health Service to identify priority GPs and work with them strategically.</li> </ul>	AIDB ASHM AHS          AHSs

**Chapter Four: Infrastructure and Support – Section Two: Research, Data And Evaluation**

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Develop a greater understanding of the behaviours and HIV prevention needs of Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>● The National Centre in HIV Social Research and the Aboriginal Health and Medical Research Council to collaborate on a research project to improve access and dissemination of data on Aboriginal HIV and STI issues.</li> </ul>	AHMRC NCHSR
<ul style="list-style-type: none"> <li>● Research the needs and experiences of people living with HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>● Research the impact of downturn in use of HAART, why onset of treatment is delayed, how decisions to take or stop treatments relate to identity, self care, wellbeing and sexual practice.</li> <li>● Research the impact of depression among HIV-positive people and appropriate service responses.</li> </ul>	
<ul style="list-style-type: none"> <li>● Develop a greater understanding of the specific needs of people recently diagnosed with HIV/AIDS, including attitudes, knowledge and behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>● Undertake action research and consider the potential for qualitative research.</li> </ul>	PLWH/A NSW ACON
<ul style="list-style-type: none"> <li>● Develop a greater understanding of the behaviours and HIV prevention needs of sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a research project in collaboration with the ACON Sex Workers Outreach Project.</li> </ul>	AIDB SWOP

<ul style="list-style-type: none"> <li>● Develop a greater understanding of the behaviours and HIV prevention needs of non-gay-identified men who have sex with men.</li> </ul>	<ul style="list-style-type: none"> <li>● Commission a research project identifying the behaviours and risks experienced by non-gay-identified men who have sex with men.</li> </ul>	AIDB Rural HIV Coordinators NCHSR
<ul style="list-style-type: none"> <li>● Develop a better understanding of the behaviours and HIV prevention needs of people from culturally and linguistically diverse (CALD) backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop research priorities and implement a research project to increase understanding of the HIV prevention needs of people from priority CALD backgrounds, in collaboration with the Multicultural HIV/AIDS and Hepatitis C Service.</li> </ul>	CALD Interagency
<ul style="list-style-type: none"> <li>● Improve understanding of the service access and behaviour of people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>● Analyse existing data and identify strategies to address gaps.</li> </ul>	NUAA AHS
<ul style="list-style-type: none"> <li>● Develop a better insight into the relationship between alcohol and drug use and unsafe sex.</li> </ul>	<ul style="list-style-type: none"> <li>● Commission a meta-analysis of existing literature on the relationship between alcohol, drug use and unsafe sex.</li> </ul>	STIGMA AIDB
<ul style="list-style-type: none"> <li>● Monitor the implications of prophylaxes for prevention among priority populations.</li> </ul>	<ul style="list-style-type: none"> <li>● Research the understanding, knowledge and uses of medical prevention (ie PEP and PREP) among priority populations.</li> </ul>	ACON NCHSR
<ul style="list-style-type: none"> <li>● Develop a better insight into the HIV health promotion needs of people in HIV sero-discordant relationships.</li> </ul>	<ul style="list-style-type: none"> <li>● Research how safe sex messages interact with relationship issues and intimacy for people in sero-discordant relationships.</li> </ul>	ACON NCHSR
<ul style="list-style-type: none"> <li>● Develop a better understanding of late presentation and barriers to HIV testing.</li> </ul>	<ul style="list-style-type: none"> <li>● Complete research into the experience of individuals who present late.</li> <li>● Conduct annual reviews of patterns of late diagnosis in notification data.</li> </ul>	NCHSR CALD Interagency CDB
<ul style="list-style-type: none"> <li>● Monitor the effectiveness of health promotion activities using the internet.</li> </ul>	<ul style="list-style-type: none"> <li>● Examine the effectiveness of different conceptual frameworks for researching the internet.</li> </ul>	NCHSR ACON
<ul style="list-style-type: none"> <li>● Develop a statewide picture of HIV health promotion activities.</li> </ul>	<ul style="list-style-type: none"> <li>● Consider the feasibility and effectiveness of establishing an HIV/sexual health promotion minimum data set.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Respond to the implications of changes in testing technology.</li> </ul>	<ul style="list-style-type: none"> <li>● Monitor proposals before the TGA.</li> <li>● Research understandings of emerging testing technologies and their impact on sexual practices.</li> </ul>	CAS Health Promotion Sub Committee
<ul style="list-style-type: none"> <li>● Strengthen the collaborative approach to developing the research agenda.</li> </ul>	<ul style="list-style-type: none"> <li>● Identify opportunities to strengthen the involvement of Area Health Service staff, including health promotion and clinical staff, in informing research priorities.</li> <li>● Identify opportunities to undertake action-research.</li> </ul>	AHS ACON NCHSR Relevant Interagencies
<ul style="list-style-type: none"> <li>● Strengthen the culture of evaluation within the HIV health promotion sector.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a pilot project to build the capacity of the HIV health promotion workforce to undertake formative, impact, process and outcome evaluation.</li> </ul>	WDP AIDB
<ul style="list-style-type: none"> <li>● Increase use of research to inform health promotion practice.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase the profile of workshops and research feedback sessions facilitated by the community liaison officer of the National Centre in HIV Social Research.</li> <li>● Identify new models to engage service providers in research dissemination.</li> </ul>	NCHSR NCHECR CAS Health Promotion Sub-Committee AIDB
<ul style="list-style-type: none"> <li>● Improve use of epidemiological data in local service planning for health promotion, care and support services.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure timely dissemination of epidemiological data in order to inform service and program development.</li> </ul>	CDB AIDB

<ul style="list-style-type: none"> <li>● Improve the accuracy and completeness of Aboriginality in NSW STI and BBI surveillance data.</li> </ul>	<ul style="list-style-type: none"> <li>● Establish culturally appropriate and sensitive notification data collection protocols the collection and utilisation of STI, HIV/AIDS and hepatitis C information amongst Aboriginal people in NSW.</li> </ul>	ASHAC AHMRC CDB AIDB
<ul style="list-style-type: none"> <li>● Develop a better understanding of the behaviours and HIV prevention needs of Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase culturally appropriate and sensitive social, behavioural and epidemiological research on HIV/AIDS, STI and HCV issues for Aboriginal people.</li> </ul>	ASHAC AHMRC CDB AIDB
<ul style="list-style-type: none"> <li>● Increase the use of data and research to inform the delivery of sexual health services and programs to Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>● Disseminate STI, HIV/AIDS and hepatitis C surveillance data and other relevant research.</li> </ul>	ASHAC AHMRC CDB AIDB

#### Chapter Four: Infrastructure and Support – Section Three: Statewide services

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Ensure that statewide services remain relevant and responsive.</li> </ul>	<ul style="list-style-type: none"> <li>● Articulate the criteria for defining and funding a statewide service.</li> <li>● Examine all statewide services provided and determine whether they meet the criteria for statewide funding.</li> <li>● Develop Memoranda of Understanding, including performance measures, between each statewide service and the NSW Department of Health.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Promote partnerships between statewide services and regional/rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure each statewide service has an Advisory Committee and a strategic plan in place reflecting statewide priorities.</li> <li>● Each statewide service to develop strategies for working with rural and regional services.</li> </ul>	AIDB Each service

#### Chapter Four: Infrastructure and Support – Section Four: Linkages to related health and human service agencies

Objectives (What do we want to achieve?)	Strategies (How will we achieve it?)	Lead agency
<ul style="list-style-type: none"> <li>● Improve access to other health and human services for members of priority populations.</li> </ul>	<ul style="list-style-type: none"> <li>● Establish a NSW Department of Health network including relevant policy areas.</li> </ul>	AIDB
<ul style="list-style-type: none"> <li>● Strengthen the partnership between the NSW HIV/AIDS program and other health programs and human service agencies.</li> </ul>	<ul style="list-style-type: none"> <li>● Establish a HIV/AIDS interagency among relevant human service agencies.</li> <li>● Establish partnership mechanisms at a local level.</li> </ul>	AIDB AHS ACON

