



EQUITY ECONOMICS
AND DEVELOPMENT PARTNERS PTY LTD

BLUEPRINT FOR THE FUTURE

Evaluation of NACCHO's role under the
Enhanced Syphilis Response

February 2021



Acknowledgement of Country

Equity Economics acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia and their continuing connection to both their land and seas. We also pay our respects to Elders – past and present – and generations of Aboriginal and Torres Strait Islander peoples now and into the future.



Acknowledgement of the Aboriginal Community Controlled Health Sector and partners

Equity Economics acknowledges the resilience, strength and pride of Aboriginal and Torres Strait Islander people, communities and representative organisations delivering holistic Aboriginal and Torres Strait Islander health and wellbeing services to communities. We acknowledge the ongoing work of Aboriginal Community Controlled Health Organisations (ACCHOs), the National Aboriginal and Torres Strait Islander Health Organisation (NACCHO) and state and territory affiliates who every day demonstrate the importance of having Aboriginal health in Aboriginal hands. We particularly recognise Aboriginal and Torres Strait Islander Health Practitioners and Health Workers (hereafter respectfully referred to as Aboriginal and Torres Strait Islander Health Workers throughout this report) and the role they play in their communities. We also recognise all those who have partnered with the Aboriginal Community Controlled Health (ACCH) sector under the Enhanced Syphilis Response (ESR) including the Australian Government Department of Health, Flinders University International Centre for Point-of-Care Testing, The Kirby Institute, state and territory governments and other health and research organisations.

Thank you to contributors

Thank you to the organisations and people whose reflections and stories feature in this evaluation. We appreciate all the individuals who gave their precious time and energy to contribute. We particularly thank the members of the ESR Evaluation Reference Group and those interviewed for their contributions. A list of contributors can be found in Annexe A.

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For further information contact www.naccho.org.au

This report may contain images of Aboriginal and Torres Strait Islander people that have passed away.

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EXECUTIVE SUMMARY



Over the last five years, Australia's public health response to the syphilis outbreak across parts of northern, central, western and southern Australia – the Enhanced Syphilis Response (ESR) – has built upon the strengths of the Aboriginal Community Controlled Health (ACCH) sector and its partners. In undertaking this evaluation, we have found the National Aboriginal Community Controlled Health Organisation (NACCHO) has played a pivotal leadership role under the ESR. NACCHO, together with Aboriginal Community Controlled Health Organisations (ACCHOs) and other ESR partners, has delivered increased rates of testing and treatment for syphilis across outbreak regions and in the process developed a highly successful blueprint for future initiatives.

A consistent message delivered throughout this evaluation has been that the ESR has put in place a model for working that can now be leveraged to improve national testing and treatment of syphilis and also other STIs, BBVs and communicable diseases. A number of contributors highlighted how relationships established under the ESR have already been successfully drawn upon to manage the COVID-19 pandemic and its potential impact on Aboriginal and Torres Strait Islander communities. In this report, we have identified key elements of the ESR model to inform the public health response to syphilis and other STIs, BBVs and communicable diseases in Aboriginal and Torres Strait Islander communities in the future.

We have also made a number of recommendations to further strengthen NACCHO's ongoing leadership in this area. In some cases, NACCHO will need to advocate for next steps to be taken with ESR partners, particularly the Australian Government Department of Health (hereafter referred to as the Department of Health), as they are beyond the remit of NACCHO to achieve alone. In particular, there is a need for all partners to further invest in how they access, share and use timely data to monitor outputs and ongoing performance of the ESR. We have developed an evaluation framework and indicators that may assist in improving the capabilities of NACCHO and other ESR partners to monitor the efficacy of ESR and broader STI and BBV actions in the future.

Key findings and recommendations

1. *Advocacy and leadership in the design and delivery of the ESR*

NACCHO has been effectively and efficiently leading the design and delivery of the ESR across the Aboriginal Community Controlled Health (ACCH) sector and other ESR partners. There is clear evidence NACCHO:

- Successfully worked in both high-level governance forums and innovative co-design workshops with the sector to initially advocate for action and then develop an ESR roll-out model that provided ACCHOs with workforce supplementation and the flexibility to empower staff on the ground to go beyond 'business as usual' and work in locally responsive ways with communities to increase rates of testing and treatment.
- Played a critical role in gaining the support of ACCHOs and managing the introduction of Point-of-Care Testing (PoCT) technology, successfully working to overcome the significant initial opposition that existed across parts of the sector at the outset, including by involving Aboriginal and Torres Strait Islander Health Workers in demonstrating how PoCT could be delivered.
- Led the rescheduling of penicillin into the PBS Prescriber's Bag to improve access to syphilis treatment. This has opened up a gateway for NACCHO to collaborate further on other medicines together with the Department of Health, The Royal Australasian College of Physicians and other partners.
- Drove ongoing policy development, including working with the Department of Health to broker partnerships between ACCHOs, the NT and WA Governments to extend testing and treatment with support from state and territory affiliates and ACCHOs.
- Invested in a National Coordinator who has delivered strong practical hands-on support to ACCHOs, fostered partnerships with staff across all organisations working on the ESR and maintained continuity of expertise and momentum. The National Coordinator has demonstrated the importance of engaging staff with experience working with Aboriginal and Torres Strait Islander people and the inter-personal skills required to build relationships and trust across ACCHOs, state and territory affiliates, government agencies and other health and research organisations. ACCHOs now report that NACCHO is more visible and approachable. This experience can now be used to inform recruitment across other NACCHO health and wellbeing programs and more broadly.

It is recommended that NACCHO and other ESR partners now work to:

- Expand the ESR into a national program and broaden eligibility to ACCHOs outside currently identified outbreak areas given evidence of new hotspots. There is also an important window to move beyond the original goal of stabilising the outbreak (reaching 40 per cent testing rate) to decreasing rates of syphilis and focusing on future prevention.

- Use the ESR as a model to improve testing and treatment of other STIs, BBVs and communicable diseases across Aboriginal and Torres Strait Islander communities.
- Build on the successful co-design workshop model developed by NACCHO and hold four-way discussions between NACCHO and state and territory affiliates, the Department of Health and state and territory governments in each jurisdiction to consolidate the approach going forward to support ACCHOs under the ESR and also with STIs, BBVs and communicable diseases more broadly.
- Maintain ACCHO workforce supplementation to encourage ACCHOs to continue to build up their workforces to increase testing, treatment and follow-up for syphilis and other STIs and BBVs.
- Invest in improving access to and sharing of timely data and evidence on overall outcomes of the ESR. This data could include rates of testing rates, treatment and follow-up, as well as more systematic monitoring and reporting on NACCHO's contribution and ongoing performance. Equity Economics has developed an evaluation framework and indicators that may assist NACCHO and other ESR partners in monitoring the efficacy of ESR and any broader STI and BBV actions in the future. This framework will improve NACCHO's ability to analyse data to drive Continuous Quality Improvement (CQI). It is recommended a Working Group be formed including representatives from NACCHO, state and territory affiliates, ACCHOs, the Department of Health, state and territory governments and research institutes to further discuss this evaluation framework and how all partners might share and use data more effectively going forward.
- Advocate for all state / territory registries to be running effectively as a priority, drawing on best practice handling of Aboriginal and Torres Strait Islander data.
- Ensure NACCHO continues recruitment and staff development practices that engage and retain staff with the inter-personal skills required to build relationships and trust with Aboriginal and Torres Strait Islander people and organisations, government and non-government stakeholders.

2. Establishing and strengthening partner and stakeholder relationships

NACCHO has highly effectively and efficiently built a network of partners under the ESR and significantly strengthened the relationships it has with them. There is clear evidence NACCHO:

- Played a leading role in 24 large multi-party meetings and workshops involving ACCHOs, state and territory affiliates, the Department of Health and representatives from state and territory Public Health Units across ESR stages.
- Strengthened and further developed its relationship with parts of the Indigenous Health Division and Office of Health Protection within the Department of Health. In crucial ways, the co-design approach under the ESR set a precedent that has been followed for engaging the ACCH sector in the COVID-19 pandemic response.

- Formed critical relationships with key researchers, communicable disease and PoCT specialists and experts at Flinders University, The Kirby Institute and the South Australian Health and Medical Research Institute (SAHMRI). These partnerships have strengthened understanding of best practice in bringing together research, technology, cultural leadership and on-the-ground knowledge of the ACCH sector, to improve health outcomes for Aboriginal and Torres Strait Islander people.

It is recommended that NACCHO and other ESR partners now work to:

- Use the ESR to continue to set the standard for broader collaboration between NACCHO, the Department of Health and government agencies, including for the roll-out of COVID-19 vaccines.
- Strengthen and support the role that state and territory affiliates and governments can play in helping address syphilis and other STIs and BBVs, particularly in the context of their broader work on sexual health.
- Expand opportunities for partners including NACCHO, Flinders University and The Kirby Institute to collaborate to cover all aspects of PoCT and other new technologies from initial scientific innovation, through to cultural engagement, education, distribution, data collection and quality assurance.
- Increase focus on forecasting the time and resources going into this critical but intensive stakeholder engagement and management work and consider ways to share and manage this workload across a team and ensure resourcing keeps pace with the growing scale of this work. Efforts need to be made to transfer vital knowledge and skills across the team to ensure ongoing success.

3. Supporting the enrolment of ACCHOs

NACCHO has been supporting ACCHOs to enrol in the ESR and enter into agreements with the Department of Health. There is clear evidence that NACCHO:

- Helped 32 ACCHOs (including over 70 clinics) enrol in the program, encouraging both ACCHOs and the Department of Health to keep enrolment and the funding process moving.
- Broadened enrolment responsibilities into a comprehensive on-boarding program and performed a valuable role as a broker and source of advice for ACCHOs separate to the Department of Health as the funder.

It is recommended that NACCHO and other ESR partners:

- Invest in further building NACCHO's information management systems to keep pace with the growing scale of this work with appropriate resourcing.



Flinders University/NACCHO PoCT training in Alice Springs, NT. Courtesy of the Central Australian Aboriginal Congress Aboriginal Corporation

4. Working collaboratively to deliver quality training

NACCHO has been working in partnership with Flinders University International Centre for Point-of-Care Testing to deliver tailored, quality, culturally safe training. There is clear evidence that NACCHO:

- Coordinated with Flinders University to train over 700 people under the ESR, with a high level of confidence in the quality and effectiveness of the training.
- Helped Flinders University develop risk mitigation strategies to ensure safety of staff while travelling, including NACCHO staff accompanying Flinders University staff to help with community liaison.
- Supported Flinders University to ensure training was tailored to specific regions and ACCHOs, applying a cultural lens to ensure cultural safety and maximise engagement of staff, including Aboriginal and Torres Strait Islander Health Workers.
- Identified opportunities to collaborate with other sexual health training programs developed by ACCHOs, affiliates, peak sexual health organisations and state and territory governments.
- Adapted to online approaches during COVID-19, combining digital technology and the delivery of a physical induction kit.

It is recommended that NACCHO and other ESR partners:

- Launch a refresh of training in PoCT across ACCHOs as COVID-19 travel restrictions lift, with a focus on maintaining face-to-face delivery while exploring joint training and virtual refresher training options.
- Maintain the 'Train the Trainer' model to support ACCHOs' mobile workforces. This model should be incorporated, where appropriate, in other NACCHO health training and mentoring programs.
- Take opportunities to work with affiliates and state and territory governments delivering sexual health and STI and BBV prevention programs, and ensure training is being followed up with ongoing support in each jurisdiction.

5. Advocacy, distribution and stock management for Point-of-Care Testing

NACCHO has been effectively and efficiently leading the distribution and stock management of PoCT kits. There is good evidence that NACCHO:

- Has delivered a system for managing PoCT kits that has maximised availability of kits within ACCHOs and minimised the expiry of kits before use, saving considerable money for the Department of Health.
- Checked in with 100 per cent of all enrolled ACCHOs at least once a month to organise ordering of stock and offer support. Support to ACCHOs has also included assistance with data reporting, contractual progress reports and annual activity plans.
- Assisted Flinders University in the implementation of a strong quality management framework to ensure patient safety and the accuracy of test results, in line with best practice guidelines. NACCHO supported ACCHOs to meet quality management requirements and co-designed a Standard Operating Procedure (SOP) to ensure clear roles and responsibilities. Moreover, NACCHO's used a transparent and proactive approach to resolve emerging issues and ensured operator confidence was maintained.

It is recommended that NACCHO and other ESR partners:

- Invest in further building NACCHO's information management systems to keep pace with the growing scale of this work with appropriate resourcing.



Flinders University/NACCHO syphilis PoCT training at the Aboriginal Health Council of Western Australia. Courtesy of NACCHO.

6. Building a 'Community of Practice'

NACCHO has been effectively building a 'Community of Practice' that shares tools and ideas and connects staff working in ACCHOs, affiliates and Commonwealth, state and territory governments under the ESR and in sexual health more broadly. There is clear evidence that NACCHO:

- Has taken a thoughtful and genuine approach to developing a 'Community of Practice' under the ESR, working across jurisdictions and leveraging national forums. Most ACCHOs are now participating in this community, including 36 'ESR champions' across ACCHOs and other organisations who each work in their own ways to advocate for PoCT and treatment in parallel with serology, and promote sexual health more broadly. The 'Community of Practice' has been particularly critical to connect staff who work in clinics with high levels of workforce mobility.
- Invested significant resources beyond funding provided under the ESR to create opportunities for Aboriginal and Torres Strait Islander Health Workers and other staff to connect with one another, sharing valuable knowledge and expertise.
- Has staged events and provided ACCHOs with health promotion resources aimed at improving sexual health and breaking down barriers to discussing syphilis, STIs and BBVs.

It is recommended that NACCHO and other ESR partners:

- Continue to build the 'Community of Practice' and support champions to undertake ESR and broader sexual health work in communities using the current approach of supporting and empowering individuals to connect and share their expertise.
- Recognise and build upon the vital role of Aboriginal and Torres Strait Islander Health Workers in increasing rates of testing and reducing stigma under the ESR, including by extending their scope of practice. NACCHO may also consider continuing discussions on harmonising the workforce and dispensing rules across jurisdictions for Aboriginal and Torres Strait Islander Health Practitioner and Workers in partnership with National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAASTIHW).
- Look for opportunities to attract more diverse ESR champions to expand reach into different genders, age and cultural groups within communities.
- Improve coordination, availability and uptake of high-quality courses and mentoring for ACCHO staff and others in Aboriginal and Torres Strait Islander sexual health. This will maximise collaboration across partners and reduce duplication.

7. Supporting ACCHO efforts to increase uptake of testing

NACCHO has been effectively supporting ACCHOs to increase community uptake of testing. There is clear evidence that NACCHO has:

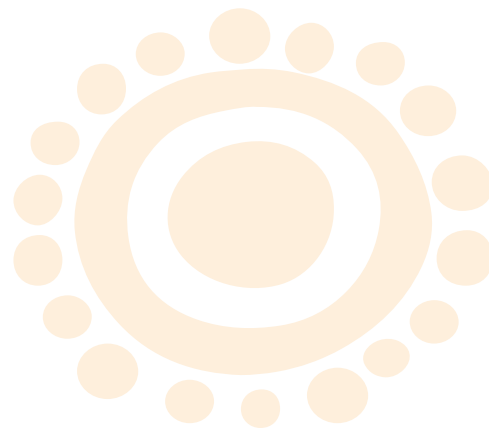
- Increased rates of testing, both syphilis PoCT and serology, across outbreak regions. For 15- to 24-year-olds, testing rates have increased from 31 per cent at the time of the initial outbreak in 2011 to 56 per cent in 2018-2019. The COVID-19 pandemic has dampened testing rates in all jurisdictions and work is required to boost testing rates to higher levels.
- Worked with ACCHOs and their networks to increase confidence in PoCT in both clinic and outreach settings and supported the development and sharing of innovative ACCHO approaches to encourage community uptake using methods such as Community Days, vouchers, competitions and information sessions.

It is recommended that NACCHO and other ESR partners:

- Focus on getting back to the core business of testing under the ESR as the COVID-19 pandemic hopefully eases.
- Talk with key ACCHOs and state and territory affiliates about how to increase confidence in outreach and opportunistic testing, and help staff develop protocols to manage consent, privacy and follow-up treatment, including testing for those under 16 years.
- Continue to disseminate information on successful creative approaches to engaging communities, particularly young people, in outreach settings.



Katherine West Health Board Aboriginal Corporation – Women's Group Sexual Health Workshop. Courtesy of Katherine West Health Board Aboriginal Corporation .



METHODOLOGY



Purpose of the evaluation

This evaluation has been conducted by Equity Economics to assess the effectiveness and efficiency of activities undertaken to date by NACCHO to support delivery of the ESR to Aboriginal and Torres Strait Islander outbreak regions.

This evaluation has also been undertaken with the aim of recommending whether, and how, NACCHO's contribution to the ESR program and PoCT might be sustained and further developed, including potentially broadening NACCHO's leadership role to also address other STIs, BBVs and communicable diseases in the future.

Scope

This evaluation does not fully explore the efficacy of the design and implementation of the ESR in its entirety. A separate, larger scale evaluation is being conducted of all partner activities under the Australian Government's ESR funding in early 2021.

This evaluation is a process evaluation focused on NACCHO's role under the ESR to date and its implications for NACCHO's potential role in managing other STIs, BBVs and communicable diseases in the future. Equity Economics was asked to:

1. Assess effectiveness and efficiency of the activities NACCHO has delivered to date and how it has worked with other ESR partners.
2. Inform the development of ACCHO engagement strategies by NACCHO outside of currently identified outbreak areas.
3. Make recommendations as to whether, and how, NACCHO's contribution to the ESR program and PoCT might be sustained.
4. Identify opportunities for NACCHO to enhance its coordination and leadership capacity in addressing other STIs and BBVs.
5. Identify indicators that can be used to measure the efficacy of the ESR and potential future programs, as well as baseline values where available.

Reference Group

A Reference Group was established in October 2020 to guide this evaluation and broader development of policy and program responses to sexual and other communicable diseases in Aboriginal and Torres Strait Islander communities. It consists of representatives from NACCHO, a State affiliate, ACCHOs in outbreak regions and the Department of Health. The Reference Group has provided advice on: the evaluation methodology, including identifying desktop review material and potential interviewees and case studies; early themes; and an Interim Report setting out initial findings.

Data collection and analysis

Due to travel restrictions throughout the evaluation period, evidence has largely been drawn from a desktop review of ESR partner materials provided by NACCHO; publicly available information and a mix of in-person, video-conference and telephone interviews.

Desktop review

Approximately 75 items have been analysed as part of the desktop review, including ESR reports and research, contracts, activity statements and progress reports, training materials, PoCT distribution and tracking systems, emails, community stories and promotional materials, including a snapshot of NACCHO's social media content and photos.

Interviews

Given the scope of this process evaluation, a sample of (but not all) NACCHO partners and stakeholders were approached for interview including representatives from ACCHOs, state and territory affiliates, the Department of Health, Western Australian (WA) Department of Health, Flinders University International Centre for Point-of-Care Testing (Flinders University), The Kirby Institute and Abbott Medical (supplier of syphilis PoCT). Seventeen interviews were conducted in November and December 2020. Equity Economics and NACCHO thanks those who generously shared their time and views on the evaluation questions.

Case Studies

In-depth case studies have been prepared to illustrate how NACCHO has worked with the Kimberley Aboriginal Medical Service (KAMS) and Townsville Aboriginal and Islanders Health Service (TAIHS) under the ESR. These case studies aim to support further ACCHO engagement across the country in PoCT and broader sexual health work.

Data and future indicators

Equity Economics has developed an evaluation framework and indicators that may assist in improving the capabilities of NACCHO and other ESR partners to monitor the efficacy of ESR and broader STI and BBV actions in the future. It is recommended a Working Group be formed including representatives from NACCHO, state and territory affiliates, ACCHOs, the Department of Health, state and territory governments and research institutes to further discuss this evaluation framework and how all partners might improve and share data going forward.

Ethics

This evaluation has been conducted respecting Aboriginal and Torres Strait Islander communities, clients and staff working under the ESR. Equity Economics thanks NACCHO and the ESR Evaluation Reference Group for its advice and support in this regard. Meetings have been held in formats most appropriate to ensure the safety and comfort of participants, and all information and data is being managed with adherence to principles of cultural safety and privacy.

INTRODUCTION



Across Australia, ACCHOs work on the front line to improve access to primary health care and address the huge health and wellbeing inequalities still faced by many Aboriginal and Torres Strait Islander people today.

Increasingly, the value of having a strong Aboriginal Community Controlled Health (ACCH) sector, grounded in self-determination and a holistic understanding of Aboriginal and Torres Strait Islander health and wellbeing, is being understood by the broader community. There is clear evidence that delivery of health and wellbeing services through ACCHOs leads to improved outcomes for Aboriginal and Torres Strait Islander people.¹ Recently, the new National Agreement on Closing the Gap has recognised that community-controlled services achieve better results and are often preferred over mainstream services by Aboriginal and Torres Strait Islander people.²

In recent years, one of the many issues being addressed by ACCHOs has been the outbreak of infectious syphilis affecting Aboriginal and Torres Strait Islander people, predominately aged between 15 and 29 years, in northern, central, western and southern Australia. This outbreak is a part of a broader picture of higher rates of STIs, BBVs and other communicable diseases among Aboriginal and Torres Strait Islander people driven by a legacy of neglect, disjointed public policy and insufficient or poorly distributed resources that fail to reach people on the ground.

Once almost eradicated, the tragedy of syphilis is that while it can have very serious negative consequences for people's health and wellbeing, it is relatively easy to diagnose and treat with antibiotics in circumstances where individuals and communities are empowered and able to access quality health care. If not treated, syphilis can affect the brain, spinal cord and other organs and even be fatal. In particular, pregnant women infected with syphilis are likely to pass the disease to their children, with very serious risks to both the foetus and infant. Congenital syphilis can cause stillbirth.

In many ways, Australia's response to syphilis has been a journey to find an effective public health response focused on building on the strengths of Aboriginal and Torres Strait Islander communities and the ACCHOs that support them. In recent years, ACCHOs, their peak body NACCHO and state and territory affiliates have been key to increasing rates of testing and treatment. Governments and key medical research organisations have stepped up to become genuine partners in this critical work. The ESR has put in place a model for working that can now be leveraged to improve national testing and treatment of not only syphilis but also other STIs, BBVs and communicable diseases.

“Our women are diagnosed with HIV, STIs and BBVs at a greater rate than other Australian women and are facing infertility, ectopic pregnancy, spontaneous preterm birth or still-birth.

NACCHO believes this requires greater recognition and commitment from all levels of government to work collaboratively across portfolios and mainstream organisations.

A good example has been the current partnership between the Commonwealth Department of Health and NACCHO to address the syphilis outbreak, which has been extraordinary!

It has highlighted innovation in science and the great work done on the ground by Aboriginal and Torres Strait Islander Health Workers.”

Dr Dawn Casey, Deputy CEO, NACCHO

¹ There is a significant body of international and national research literature on this for example Freeman T and Baum, F. et al., (2016) “Case Study of an Aboriginal Community-Controlled Health Service in Australia: Universal, Rights-Based, Publicly Funded Comprehensive Primary Health Care in Action,” Health and Human Rights Journal, Vol 18. No.2; Hurley C et al., (2010) “Comprehensive Primary Health Care in Australia: Findings from a Narrative Review of the Literature,” Australasian Medical Journal 1, no. 2; Campbell M et al., (2017) “Contribution of Aboriginal Community Controlled Health Services to Improving Aboriginal Health: An Evidence Review, Australian Health Review, no. 2; Mackey, P, Boxall, AM and Partel, K (2014) “The Relative Effectiveness of Aboriginal Community Controlled Health Services Compared with Mainstream Health Services; Griew, R et al., “The Link Between Primary Health Care and Health Outcomes for Aboriginal and Torres Strait Islander Australians.

² National Agreement on Closing the Gap (2020) <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>

“We were never going to achieve anything unless we had the community-controlled sector as our key partner in designing and delivering the Enhanced Syphilis Response.

While the Response has been broader than the community-controlled sector, that is where we had our early wins. NACCHO’s leadership has been great.”

Professor Brendan Murphy, Secretary, Australian Government Department of Health

History of the outbreak and the Enhanced Syphilis Response

A decade ago, an increase in infectious syphilis notifications was identified among young Aboriginal and Torres Strait Islander people in the North West Region of Queensland. From 2011 to 2016, the disease spread through parts of the Northern Territory, Western Australia and South Australia. Staff on the ground working in Aboriginal and Torres Strait Islander health, and experts including Associate Professor James Ward and the South Australian Health and Medical Research Institute (SAHMRI), sounded alarm bells warning that the outbreak was very concerning and could:

- Spread easily given the high mobility of Aboriginal and Torres Strait Islander people;
- Increase rates of congenital syphilis given high rates of infection in women of child-bearing age; and
- Increase likelihood of transmission and acquisition of HIV and other STIs.

NACCHO began working with ACCHOs and other partners to raise awareness of the issue among Commonwealth, state and territory governments. In 2015, the Multi-jurisdictional Outbreak Working Group (MJSO) was established under the Communicable Diseases Network Australia (CDNA).

In early 2017, a Syphilis Enhanced Response Governance Group was established under the Australian Health Protection Principal Committee (AHPPC) to design and lead the ESR including development of an Action Plan.

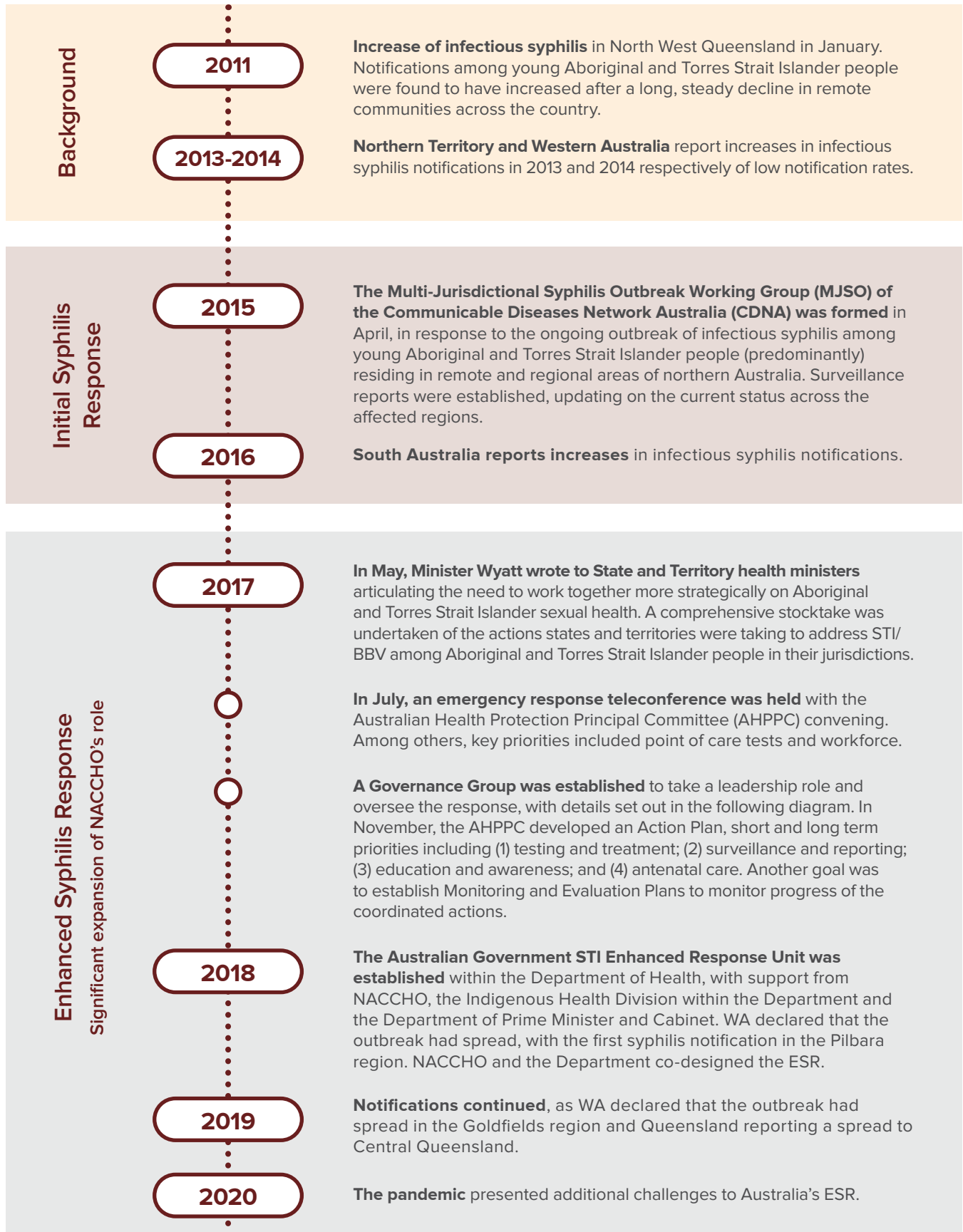
It was agreed by the AHPPC that the response would focus on:

- Controlling the syphilis outbreak;
- Undertaking opportunistic control efforts for other STIs and BBVs; and
- Considering the long-term sustainable response to STI and BBV issues in Aboriginal and Torres Strait Islander communities, with the ultimate goal of reducing rates of STI and BBV to a sustainably low level.

In parallel, Flinders University started to work on a quality management framework that could support PoCT for syphilis.

The chart below sets out the history of the syphilis outbreak, as well as the design of the response.

Figure 1: History of the Enhanced Syphilis Response



Design of the ESR

From the outset, NACCHO played an active role in designing the overall approach of the ESR. NACCHO raised the importance of increasing rates of testing, reaching people who may only infrequently present to clinics with outreach work and the role PoCT could play in improving rates of timely screening, follow-up treatment and contact tracing.

NACCHO took significant responsibility in governance forums and stakeholder workshops in developing the best model to operationalise the ESR across outbreak regions in partnership with ACCHOs. NACCHO provided clear advice to the Department of Health and other partners that the ESR needed to build on ACCHOs' existing role in delivering holistic health care with communities and their knowledge of what was needed. NACCHO clearly advocated for an approach that was not prescriptive, but rather created space for ACCHOs to customise health services and community outreach activities according to local needs.

In 2017, the Australian Government committed \$21.2 million over four years (2017-18 to 2020-21) to fund an augmented health workforce and PoCT in targeted ACCHOs within the affected outbreak regions. This included funds for the development and dissemination of a multi-strategy Aboriginal and Torres Strait Islander community awareness, education and testing campaign for syphilis and other STIs and BBVs to be undertaken by SAMHRI.

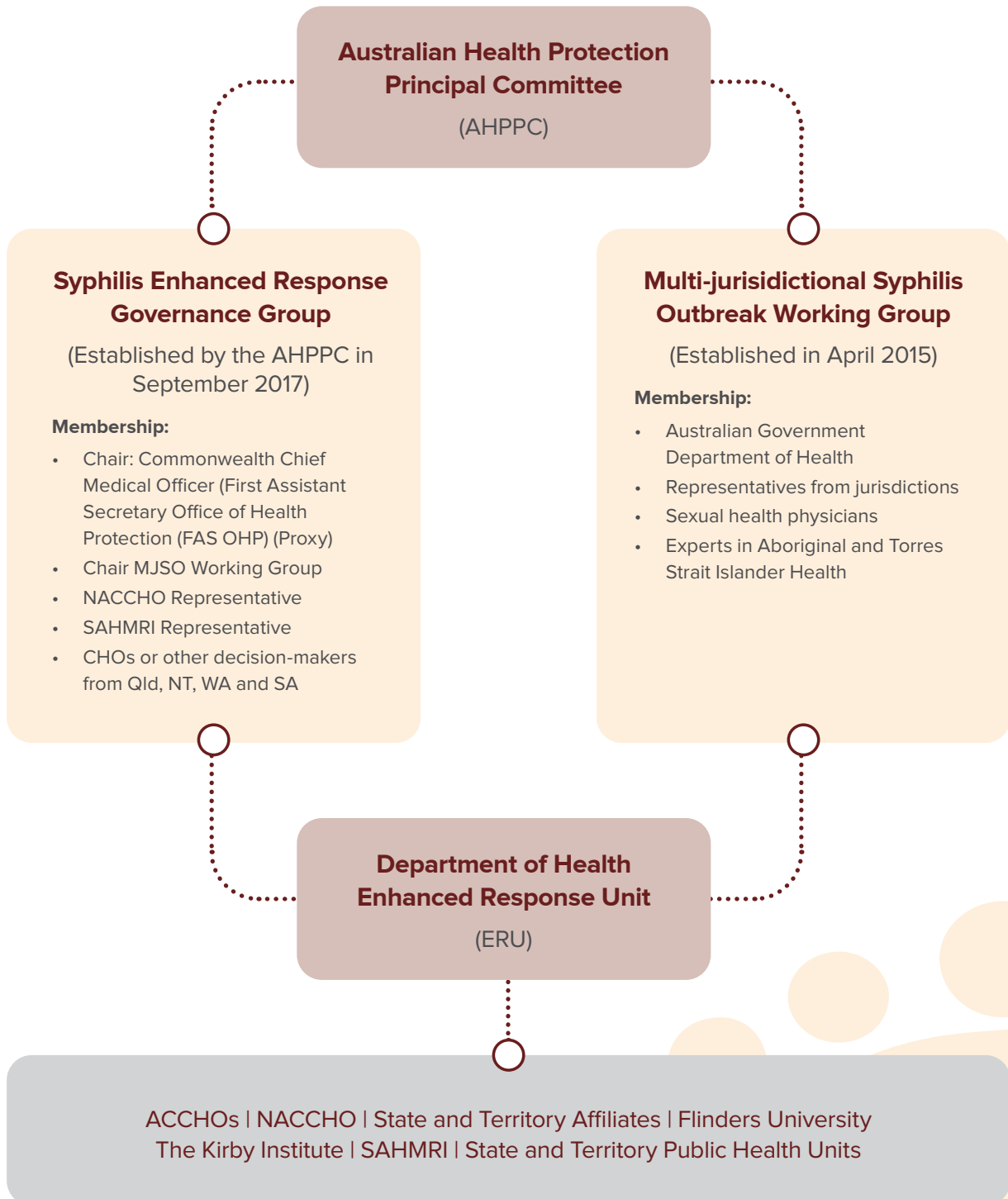
A number of partners took on roles either individually or jointly under the ESR:

- The **Department of Health** took on responsibility for overall policy, delivery and funding for the ESR. A dedicated STI Enhanced Response Unit (ERU) was established within the Indigenous Health Division to develop overall policies and guidelines, deliver funding to ACCHOs and monitor and collate monthly reporting of PoCT data.
- **ACCHOs** took on responsibility for building workforce capacity to administer PoCT; maintaining kits; engaging patients; undertaking clinic and outreach testing, follow-up treatment and contact tracing; and contributing data to monitor the efficacy of the ESR and outbreak numbers in their regions.
- **NACCHO** took on an ongoing leadership, advocacy, policy and delivery role. NACCHO has provided policy development, design and stakeholder management to ensure successful roll-out of the ESR across outbreak regions. It has also played a hands-on role, assisting ACCHOs with onboarding processes including enrolment, identifying key staff to lead the ESR, funding agreements, guidelines, health promotion materials, training and effectively engaging their communities. NACCHO also agreed to distribute and manage PoCT kits to ACCHOs. More detailed descriptions of NACCHO's role and activities is set out throughout the report.
- **Flinders University** designed the training and quality management framework for the ESR. It took on responsibility for quality control and assurance testing and delivery of training and procedures to ACCHOs.
- **SAMHRI** took on responsibility for delivering an Aboriginal and Torres Strait Islander community awareness, education and testing campaign for syphilis and other STIs and BBVs.
- **The Kirby Institute** took on a key research role, providing guidance to support the enhanced response. In particular, The Kirby Institute provided ongoing modelling of the infectious syphilis outbreak in Aboriginal and Torres Strait Islander communities, estimating what would be required to turn around the existing trajectory of the outbreak.
- **Abbott**, a global provider of point-of-care tests, distributed the Abbott Determine Syphilis TP, a PoCT providing clear results in a very short time period (15 minutes).

Given the important role ACCHOs were being asked to play, state and territory affiliates across outbreak regions have also played a key role supporting ACCHOs. In South Australia, the Aboriginal Health Council of South Australia (AHCSA) received funding from the Department of Health to provide coordination and leadership of the ESR in that state. State and territory public health units have also played an important role.

The overall governance structure and partnerships under the ESR is set out in the following chart.

Figure 2: Governance and Partnership Structure under the ESR



Staged roll-out

The ESR has been rolled out in the following stages in order to respond to the outbreak and build up ACCHO engagement and support:

- The first phase commenced in June 2018 in Darwin (NT) and Townsville & Cairns (QLD).
- The second phase commenced in October 2018 in the Katherine Region, Nhulunbuy (NT) and the East Kimberley Region (WA).
- The third phase commenced on 4 April 2019 in West Arnhem Land (NT), Western, Eyre, Far North and Adelaide Regions (SA), and the Pilbara and Western Kimberley Regions (WA).
- The fourth phase commenced in May 2020 in Mt Isa (QLD) and Tennant Creek (NT). Additional funding was provided to ACCHOs in Darwin and Alice Springs (NT) to support collaboration and coordination between ACCHOs and government sectors.

The ESR continues to address the syphilis outbreak and emerging hotspots with the ongoing enrolment of further ACCHOs across Australia.

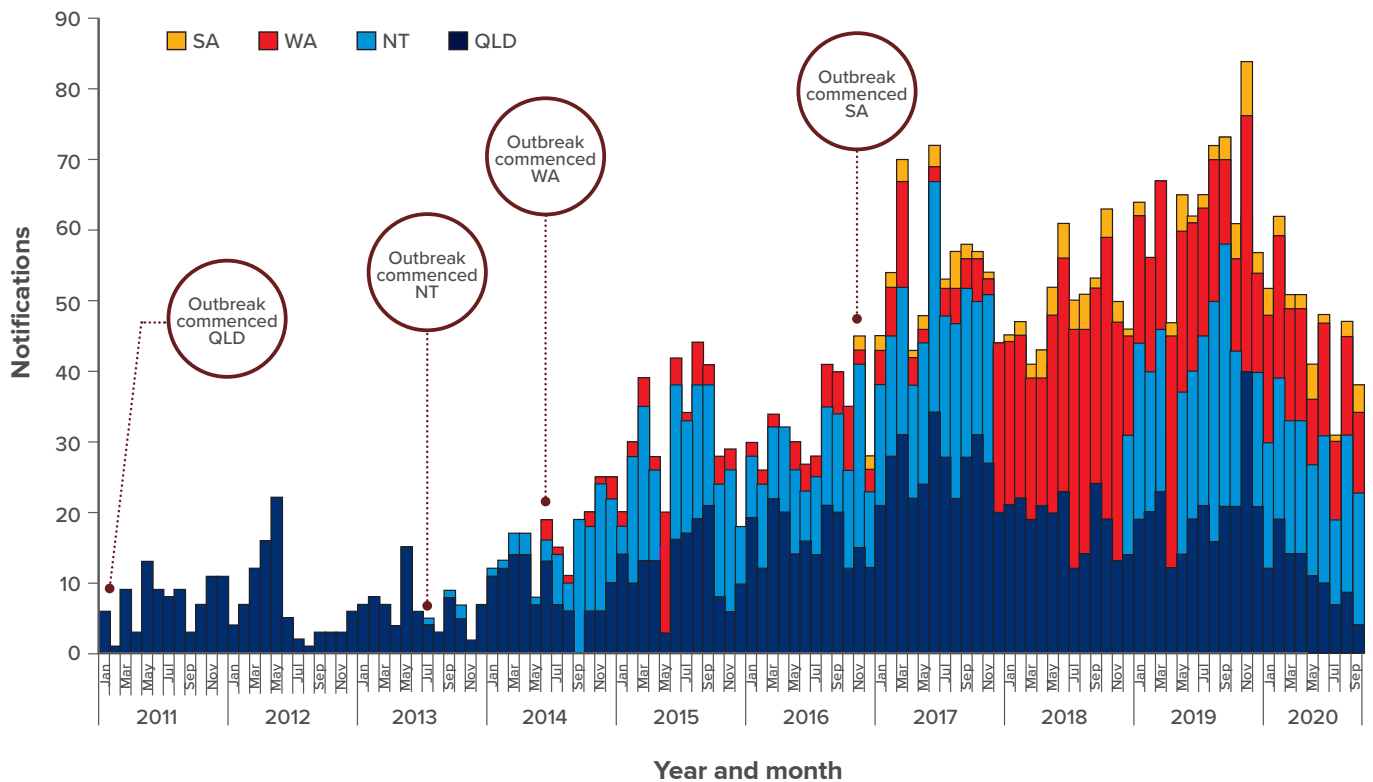
Current state of play

Spread of syphilis

From the commencement of the outbreak to 30 September 2020, there have been a total of 3,760 outbreak cases.

Over this time, the outbreak has spread to new regions as evidence emerged of new hotspots in SA and WA and new cases in south-eastern Australia. This has led to questions about the ongoing efficacy of linking emerging hotspots to the original genome detected in Northern Australia and the need to broaden the program with a stronger proactive, rather than responsive, approach.

Figure 3: Epidemic curve showing infectious syphilis notifications in Aboriginal and Torres Strait Islander people residing in affected regions of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 September 2020¹



¹ [https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/28-Surveil-Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/28-Surveil-Report.pdf)

Testing rates

Rates of testing have increased since the commencement of the ESR. For 15- to 24-year-olds, testing rates increased from 31 per cent at the time of the initial outbreak in 2011 to 56 per cent in 2018-2019.³ It is understood that the COVID-19 pandemic has negatively affected sexual health and opportunistic testing rates in all jurisdictions, as communities have experienced lockdowns and staff have been redirected to focus on the pandemic response. Updated testing rates are expected to be publicly released by the Department in March 2021 but were not available at the time of publication.

In 2019, to evaluate the impact of the outbreak response and assess the potential impact of expanded testing programs, The Kirby Institute modelled the effort required to turn around the trajectory of the syphilis outbreak and return Australia to pre-2011 levels of infectious syphilis.

Key findings included:⁴

- The outbreak response had contributed to a likely stabilisation of the outbreak in targeted areas, avoiding a substantially worse epidemic.
- MJSO data indicated that the percentage of people tested annually had almost doubled since 2013, although continued efforts would be required to maintain or increase this level of testing.
- A stabilisation of the outbreak required at least 40 per cent the population to be tested annually.
- While testing more than half of the population would see reductions in numbers, it would take more than 5 years to reduce infectious syphilis to pre-outbreak levels.
- Increasing annual testing coverage to at least 60 per cent may reduce infectious syphilis to pre-outbreak levels within 3–5 years.
- Infectious syphilis prevalence would be anticipated to return to pre-outbreak levels within 2–4 years if annual population-wide testing reached at least 60 per cent with more than 30 per cent of the remote population tested over a 6-week period.

Australia has made significant progress with the ESR over the last five years and now faces an important window of opportunity to move beyond its original goal of stabilising the syphilis outbreak (reaching 40 per cent testing rate) to decreasing rates of syphilis and focusing on future prevention.

Future directions

It is clear that further work will be required in coming years to boost testing and treatment rates for syphilis across active outbreak areas. The Department of Health and NACCHO have also signalled interest in collaborating further to address other STIs and BBVs, particularly given Aboriginal and Torres Strait Islander people continue to be disproportionately impacted by these infectious diseases.

NACCHO has recently been funded to design, deliver and evaluate evidence-based activities to address outbreaks of BBVs and STIs in Aboriginal and Torres Strait Islander communities. This includes contributing to the delivery of the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022. NACCHO has been asked to:

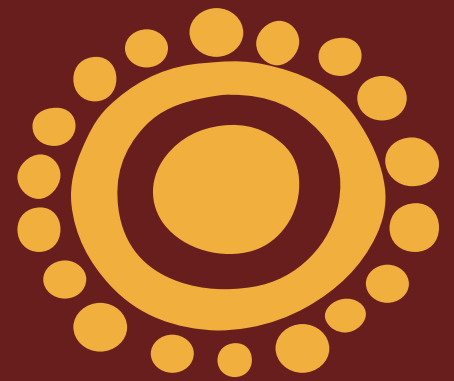
- Build on its experience with the ESR and apply learnings to the broader BBV and STI context. This includes this external evaluation of the effectiveness, efficiency and appropriateness of NACCHO's role in addressing the syphilis outbreak.
- Enhance ESR and other ACCHO staff capacity to contribute to the reduction of BBV and STI prevalence (in addition to syphilis) in local outbreak contexts.
- Provide leadership for the development of a National BBV and STI Strategy Implementation Plan, in collaboration with other BBV and STI peak organisations.
- Drive continuous improvement across the ESR and in BBV and STI approaches.

NACCHO has recently established a Communicable Diseases Policy and Programs Section, broadening the organisation's capacity and expertise to respond to BBVs and STIs.

³ <https://kirby.unsw.edu.au/report/modelling-infectious-syphilis-outbreak-indigenous-australians>

⁴ <https://kirby.unsw.edu.au/report/modelling-infectious-syphilis-outbreak-indigenous-australians>

EVALUATING NACCHO'S ROLE UNDER THE ESR



To conduct this evaluation, we developed a framework identifying seven components of NACCHO's role under the ESR. To identify these components, we drew on ESR reports, research, activity statements and progress reports, and consulted with the ESR Evaluation Reference Group.

Some of these responsibilities have been held since the commencement of the ESR and others evolved in later stages. The COVID-19 pandemic has also changed the way in which NACCHO has been able to deliver some of these responsibilities.

The next sections of this report look at each component of NACCHO's ESR role in detail, including:

- Outlining activities NACCHO has performed;
- Evaluating the efficiency and effectiveness of NACCHO's performance;
- Setting out challenges and priorities for the future; and
- Recommending any further improvements.

Figure 4: The seven components of NACCHO's role under the ESR



1. Advocacy and leadership in the design and delivery of the ESR

What has been NACCHO's role?

NACCHO has played a clear active leadership role in the design and delivery of the ESR. From the outset, it has provided policy and operational advice on how best to engage the ACCHO sector and increase rates of testing, treatment and contact tracing across outbreak regions. NACCHO has participated in governance forums established to develop and oversee the enhanced response. It has also regularly provided policy advice and operational advice and feedback to the Department of Health and other partners.

In early 2018, NACCHO took significant responsibility for leading discussions on how to operationalise the ESR across outbreak regions in partnership with ACCHOs. There is evidence NACCHO acted because discussions between Commonwealth, state and territory officials were proceeding slowly and urgent action was needed. NACCHO talked with ACCHOs to develop a practical plan for:

- Increasing testing rates, including through roll-out of PoCT that had been supported by Flinders University in parallel with other key researchers.
- Providing workforce and training support to ACCHOs in outbreak regions.
- Collecting testing data.

To cost the response to address the outbreak from an ACCHO perspective, NACCHO organised workshops with key ACCHOs in outbreak regions. The first workshop was held in Cairns in April 2018 and involved Danila Dilba Health Service (NT), Wuchopperen Health Service and Townsville Aboriginal and Islanders Health Service (QLD). On the first day, ACCHOs met without Commonwealth, state and territory government officials to map out all the issues and talk frankly about what was needed under the response. NACCHO organised for PoCT to be demonstrated by an Aboriginal Health Practitioner comfortable with the new technology and worked hard to overcome concerns and open dialogue on adoption. On the second day, Commonwealth, state and territory governments joined the workshop and detailed discussions were held on the steps that were needed to address the outbreak and resources required.

This first pivotal workshop focused on how the ESR might work in urban centres with significant Aboriginal and Torres Strait Islander populations including Darwin, Cairns and Townsville. A subsequent workshop was then held with key ACCHOs in Darwin to discuss how regional and remote areas might be engaged.

NACCHO has applied this two-day workshop format throughout each stage of the roll-out and across different regions. The format has been expanded when possible to include ACCHOs, state and territory affiliates, the Department of Health and government representatives from public health units.

NACCHO received a total of \$225,000 over three years to establish a National Coordinator role at (0.5 FTE) for the ESR. The National Coordinator has been responsible for:

- Assisting ACCHOs to enrol in the response.
- Coordinating training with Flinders University and ACCHOs.
- Distribution and tracking of PoCT materials.
- Providing support to increase community uptake of testing at ESR sites.
- Assisting with data collection.

NACCHO soon realised that ACCHOs would benefit from a very hands-on approach, including having a NACCHO representative attend training and face-to-face meetings with ACCHO staff to build up the practice of PoCT, serology, treatment and follow-up. NACCHO expanded the National Coordinator role to a full-time position and significantly cross-subsidised travel and meeting costs. Regular operational meetings have also been held between the National Coordinator and Department of Health ERU to resolve working level issues.

How effectively and efficiently has NACCHO been performing its role?

There is clear evidence that NACCHO has effectively and efficiently advocated for and led the design and delivery of the ESR with the ACCH Sector and other ESR partners. Stakeholders interviews indicated that four key elements of NACCHO's approach set a standard for other ESR partners to follow:

1. Respect for the ACCH sector and the knowledge individual ACCHOs have about what will work in their regions and communities.
2. Strong emphasis on flexibility and recognition of the need to tailor support to specific ACCHOs and regions instead of prescribing a specific delivery model.
3. Maintaining unbroken line of sight between high-level policy development, program management and on-the-ground practice. This bridged a gap that often occurs between policy development and service delivery.
4. Collective ownership of the ESR across partners to foster shared decision-making, problem solving and innovation, particularly to increase confidence in PoCT.

Many interviewed said NACCHO helped bring ACCHOs into the tent and that the ESR has been hugely dependent on the partnerships between NACCHO and individual ACCHOs. Several interviewees also highlighted the two-day workshop format as instrumental to successful design of the ESR as this format allowed the sector to get their ideas together, voice concerns, build enthusiasm and then talk with government officials with a united approach while also recognising the diversity of ACCHOs and their needs.

Ongoing governance, policy-making and delivery

There is evidence that NACCHO has continued to act effectively in high-level governance and policy-making forums to push forward action and increase resourcing under the ESR. The Department of Health supported NACCHO playing a strong leadership and co-design role and this has resulted in significant buy-in from ACCHOs. The phased roll-out of the response helped strengthen delivery of the ESR as NACCHO worked to effectively to evolve the program with feedback from the ground.

NACCHO has also been on hand to assist with state and territory government engagement in the ESR. For example, NACCHO worked with the Commonwealth, NT Government, Aboriginal Medical Services Alliance Northern Territory (AMSANT) and other key stakeholders to negotiate further support for state-run Aboriginal Medical Services participating in the ESR while ensuring ACCHOs retained a central role. NACCHO's engagement in this issue contributed to the creation of some ACCHO positions that were funded and co-located in NT Government health services.

NACCHO also played an important role working with the Aboriginal Health Council of Western Australia (AHCWA) and Western Australian (WA) Department of Health to increase knowledge of the benefits of PoCT and results achieved by ACCHOs in northern WA. NACCHO helped to foster a readiness for further PoCT by sharing expertise and joining team meetings and forums with health services across WA. Ultimately this, alongside initial Commonwealth investment, paved the way for the WA Government to make its own complementary investments to expand PoCT across the state in a program that is aligned with the existing work of NACCHO. NACCHO continues to work with the WA and NT Governments to share expertise and processes.

"There is evidence that NACCHO has continued to act effectively in high-level governance and policy-making forums to push forward action and increase resourcing under the ESR."

Advocacy for PoCT

NACCHO played a leadership role managing the introduction of PoCT for syphilis and addressing the significant opposition that existed across some parts of the sector among some public health officers, doctors and nurses. Community concerns largely fell into three areas:

1. Whether PoCT was necessary given the current practice of serology in clinic settings.
2. How PoCT, particularly outreach testing, would navigate cultural safety issues and work effectively in communities without stigmatising people or having unintended consequences for sensitive discussions around sexual health.
3. Whether clinic staff including Aboriginal Health Workers could be effectively supported to undertake this potentially difficult work.

There is evidence NACCHO's leadership was critical in assuring medical practitioners and ACCHOs of the benefit of PoCT and how it could be integrated into clinic practice. In early discussions, NACCHO asked Aboriginal Health Practitioners and Workers to share their thoughts and experiences with PoCT. This was instrumental in building support for PoCT and convincing ACCHOs to start providing the service with the confidence that everyone could learn and adapt along the way.

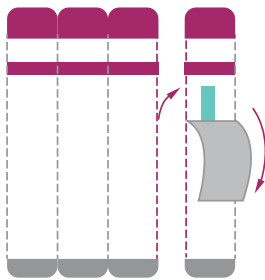
NACCHO was clear that PoCT was only one element of the ESR strategy and a useful, tangible and easy-to-use technology that could be used as a way into broader discussions about sexual health. It explained that PoCT was a complementary tool to be used alongside serology to increase testing in clinic and outreach settings with rapid results and follow-up treatment where necessary. This upfront discussion about PoCT assisted ACCHOs to make informed decisions and start providing the service with confidence everyone could adapt and learn along the way. As a result of NACCHO's leadership, rates of both PoCT and serology have increased under the ESR.

Figure 5: The Determine Syphilis TP™ test is currently the only syphilis PoCT registered by the Therapeutic Goods Administration in Australia and has been selected for use in the outbreak response. Courtesy of Abbott.

Screens in 3 steps:

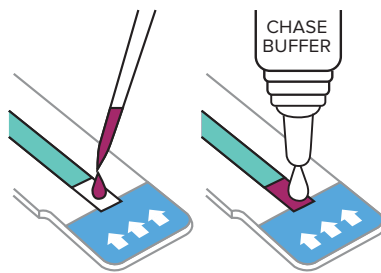
1. Prepare Test

Tear one strip from the **Right** and remove cover.



2. Add Sample

Add sample to pad. If using whole blood, add one drop of chase buffer 1 minute after applying whole blood to pad.



1 min

3. Read Results

Wait 15 minutes and read the results.



15min

Line	Positive	Negative	Invalid
Control			
Patant			

Workforce supplementation

There is evidence NACCHO played a key role in ensuring ACCHOs had the staffing resources they needed to respond to the syphilis outbreak and undertake broader work on STIs and BBVs. NACCHO advocated strongly for this workforce supplementation and this is now widely regarded as one of the most effective components of the ESR.

NACCHO's input on this issue required careful handling. While individual ACCHOs have been responsible for putting funding submissions to the Commonwealth Government, in practice NACCHO has done considerable work negotiating how available resources might be shared and distributed to meet ESR objectives. This has been difficult at times as funding has not always covered all workforce needs and ACCHOs have in some cases queried the allocation of funding. However, NACCHO's leadership has encouraged ACCHOs to collaborate to cover testing across outbreak regions. Final allocations have been negotiated between the Department of Health and individual ACCHOs.

NACCHO was clear from the outset there should not be one workforce model; instead, workforce supplementation needed to be tailored to the needs of individual ACCHOs. NACCHO was also clear that resources needed to properly cover travel for outreach work and incentives to allow ACCHOs to innovate to increase community uptake of testing. Stakeholder interviews indicate that NACCHO was instrumental in putting forward a model for the ESR roll-out that was sustainable and responsive to the realities of the Aboriginal and Torres Strait Islander Health sector, including the mobile nature of the workforce.

Treatment and contact tracing

Under the ESR, NACCHO has played a high-level advocacy and policy leadership role on treatment and contact tracing issues. For example, at the outset of the ESR, NACCHO worked with subject matter experts and strategic partners, including the Department of Health and Royal Australian College of General Practitioners (RACGP), to lead the listing of benzathine benzylpenicillin (Bicillin L-A) on the PBS under the Prescriber's Bag measure. This listing facilitates improved access to syphilis treatment by ensuring that ACCHOs and GPs can store fully subsidised penicillin on the clinic site for immediate use as required when a patient presents to the clinic. This was critical as it removed a possible barrier to treatment. Previous PBS arrangements led to out-of-pocket costs for patients and extra workflow implications for patients, ACCHOs and GPs.

However, NACCHO was not resourced to play a hands-on role monitoring the efficacy of treatment and contact tracing and does not have the data to do so. Individual ACCHOs are currently responsible for treatment and follow-up, including contact tracing, of clients testing positive to syphilis. Only some jurisdictions collect data in state and territory registries and the data sets being collected vary. A number of people interviewed suggested there is a need for greater visibility of rates of timely treatment and contact tracing at the national level and that NACCHO may be able to perform an expanded role here. This would require additional resourcing from the Australian Government to facilitate an expansion in NACCHO's capabilities.

National Coordinator

There is strong evidence that all ESR partners have highly valued the National Coordinator role sitting within NACCHO. Stakeholder interviews indicate that the relatively small investment in having a NACCHO Coordinator delivered significant dividends in enabling NACCHO to maintain a birds-eye view of what was happening on the ground across all outbreak regions and deliver practical and direct support to ACCHOs. ACCHOs and state and territory affiliates interviewed said it was clear that the NACCHO Coordinator was working to support them, not the other way around. Further reflections on the effectiveness of each activity performed by the Coordinator are in subsequent chapters.

What are the challenges and priorities for the future?

ACCHOs and state and territory affiliates interviewed emphasised the need to maintain momentum. There was a consensus view that efforts over the last five years have created an important opportunity to forge ahead and 'normalise' testing for syphilis and other STIs and BBVs and embed sexual health in primary care. In particular, interviewees identified three high-level priorities for NACCHO and other ESR partners including:

1. Expansion of the ESR into a national program to manage the spread of the outbreak and enable a simultaneous focus on prevention – a number of participants raised concerns about new pockets of syphilis, including in southern WA and regional Victoria, and recommended a national approach be taken and for ACCHOs be engaged outside of currently identified outbreak areas.
2. Continuing workforce supplementation to encourage ACCHOs to further build up their workforce to increase testing. Stakeholders raised concerns that any withdrawal of workforce support would impact ESR progress, particularly when a push is needed to increase levels of testing as COVID-19 management and restrictions ease.
3. Improve visibility of data on testing rates, contact tracing and treatment with better, more timely data sharing across NACCHO, state and territory affiliates, ACCHOs and Commonwealth, state and territory governments. Stakeholders identified missed opportunities in using data to identify and address issues and channel further support to ACCHOs when required. Improving data-sharing practices across ESR partners will require relationships of trust and shared agreement on how all partners will act to develop a 'no blame' collaborative culture of continuous improvement. It is particularly important that data held by state and territory health authorities is shared with ACCHOs to develop a much stronger understanding of what is occurring across each region.

A number of those interviewed cautioned that in pushing forward to address these challenges, considerable support needs to be provided to ACCHOs and other partners who in some cases face a backlog of clinic work given disruptions associated with the COVID-19 pandemic.

Key reflections from interview participants on the overall effectiveness of NACCHO's leadership in the design and delivery of the ESR include:

“At one of the governance meetings there were a lot of circular discussions about what the Commonwealth and State roles might be and NACCHO stepped in and said – listen – this is what we are doing and this is what we need. It completely shifted the dynamic.”

“Overall, the most important thing has not been PoCT or communications, it has been ACCHO workforce supplementation. That was clear policy advice from NACCHO.”

“NACCHO's Aboriginal leadership, credibility and their knowledge of the sector and communities meant they understood what was required and could advocate effectively on behalf of ACCHOs and Aboriginal and Torres Strait Islander people. NACCHO engaged in every aspect of the response – policy, research, data as well as on-ground delivery.”

“NACCHO helped to deal with the pushback at the start on PoCT. NACCHO made a big contribution in communicating and working with the sector to demonstrate it was going to be a useful tool and listening to their concerns and addressing them.”

“It's been a strength that NACCHO adapted and developed the Coordinator role so it met the needs of partners and complemented their skills. It hasn't been set and forget.”

“ACCHOs need practical hands-on assistance to develop and deliver programs – it can't be left up to them to work it all out – they are too busy. There should not be examples where ACCHOs have to turn away funding or participation in health programs because the burden on them in terms of training, workforce development and reporting is too overwhelming.”

Recommendations

- Expand the ESR into a national program and broaden eligibility to ACCHOs outside currently identified outbreak areas given evidence of new hotspots. There is also an important window to move beyond the original goal of stabilising the outbreak (reaching 40 per cent testing rate) to decreasing rates of syphilis and focusing on future prevention.
- Use the ESR as a model to improve testing and treatment of other STIs, BBVs and communicable diseases across Aboriginal and Torres Strait Islander communities.
- Build on the successful co-design workshop model developed by NACCHO and hold four-way discussions between NACCHO, state and territory affiliates, the Department of Health and state and territory governments in each jurisdiction to consolidate the approach going forward to support ACCHOs under the ESR and also with STIs, BBVs and communicable diseases more broadly.
- Maintain ACCHO workforce supplementation to encourage ACCHOs to continue to build up their workforces to increase testing, treatment and follow-up for syphilis and other STIs and BBVs.
- Invest in improving access to and sharing of timely data and evidence on overall outcomes of the ESR. This data could include rates of testing rates, treatment and follow-up, as well as more systematic monitoring and reporting on NACCHO's contribution and ongoing performance. Equity Economics has developed an evaluation framework and indicators that may assist NACCHO and other ESR partners in monitoring the efficacy of ESR and any broader STI and BBV actions in the future. This framework will improve NACCHO's ability to analyse data to drive Continuous Quality Improvement (CQI). It is recommended a Working Group be formed including representatives from NACCHO, state and territory affiliates, ACCHOs, the Department of Health, state and territory governments and research institutes to further discuss this evaluation framework and how all partners might share and use data more effectively going forward.
- Advocate for all state and territory registries to be running effectively as a priority, drawing on best practice handling of Aboriginal and Torres Strait Islander data.
- Ensure NACCHO continues recruitment and staff development practices that engage and retain staff with the inter-personal skills required to build relationships and trust with Aboriginal and Torres Strait Islander people and organisations and government and non-government stakeholders.

Syphilis PoCT implementation briefing. Courtesy of Miwatj Health Aboriginal Corporation, East Arnhem Land NT



2. Establishing and strengthening partner and stakeholder relationships

What has been NACCHO's role?

Designing and delivering the ESR has required strong partnerships between NACCHO and all other ESR partners. NACCHO has invested in strengthening its relationships with:

- ACCHOs, critically including not only Chief Executive Officers but also clinician staff and sexual health workers, particularly Aboriginal Health Workers working directly with communities in this area.
- State and territory affiliates in outbreak regions, including senior staff and those working in sexual health teams.
- The Australian Government Department of Health from senior management levels to staff working in the Enhanced Response Unit.
- Key researchers, communicable disease and PoCT specialists and experts at Flinders University, The Kirby Institute and the South Australian Health and Medical Research Institute.
- State and territory government public health, sexual health and communicable disease teams.

NACCHO has used a number of approaches to bring stakeholders together including:

- Workshops and meetings to bring together ACCHOs, affiliates, the Department of Health, state government representatives from Public Health Units and across the stages of the ESR.
- Travel and site visits often held jointly and including representatives from NACCHO, Flinders University and the Department of Health.
- Sessions on the ESR and broader STIs and BBVs at NACCHO and other conferences.
- Informal catch-ups with ACCHOs and other stakeholders.

NACCHO has significantly invested in face-to-face meetings, taking opportunities to bring stakeholders together whenever possible. This investment has stretched above and beyond funding received under the ESR.

How effectively and efficiently has NACCHO been performing this role?

NACCHO has been highly effective and efficient in building a network of partners under the ESR and has significantly strengthened the relationships it has with the majority of these partners over the last three years.

There is evidence of NACCHO playing a leading role in 24 large multi-party meetings and workshops across the stages of the ESR, involving ACCHOs, affiliates, the Department of Health, and state and territory government representatives from Public Health Units. In each region, NACCHO has worked with its state and territory affiliates and ACCHOs to identify people and organisations ready and able to assist in the ESR roll-out. For example, the Queensland Health and Hospital Service was invited as a key stakeholder working with TAIHS in the Townsville region and also to joint consultations in Cairns in December 2019 to discuss future sites.

NACCHO has also participated in other major conferences such as the Australasian Sexual Health Conference (ASHM), bringing a much needed Aboriginal and Torres Strait Islander perspective to sexual health issues and showcasing the value of the ACCH Sector in responding to STIs and BBVs. NACCHO has participated in conferences, workshops and health training and promotion events with groups including the Royal Australian College of General Practitioners (RACGP), Australasian College of Emergency Medicine (ACEM), Australian Communicable Disease Control, Australasian Society for HIV Medicine's Deadly Sex Congress, and the Northern Territory Government's Allied Health Professionals Sexual Health Forum as a direct response to its leadership under the ESR.



2019 Annual NACCHO Conference, Sexual Health Forum. Courtesy of NACCHO.

ACCHOs and state and territory affiliates interviewed stated that NACCHO's on-the-ground work has made NACCHO more visible and approachable. In some cases, staff in ACCHOs now feel more comfortable to approach NACCHO to discuss other issues important to improving Aboriginal and Torres Strait Islander health.

NACCHO has also been effective in further developing its relationship with parts of the Department of Health. As previously indicated, NACCHO and the Department of Health established a co-design approach at the outset. This approach has strengthened over the course of the ESR and has resulted in stronger collaborations between NACCHO, the Department of Health and other stakeholders across a number of policy areas, including the management of the COVID-19 pandemic response. In important ways, the ESR has set a precedent for other areas of the Department of Health and the broader Commonwealth Government to follow in engaging with NACCHO.

Critical relationships have also been formed between NACCHO and key researchers, communicable disease and PoCT specialists and experts at Flinders University, The Kirby Institute and the South Australian Health and Medical Research Institute. These partnerships have strengthened understanding of best practice in bringing research, technology, cultural leadership and on-the-ground knowledge of the ACCH sector together to improve health outcomes for Aboriginal and Torres Strait Islander people.

A number of partners interviewed reflected that achieving wins in Aboriginal and Torres Strait Islander health is all about trust, rapport and relationships and that NACCHO had ensured staff with very strong leadership and interpersonal skills were involved in the ESR. It significantly helped that NACCHO staff invested in visiting services for training and other follow-up meetings on the ground. Those interviewed emphasised how critical it will be for NACCHO to ensure that staff with the right collaborative attitudes and skills continue to work in this area given the sensitive nature of work. A number of people pointed out that NACCHO's strong performance may be attributed to a small number of key staff members and that it is vital their knowledge and skills are transferred across a broader team to ensure ongoing success.

Interviewees also reflected that in many cases NACCHO had helped them strengthen their own relationships with other stakeholders. For example, the Department of Health reflected NACCHO helped its staff develop closer relationships with ACCHOs, particularly staff working in sexual health teams. The Department has been able to better understand relationships across ACCHOs and see first-hand the work of Aboriginal Health Practitioners and Workers working under the ESR. This has been particularly important for junior departmental staff building skills in this area.

What are the challenges and priorities for the future?

The ESR has created a ground-breaking set of valuable partnerships, particularly across NACCHO, state and territory affiliates, ACCHOs, the Commonwealth Government, Flinders University and The Kirby Institute. While these partnerships have focused on PoCT for syphilis, they have also been instrumental in the management of other communicable diseases. Many interviewed have credited these partnerships for facilitating quality discussions around the management of the COVID-19 pandemic in relation to Aboriginal and Torres Strait Islander communities and potential distribution of a vaccine when available.

The ESR has also created a base from which NACCHO further strengthens its relationships with other partners and stakeholders. There is a need for stronger, more cohesive support for ACCHOs addressing sexual health, STIs and BBVs. With this aim, in early 2021 four-way discussions will take place between NACCHO, state and territory affiliates and Commonwealth, state and territory governments to consolidate the approach going forward to support ACCHOs under the ESR and also with STIs, BBVs and communicable diseases more broadly. It will also be critical for NACCHO, state and territory affiliates and ACCHOs to continue to identify key health and training services in their regions that are ready and willing to assist.

Recommendations

- Use the ESR to continue to set the standard for broader collaboration between NACCHO, the Department of Health and government agencies, including for the roll-out of COVID-19 vaccines.
- Strengthen and support the role affiliates and state and territory governments can play in helping address syphilis and other STIs and BBVs, particularly in the context of their broader work on sexual health.
- Expand opportunities for partners including NACCHO, Flinders University and The Kirby Institute to collaborate to cover all aspects of PoCT and other new technologies from initial scientific innovation, through to cultural engagement, education, distribution, data collection and quality assurance.
- Increase focus on forecasting the time and resources going into this critical but intensive stakeholder management work and consider ways to share and manage this workload across a team and ensure resourcing keeps pace with the growing scale of this work. Efforts need to be made to transfer vital knowledge and skills across the team to ensure ongoing success.

Key reflections from interview participants on the overall effectiveness of NACCHO's role in strengthening stakeholder relationships include:

“To have NACCHO actually join us at the grass-roots delivering a program has been really great. I grew a whole new perspective of NACCHO personally. I'd only ever seen NACCHO stand up at big conferences. I'd always felt a bit nervous with them – a higher level peak body. Previously it was CEOs and Executive Management Teams engaging with NACCHO. To have NACCHO join us and be a participant in our training was wonderful.”

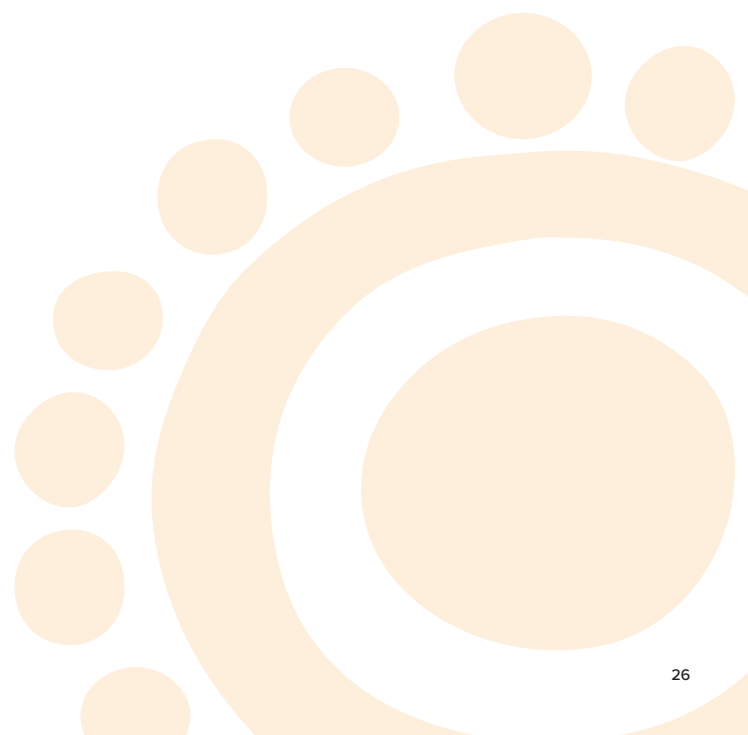
“It's been the qualities of the National Coordinator that has made things so successful – really caring about people, tirelessly working for ACCHOs and having a really generous, ‘whatever it takes’ attitude. Not one of our member services had an issue with the support or training provided. That needs to be celebrated. NACCHO should be proud.”

“There has been formal and informal relationship building in an environment of high trust. Significant sharing of documents, processes, and approaches and that has been incredibly helpful.”

“NACCHO had a good relationship with the Commonwealth Government and through them I ended up being a part of that. NACCHO facilitated the development of that relationship and explained the expectations of the Commonwealth and that allowed me to do my job better.”

“The National Coordinator helped pull together a network of organisations I now rely on all the time to get things done.”

“Having the Deputy CEO leading has been terrific – Dawn is dynamic, committed, gets things done, and is approachable. Whenever invited to collaborate or participate in a meeting, a representative from NACCHO was always available, and provided key information and advice, all of which strengthened relationships, and ensured the proposed work was relevant.”



Case Study: KAMS – The power of partnerships delivering the ESR

For decades, the Kimberley Aboriginal Medical Service (KAMS) has been working with its ACCHO members and partners to deliver quality, culturally safe, primary health care services across the Kimberley region of Western Australia.

“We are an organisation of Aboriginal people, for Aboriginal people, controlled by Aboriginal people. We are committed to providing and supporting the provision of effective holistic and culturally appropriate primary health care services for Kimberley Aboriginal people.”

- *KAMS Strategic Plan, 2017-20*

In 2018, KAMS partnered with its ACCHO members to deliver the Enhanced Syphilis Response (ESR) across the Kimberley region. KAMS was clear its objective was not only to contain the spread of syphilis but also to expand testing and treatment of all sexually transmitted infections (STIs) and blood-borne viruses (BBVs).

“We’ve known for a long time that sexual health needs to be part of integrated primary care. Importantly, the ESR provided resources not only to address the critical syphilis outbreak occurring across parts of our region but also increase testing and treatment for all STIs and BBVs.”

- *Katy Crawford, former Sexual Health Regional Facilitator at KAMS*

KAMS has provided a collective voice and support for its network of member ACCHOs, while respecting their independence and negotiating the roll-out of the ESR on a case-by-case basis. This has meant individual ACCHOs have taken ownership of staff arrangements and local strategies to increase testing and treatment. This has allowed ESR activities to build with backing from local staff and communities.

While it hasn’t been easy, KAMS and its partners have effectively worked to achieve real wins for Kimberley Aboriginal people. Rates of testing and treatment for syphilis as well as other STIs and BBVs have increased, although more recently have been affected by the COVID-19 pandemic. Importantly, there are also now almost 100 clinic staff across the Kimberley who are trained in Point-of-Care Testing (PoCT), with the skills and confidence to deliver improved sexual health services over the longer term.

The key to success has been building a strong network of people and partnerships across organisations including KAMS, member ACCHOs, NACCHO, the Aboriginal Health Council of Western Australia (AHCWA), and Commonwealth Department of Health. These partnerships have provided clinic staff with necessary workforce, training and communication resources, and empowered them to develop local strategies that work for their communities. People haven’t been working alone but as part of a flexible team.

KAMS staff identify three key factors that have led to effective delivery of the program:



Kimberley Aboriginal Medical Service, WA. Courtesy of the Kimberley Aboriginal Medical Service

1. Building up the sexual health workforce across the Kimberley

From the outset, KAMS and ACCHOs across the region focused on obtaining increased funding for Sexual Health Nurses, Aboriginal Health Practitioners and GPs to roll out the 'Test and Treat' model, including PoCT technology. These staff have been the backbone of local strategies to increase testing, treatment and follow-up in both clinic and outreach settings.

KAMS then worked with NACCHO, Flinders University and the AHCWA to train and mentor not only these staff but also others working in clinics. Training was tailored to the individual needs of member ACCHOs.

"The key was flexibility in how training was delivered – that is what made it work. NACCHO and Flinders tailored sessions to each clinic setting and the sorts of conversations about sexual health people were willing to have."

- **Katy Crawford, former Sexual Health Regional Facilitator at KAMS**

KAMS also linked in with other programs such as the Birds and the BBVs developed by AHCWA to increase the skills and confidence of health staff more broadly to routinely offer and undertake opportunistic testing for STIs and BBVs over the long-term.

"NACCHO linked into where the Birds and BBVs training was going and I was able to link into where the ESR training was going – we were able to roll out training together so that we were supporting staff members to increase their confidence and be able to have a yarn with clients about STI and BBV testing including syphilis."

- **Veronica Walshe, Aboriginal Health Council of Western Australia**

2. Receiving practical hands-on support from partners including NACCHO and AHCWA

KAMS has drawn on the support of the sexual health team at AHCWA and the NACCHO ESR National Coordinator to enrol ACCHOs under the ESR, distribute PoCT kits, develop guidelines and communications material and work through issues together.

"The National Coordinator assisted with the enrolment of all the Kimberley sites. That support was crucial. Services would have been struggling without it. The ESR hit the ground very quickly. People got training, supplies and started testing within a few months of funding being released in our area. A lot of that was to do with how active NACCHO was in pushing the process along. There were a couple of times when sites needed kits for upcoming community events at short-notice. The National Coordinator was able to get on the phones and get the kits out quickly."

- **Katy Crawford, former Sexual Health Regional Facilitator at KAMS**

3. Developing culturally appropriate health communication and outreach strategies

KAMS has also invested in working with ACCHOs and community partners to develop local strength-based communication and outreach strategies for testing in local communities, including partnerships with the Girls Academy and Nunga Women's Centre. There has been a focus on reaching people, including those aged between 15-29, who present relatively infrequently to clinics.

Community outreach events have been supported by wider health campaigns such as Her Rules, Her Game, developed by KAMS in partnership with the West Kimberley Women's Football League. With the rapid rise of women's AFL in communities, Her Rules, Her Game has been a way for KAMS to engage with young Aboriginal women on health matters, including sexual health issues. Local AFL players have participated in TV and social media campaigns as well as themed rounds attended by health staff able to talk to community members about STIs and BBVs. Within a few months, Her Rules Her Game attracted over 2,000 social media followers with some video clips viewed over 14,000 times. This type of locally developed strategy based on community engagement has been invaluable for breaking down stigma and promoting sexual health.

KAMS is clear that efforts under the ESR and more broadly to improve sexual health services need to continue. While it has been challenging in some cases to increase PoCT, overall rates of testing and follow-up treatment have increased across the region.

"A lot of people are now champions. It takes time to change clinical practice and workflow to make it easier for clinic staff to undertake testing. We need to keep going with this work."

- Katy Crawford, former Sexual Health Regional Facilitator at KAMS



National Condom Day activity, Kimberley Aboriginal Medical Service. Courtesy of the Kimberley Aboriginal Medical Service.

KAMS is also clear the key to ongoing success will be organisations working together and following through with practical support.

"You know you are in a genuine partnership when people show up and don't just ask for things but provide things. That is what has happened under the ESR and it needs to continue."

- Katy Crawford, former Sexual Health Regional Facilitator at KAMS



Her Rules, Her Game Health Promotion, Kimberley Aboriginal Medical Service, WA. Courtesy of the Kimberley Aboriginal Medical Service.

Established in 1986, KAMS is a member based, regional Aboriginal Community Controlled Health Organisation (ACCHO) supporting and representing the interests of seven independent Kimberley ACCHOs.



Beagle Bay Community Aboriginal Corporation



Bidyadanga Aboriginal Community (La Grange)



Broome Regional Aboriginal Medical Services



Derby Aboriginal Health Services



Nirrumbuk Environmental Health and Services



Ord Valley Aboriginal Health Services Aboriginal



Yura Yungi Medical Service Aboriginal Corporation

3. Supporting the enrolment of ACCHOs

What has been NACCHO's role?

NACCHO is responsible for helping individual ACCHOs enrol in the ESR. This work involves:

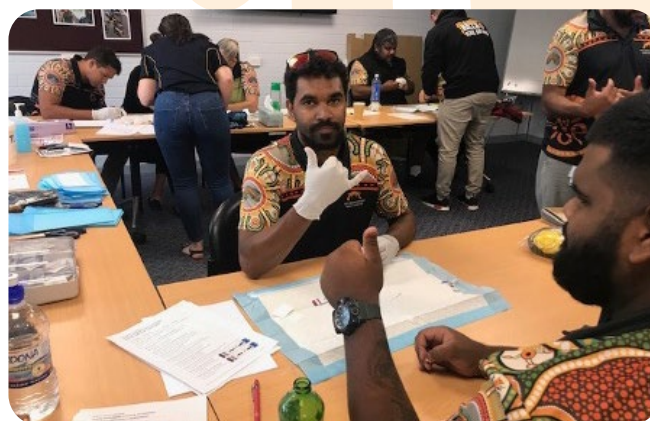
- Introducing ESR objectives and elements to each ACCHO, particularly PoCT given it was a new technology in this area.
- Finding out what type of support each ACCHO might require to participate.
- Addressing concerns and answering queries.
- Assisting with the steps needed to enter into funding agreements with the Department of Health and, when asked, advising on the best approach to developing funding submissions.
- Building an ongoing relationship of support with each ACCHO.
- Holding regular meetings with the Department of Health ERU to discuss the process and resolve issues.

How effectively and efficiently has NACCHO been performing this role?

There is strong evidence NACCHO is performing this role effectively. A total of 32 sites (over 70 clinics) are enrolled in the ESR program (with 29 using the PoCT) and a further five are anticipated to be enrolled in the coming period. The take-up rate has been very high, with only three sites declining enrolment for different reasons including: high comfort with existing processes (laboratory results being returned within 3-4 days); pre-existing youth programs operating in the context of a population that is not particularly mobile; and the current restructuring of an ACCHO sexual health team. NACCHO, state and territory affiliates have reached out to offer support and stay engaged with these ACCHOs with a view to seeking potential opportunities for enrolment down the track.

The National Coordinator has broadened enrolment work into a comprehensive 'on-boarding' process that involves frequent checking in with ACCHOs to understand their needs. NACCHO is working hard to tailor its approach to individual ACCHOs and in many cases intensively supporting them through the enrolment process.

Stakeholder interviews suggest that ACCHOs are greatly valuing NACCHO's role as a broker between ACCHOs and the Department of Health. NACCHO has provided ACCHOs with a source of advice and support separate to that available from the Department of Health as the funder. Examples include providing support to ACCHOs with contractual progress reports and activity plans. NACCHO is also acting to improve accountability and encouraging both ACCHOs and the Department of Health to keep the enrolment and funding process moving.



Flinders University/NACCHO syphilis PoCT training at the Port Lincoln Aboriginal Health Service Incorporated, South Australia.

Key reflections from interview participants include:

“In some other programs, ACCHOs don't get that direct support necessarily, we have to try and work directly with the Department of Health. The ESR National Coordinator has been generous, very available and always able to assist.”

“There was a sense at the beginning that NACCHO is really interested and ACCHOs had to get this up and running. NACCHO was overseeing how it was all going.”

“I can't fault the support I received from NACCHO. I have been a nurse for thirty years but I was still on a steep learning curve working on the ESR. NACCHO provided information and assistance all of the time. I knew I wasn't alone and had back-up.”

The Department of Health has also clearly valued the role NACCHO has been playing in enrolling ACCHOs. NACCHO provides the Department with a very valuable introduction to key staff within each ACCHO who might drive the ESR. This paves the way for what may be considered sensitive discussions in some regions.

The task of supporting ACCHO enrolments is also part of the NACCHO National Coordinator role. The Department has valued the feedback provided by the National Coordinator on the enrolment process as a whole, for example advice on how to improve guidelines, templates and reporting requirements for ACCHOs. NACCHO reports monthly to the Department of Health on the number of ACCHOs actively enrolled.

What are the challenges and priorities for the future?

NACCHO's willingness to be agile and tailor support to different ACCHOs has been critical to the successful ESR enrolment of ACCHOs to date. As the ESR has expanded over the last three years, the 'on-boarding' work has increased for NACCHO. Current on-boarding procedures are strong but there is a need to strengthen systems to be able to share workloads across a team. This will be particularly critical if NACCHO's role in relation to the ESR and other STIs and BBVs grows.

Recommendation

- Invest in further building NACCHO's information management systems to keep pace with the growing scale of this work with appropriate resourcing.

4. Working collaboratively to deliver quality training

What has been NACCHO's role?

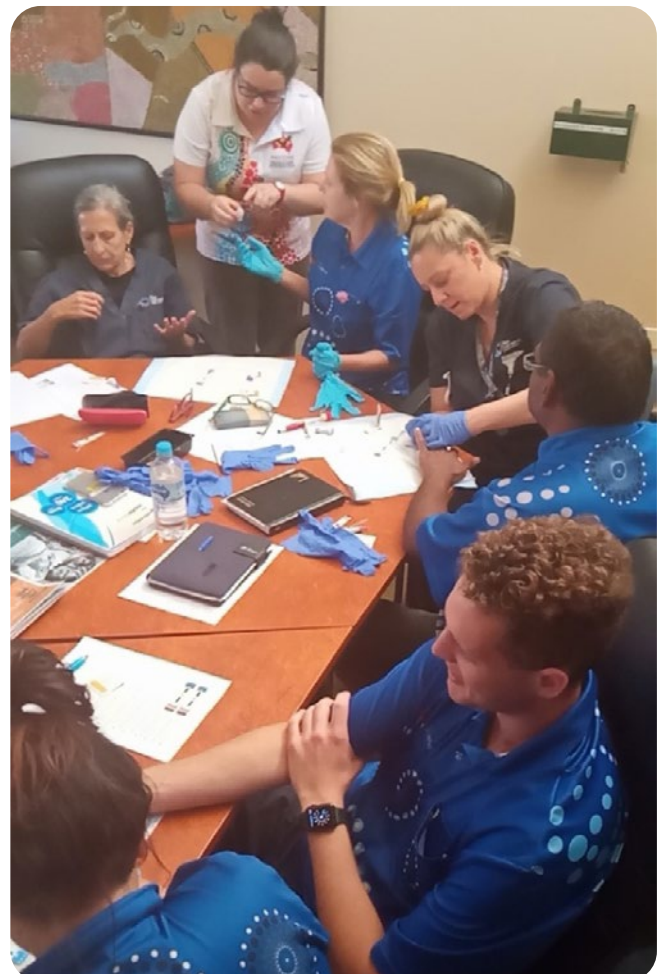
Under the ESR, NACCHO is responsible for ensuring ACCHOs receive effective training from Flinders University on PoCT. Early on, NACCHO and Flinders University determined training would work best if staff from both organisations worked very closely together. NACCHO's role has included:

- Ensuring all enrolled ACCHOs receive PoCT training prior to commencement of testing including by scheduling training and ensuring it is undertaken.
- Working with Flinders University to ensure training is carried out in a culturally safe manner, according to cultural protocols and in ways that maximise the engagement of Aboriginal Health Practitioners and Workers and other staff (to encourage health promotion of the PoCT), including by co-developing training materials with Flinders University.
- Testing training and communications materials with the ACCH sector to ensure they were happy and the materials would get used in clinics.
- Using training as a way to have broader discussions about how ACCHOs would implement PoCT and engage their communities under the ESR, and to workshop challenges and opportunities.

Under this highly collaborative model, NACCHO has been able to ensure training is tailored to the needs of individual ACCHOs and undertake broader advocacy for the ESR. Meanwhile, the model has supported Flinders University in ensuring that people are trained in undertaking PoCT and quality control management.

“There has been a good collaboration with NACCHO bringing the cultural engagement and education aspects and Flinders University bringing the PoCT science, PoCT training capacity and quality management. We need to keep building this understanding on how we can all best contribute.”

***Professor Mark Shephard,
Director, Flinders University International
Centre for Point-of-Care Testing***



Flinders University/NACCHO syphilis PoCT training at the Bega Garnbirringu Health Service, Kalgoorlie WA

How effectively and efficiently has NACCHO been performing this role?

To date, NACCHO has worked with Flinders University to train over 700 people under the ESR. Training has been delivered both in-person and online; NACCHO's participation in a vast majority of these sessions has helped establish a high level of confidence in the quality and effectiveness of training.

In early stages of the ESR, there were a small number of incidents of highly experienced nurses commencing PoCT without first undergoing the specific accredited training established under the program. While these nurses were already familiar with using the product in a government clinic setting, NACCHO explained contractual requirements and the need for accredited training in the specific quality assurance processes being used under the ESR. NACCHO and Flinders University fast-tracked appropriate accredited training and also revised procedures so they travelled to training sites with PoCT kits rather than allowing orders of PoCT to arrive beforehand.

NACCHO has worked with four Flinders University trainers over the course of the ESR and closely supported them in tailoring training to suit the cultural protocols and specific needs of different regions and ACCHOs. This process involved NACCHO consulting ACCHOs on the best ways to discuss syphilis, particularly in more remote regions, and speaking with both male and female health workers (separately or together). These discussions enabled NACCHO and Flinders University to design interactive training sessions that effectively built skills and confidence of staff while navigating any issues of stigma.

There is strong evidence that ACCHOs and state and territory affiliates have valued the ESR's approach to training. Interviewees indicate that the flexible workshop format taken by NACCHO and Flinders University has been key to the program's success. While training has adhered to relevant clinical guidelines and protocols, its delivery has also been tailored to the context of individual ACCHOs and group participants. It has been used as a way to bring people together to check in on how clinics are tracking more generally, promoting sexual health in positive and empowering ways. Importantly, where possible Flinders University and NACCHO have ensured each ACCHO has some staff complete 'Train the Trainer' modules to enable them to share their PoCT skills with their colleagues. Training sessions have also been used to collect feedback on PoCT, to adapt and improve techniques and training. In addition, the sessions provided an opportunity for NACCHO to build open, trusting relationships with Aboriginal and Torres Strait Islander Health Workers who have shown an interest in being trainers or champions. NACCHO has then been able to connect these staff with broader opportunities to build their skills and networks and share their experiences. Post-training surveys have been conducted to ensure participants understand the training and demonstrate the skills needed to undertake PoCT.

NACCHO and its partners have also taken opportunities to collaborate with other regional sexual health training programs including AHCWA's Birds and the BBVs and the Kimberley Aboriginal Medical Service program *Her Rules, Her Game*. This respect for pre-existing training operating at the regional level in the broader area of sexual health has been much appreciated by ESR partners. Further information can be found in the KAMS case study that appears earlier in this report.

Collaboration Opportunities

NACCHO and its partners have also taken opportunities in the margins of other stakeholder meetings – including sexual health conferences and events – to demonstrate, train and refresh attendees' knowledge of PoCT (where needed, given two-year accreditation requirements). Approximately 40 additional people are estimated to have been trained and further educated in PoCT through this work.

Key reflections from interview participants include:

“It was great that Flinders and NACCHO worked together on PoCT training as it was a roll-out of a new technology and NACCHO helped build trust and support.”

“It was important NACCHO was watching the training and making sure it was consistent, ongoing and culturally appropriate.”

“Train the Trainer has been really important to keep up with training new staff.”

“Humour has often been used to relax people and assist in opening up conversations about syphilis and other STIs. Successful training is all about getting a person-to-person connection.”



Kimberley Aboriginal Medical Services' (WA) health workers promoting the Her Rules Her Game, a platform for health message delivery, in particular sexual health issues.



Education session for Aboriginal Health Council of Western Australia's Birds and the BBVs Sexual Health Program. Courtesy of NACCHO.



West Kimberley Women's Football League players: Sanchez Augustine and Erin Victor. Kimberley Aboriginal Medical Service commissioned the world renowned artist "ADNATE" to paint the mural celebrating women in football, as part of Her Rules, Her Game initiative. Courtesy of NACCHO.

What are the challenges and priorities for the future?

Since early 2020, the COVID-19 pandemic has limited the delivery of face-to-face training with ACCHOs. Efforts have been made to use video technology and draw upon advanced trainers within ACCHOs to maintain momentum, however this has not been able to replace the value of face-to-face training. In-person training has brought opportunities for the establishment of trust, site tours and relationship building across ACCHOs (beyond solely the training participants). These sessions have also enabled NACCHO to better understand the affiliated offerings of individual ACCHOs, which is important in the context of enabling NACCHO's broader policy team to build support for the broader community.

NACCHO and Flinders University are working on plans to launch a refresh of training across ACCHOs as COVID-19 travel restrictions lift. This will be critical work as under the program guidelines refresher training is required every two years. As part of this training, it will be important that NACCHO and Flinders University reinforce the message that staff should not be undertaking PoCT without having first completed the training.

One of the ongoing challenges will be keeping up levels of training as the ESR expands. While partners agree that face-to-face training has worked well and greatly assisted in building relationships, it has been very resource-intensive. While it is recommended that face-to-face training for ACCHOs in their clinical setting remain the cornerstone of the model, it may be possible to consider bringing staff from ACCHOs together for some joint sessions, drawing on the 'Train the Trainer' model, and continuing to use virtual refresher training in cases where relationships are already firmly established. These approaches have worked successfully in some contexts throughout the COVID-19 pandemic. There is also a need to ensure training is followed up with ongoing support for ACCHO staff. Working closely with affiliates in each jurisdiction will be critical to ensure training keeps up with the turnover of staff within ACCHOs.

There is also an opportunity to build on work undertaken in WA to broaden training to cover testing and treatment for other STIs and BBVs across the country. In many cases, ACCHOs have combined PoCT under the ESR with broader testing and action on STIs and BBVs, and it would be useful for the ESR training program to reflect this broader approach. Stakeholder interviews also identified a need to resource sexual health training to ensure clinic staff feel confident and comfortable enough to offer screening, treatment and discussions with clients as part of holistic primary care, and to ensure that sexual health is routinely covered in 715 Health Checks. Establishing this broader training will require further discussions with affiliates and state and territory governments to coordinate or combine pre-existing approaches and resources.

It is understood that NACCHO and Flinders University are collaborating to:

- Expand post-training surveys to include questions designed to gauge participants' satisfaction with how the organisations are delivering the training; and
- Introduce a follow-up survey to better understand practitioner experiences of the program after the first three months.

Both of these surveys will be useful for monitoring the performance of NACCHO and Flinders University in a more comprehensive way.

Recommendations

- Launch a refresh of training in PoCT across ACCHOs as COVID-19 travel restrictions lift, with a focus on maintaining face-to-face delivery while exploring joint training and virtual refresher training options.
- Maintain the 'Train the Trainer' model to support ACCHOs' highly mobile workforces. This model should be incorporated, where appropriate, in other NACCHO health training and mentoring programs.
- Take opportunities to work with affiliates and state and territory governments delivering sexual health and STI and BBV prevention programs, and ensure training is being followed up with ongoing support in each jurisdiction.

5. Advocacy, distribution and stock management for Point-of-Care Testing

What has been NACCHO's role?

As previously discussed, NACCHO played a strong role at the outset managing introduction of the new PoCT technology for syphilis and addressing the concerns of some public health officers, doctors and nurses across some parts of the sector.

In multiple workshops and meetings, NACCHO worked to explain to public health officers, health practitioners and community leaders the benefit of PoCT and how it could be integrated into clinic practice. In many cases, NACCHO played a critical role in reducing opposition and opening the door for clinics to see the tool as complementary to serology. Early on, NACCHO asked Aboriginal Health Practitioners and Workers to share their thoughts and experiences with PoCT and this was instrumental in building support.

NACCHO clearly communicated that PoCT was only one element of the ESR strategy but that it was a useful, tangible and easy-to-use technology that could be used as a way into broader discussions about sexual health.

Under the ESR, NACCHO has also played a very hands-on role leading distribution and stock management of syphilis PoCT kits to ACCHOs. The syphilis PoCT is a very stable test and kits can travel in temperatures up to 30 degrees. They have an 11-month usage window before expiry.

In multiple workshops and meetings, NACCHO worked to explain to public health officers, health practitioners and community leaders the benefit of PoCT and how it could be integrated into clinic practice.

The National Coordinator has worked with ACCHOs to:

- Regularly check PoCT stock levels, expiry dates and determine if additional supplies are needed.
- Place orders with Abbott, the medical supply company, on behalf of ACCHOs. Monitor transportation to ensure PoCT materials are received by ACCHOs and reduce the risk of materials getting lost or damaged due to extreme heat (if unattended for long periods). NACCHO ensures orders going out to remote areas are sent on a Monday and receives copies of signed consignment notes to track delivery and timely receipt of goods.
- Redistribute PoCT kits across ACCHOs within a region to respond to unforeseen demand and also to minimise kits reaching their expiry date without being used.

NACCHO has developed a PoCT stock management system to carry out this work. This system monitors levels of stock, batch numbers and expiry dates of all PoCT kits. ACCHOs are contacted monthly (or more frequently in some cases) to check their PoCT stock, and reminded to order additional stock if there are upcoming events that lend themselves to a possible increase in community testing. NACCHO also works to ensure ACCHOs with lower turnover of PoCT receive kits with longer expiry dates. Kits close to expiry are also redistributed to larger ACCHOs with higher demand for PoCT to avoid wastage. Expired stock is recalled by NACCHO for use in future training. NACCHO reports monthly to the Department of Health on the number of PoCT kits distributed to enrolled services, as well as batch numbers, location, expiry dates and usage.

Quality Assurance

There is a PoCT quality management framework that operates in parallel to NACCHO's distribution and stock management. ACCHOs are required to conduct fortnightly Quality Control (QC) testing and External Quality Assurance (EQA) testing four times per year. QC kits are transported at ambient temperature however must be stored between 2 and 8 degrees Celsius once received. EQA samples are shipped at the beginning of each calendar year, samples are shipped at ambient temperature but must be frozen upon receipt until testing. ACCHOs report results to Flinders University on a fortnightly basis for QC and a quarterly basis for EQA. These results are then provided to the Department of Health.

There is evidence NACCHO assisted Flinders University in the implementation of this strong quality management framework to ensure patient safety and the accuracy of test results, in line with best practice guidelines. NACCHO supported ACCHOs to meet quality management requirements and co-designed a Standard Operating Procedure (SOP) to ensure clear roles and responsibilities. Moreover, NACCHO's used a transparent and proactive approach to resolve emerging issues and ensured operator confidence was maintained.

How effectively and efficiently has NACCHO been performing this role?

NACCHO is effectively leading distribution and stock management of PoCT kits under the ESR. Its work has helped to maximise availability of kits among ACCHOs and minimise the expiry of kits before use, saving considerable money for the Department of Health.

There is evidence that 100 per cent of all enrolled ACCHOs have been contacted at least monthly throughout ESR to check on PoCT kit levels and organising ordering of stock. In addition, numerous examples have been shared during this evaluation of NACCHO going 'above and beyond' to ensure PoCT kits have been available at short notice for community events in order to increase community uptake of testing. NACCHO has worked with its network of ACCHOs and other partners in these cases to redistribute kits and organise transportation with other medicines into remote areas. NACCHO has also introduced a number of additional check points in the system to satisfy itself of its own procedures, including periodic cross-referencing of NACCHO and Abbott records.

NACCHO has been readily available to assist ACCHOs, Flinders University, Abbott and the Department of Health in troubleshooting in the small number of cases where there have been issues with PoCT kits. This transparent and proactive approach has greatly bolstered confidence in ESR systems.

Overall, NACCHO's hands-on role in distributing PoCT has enabled it to maintain close contact with ACCHOs and understand their rates and experience with PoCT.

What are the challenges and priorities for the future?

As the ESR has expanded over the last three years, PoCT distribution and stock management work has increased for NACCHO. Current procedures are strong but there is a need to strengthen systems and increase NACCHO resources to be able to share workloads across a team. This will be particularly important if the ESR is to continue to grow with enrolment of more ACCHOs.

It may be worth considering whether it is possible to streamline the time taken initially ordering, transporting and warehousing PoCT kits from Japan to increase the window for kits to be used prior to expiry. The redistribution of kits to maximise use before expiry is time consuming and there may be some efficiencies gained by looking into the best way to manage this expiry window across the entire distribution chain.

Recommendation

- Invest in further building NACCHO's information management systems to keep pace with the growing scale of this work with appropriate resourcing.



Key reflections from interview participants include:

“Distributing PoCT kits has been critical for NACCHO. It might have been a missed opportunity if the medical companies were distributing kits alone as they might not see distribution of medical kits as a way to check in with ACCHOs and see how they are doing.”

“NACCHO was in regular contact, encouraging us to think about upcoming community events and opportunities to conduct testing. Their priority was making sure we had the PoCT kits at all times and were ready to use them.”

“[The National Coordinator] has always provided information in a format that has been easy to follow – NACCHO developed this right from the start. It is always really clear what needs to go where and when.”

6. Building a ‘Community of Practice’

What has been NACCHO’s role?

Over the last two years, significant effort has gone into building a flexible ‘Community of Practice’ that shares tools and ideas and connects staff working in ACCHOs on the ESR and broader sexual health across the country. This ‘Community of Practice’ has worked by:

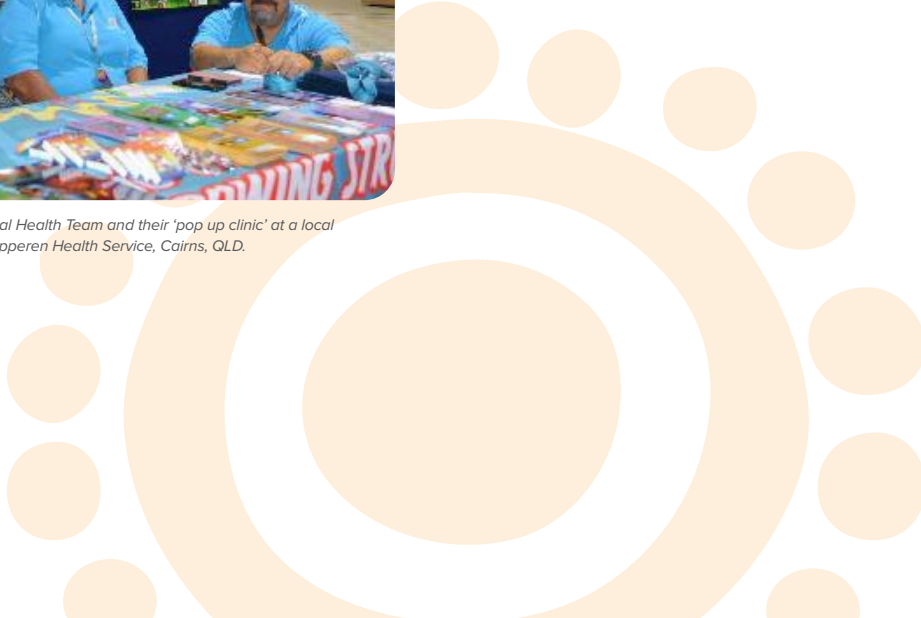
1. Sharing guidelines, templates, job descriptions, community stories, local health campaign posters and videos from ACCHOs and communities. New sites have been able to draw on this material instead of having to create new approaches from scratch.
2. Connecting staff, particularly Aboriginal Health Practitioners and Workers, with each other to share insights and learn and support one another.

NACCHO has invested significant resources beyond funding provided under the ESR to create opportunities for Aboriginal and Torres Strait Islander Health Workers and other staff to travel and connect with one another. These opportunities have included joint training sessions, workshops, subsidised tickets to conferences, scholarships and a highly successful first online national sexual health trivia event.

NACCHO has also staged events and provided ACCHOs with resources and tools aimed at promoting sexual health and breaking down barriers to discussing syphilis, STIs and BBVs. This has included inviting Condoman and Lubelicious to conferences and the distribution of safe sex kits to ACCHOs in consultation with partner organisations and communities.



Wuchopperen Health Service's Sexual Health Team and their 'pop up clinic' at a local shopping centre. Courtesy of Wuchopperen Health Service, Cairns, QLD.



HEALTH PROMOTION RESOURCES



Sexual health promotion resource. Courtesy of Port Lincoln Aboriginal Health Service Inc – South Australia.



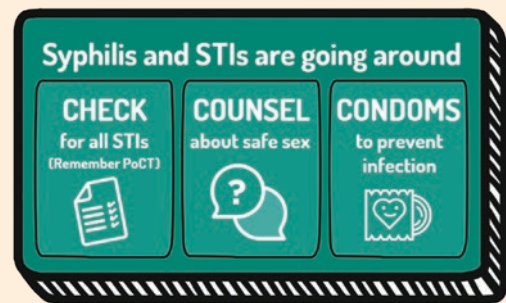
Importantly, the Condoman character is highly shareable on social media, building online engagement and awareness. Courtesy of NACCHO.



ESR Aboriginal Health Practitioner. Courtesy of Young Deadly Free.



Health promotion poster. Courtesy of Nunyara Aboriginal Health Service, SA.



Sexual health promotion resource (computer screen sticker). Courtesy of Miwatj Health Aboriginal Corporation (East Arnhem Land, NT).



Health promotion resources supported ACCHOs to engage with the community. Courtesy of NACCHO. Copyright 2 Spirits – Queensland AIDS Council.

How effectively and efficiently has NACCHO been performing this role?

There is evidence that NACCHO has taken a thoughtful and genuine approach to developing a 'Community of Practice' under the ESR. It did not set out to establish a formal structure but rather has taken a highly effective organic approach to supporting individuals who show leadership and an interest in building their skills and confidence working under the ESR and in sexual health more broadly. In this way, ACCHO staff have been encouraged to connect, share and support one another to deliver PoCT and talk more broadly about sexual health.

Evidence suggests that most ACCHOs currently enrolled in the ESR are participating in this 'Community of Practice' to various degrees. Importantly, this approach has also given rise to 36 ESR 'champions' in ACCHOs and other organisations, each working in their own ways to strongly promote and advocate for PoCT and broader sexual health in their communities. Many of these champions are Aboriginal Health Practitioners and Workers who have the cultural knowledge, networks and skills to reach out to their communities and have been very effective in reducing stigma and encouraging testing.

ESR champions regularly engage with NACCHO to share their insights and many see themselves as part of the collective team working in this area. NACCHO has assisted these champions, particularly Aboriginal Health Practitioners and Workers, develop confidence and skills and share their unique contributions. For example, at workshops NACCHO has encouraged not only CEOs or Medical Directors to attend but also Aboriginal Health Practitioners and Workers who are at the forefront of testing in communities.

What are the challenges and priorities for the future?

NACCHO has a great opportunity to build on the ESR 'Community of Practice' that has evolved over the last few years. In particular, the role Aboriginal Health Practitioners and Workers and other champions have been playing under the ESR needs to be better recognised and understood.

There is evidence that these champions are motivated to keep increasing rates of testing and broaden discussions on sexual health but there is a need to ensure this is done carefully, recognising the heavy workloads already shouldered by many of these people, particularly Aboriginal and Torres Strait Islander Health Workers. NACCHO has done a good job to date recognising the need to support the work of these Aboriginal and Torres Strait Islander Health Workers and not over-burden people, respecting their need to work within their clinic and community context.

Key reflections from interview participants include:

“We need to recognise Aboriginal Health Workers as the backbone of the ESR. They need recognition as they have been the champions introducing PoCT and making it work.”

“I haven’t felt alone in the job. I’ve always known I have back-up, even after hours.”

“NACCHO has done a really good job of identifying champions and bringing them together.”

“It can be really isolating out in remote clinics, all of the support from NACCHO made me feel like part of a team.”

“NACCHO really pushed the ESR with communities through their website, social media, conferences and other forums. People who previously didn’t know about syphilis do now because NACCHO was always informing people and inviting ACCHOs and health workers to get involved.”

Further work is also needed to ensure Aboriginal and Torres Strait Islander Health Workers are fully valued for the role they play and extend their scope of practice. For example, in some jurisdictions Aboriginal and Torres Strait Islander Health Workers are able to run tests but not provide treatment (with this being the role of an Aboriginal Health Practitioner or General Practitioner). NACCHO's partnership with the NAASTIHWHP could be a vehicle for achieving better role harmonisation across jurisdictions. NACCHO also has an important opportunity to encourage diversity in champions as this will assist in getting the ESR message out to different genders, age groups and cultural groups within communities.

NACCHO has recently commenced planning for an ESR Network Catch-up and has surveyed ACCHOs to find out what topics staff are interested in sharing and learning about. The aim is to facilitate two-way discussions on how NACCHO and staff working in this area can best support each other in responding to emerging outbreaks and challenges. This on-the-ground information will then be used to report back to high-level governance structures.

NACCHO is also working on ways to further support the 'Community of Practice' using the Microsoft Teams platform to connect people and share resources. This is likely to be useful to keep up with the expansion of the ESR. However, as the 'Community of Practice' evolves, it will be important that it also stays true to its focus on empowering individuals in flexible ways to share knowledge and connect without it being an obligation.

Some people interviewed also suggested it might be useful for both NACCHO, state and territory affiliates to proactively create opportunities to increase the availability and uptake of high-quality courses for ACCHO staff and others in Aboriginal and Torres Strait Islander sexual health in partnership with regional universities and TAFEs.

Recommendations

- Continue to build the 'Community of Practice' and support champions to undertake ESR and broader sexual health work in communities using the current approach of supporting and empowering individuals to connect and share their expertise.
- Recognise and build upon the vital role of Aboriginal and Torres Strait Islander Health Workers in increasing rates of testing and reducing stigma under the ESR, including by extending their scope of practice. NACCHO may also consider continuing discussions on harmonising the workforce and dispensing rules across jurisdictions for Aboriginal and Torres Strait Islander Health Practitioner and Workers in partnership with NAASTIHWHP.
- Look for opportunities to attract more diverse ESR champions to expand reach into different genders, age and cultural groups within communities.
- Improve coordination, availability and uptake of high-quality courses and mentoring for ACCHO staff and others in Aboriginal and Torres Strait Islander sexual health. This will maximise collaboration across partners and reduce duplication.

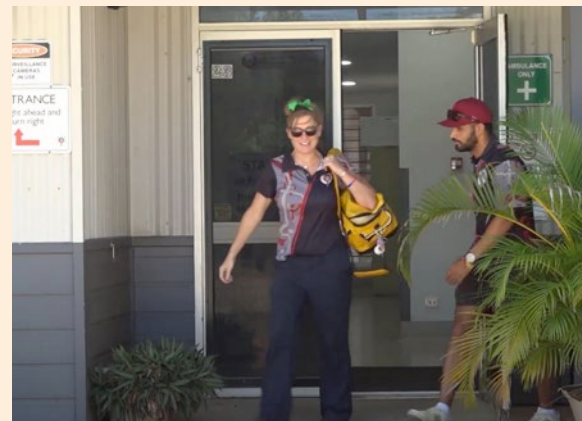
7. Supporting ACCHO efforts to increase uptake of testing

What has been NACCHO's role?

Under the ESR, NACCHO has taken on the high-level task of supporting ACCHO efforts to increase community uptake of testing, with particular focus on supporting ESR sites to include PoCT in both clinic and other outreach settings.

NACCHO has approached this work with the clear strategy of playing to the strengths of ACCHOs and communities and encouraging ACCHO staff to develop their own strategies to increase testing.

Health workers from the 'Clean Love Team.' Courtesy of Ord Valley Aboriginal Health Services (Kununurra WA).



To that end, NACCHO has undertaken activities that include:

- Conducting routine STI testing with PoCT and serology for syphilis in 715 Health Checks in outbreak settings as a way of normalising testing for all age and community groups.
- Travelling with ‘pop-up’ clinics able to undertake PoCT and serology.
- Using community days and events to promote sexual health and using incentives (raffles, mobile phone credits, gift cards and other prizes) to increase rates of PoCT and follow-up serology.
- Carrying out PoCT in schools (e.g. Stars Foundation and Clontarf) and at other sporting events where appropriate.

NACCHO has worked flexibly (and with limited resources) to tailor its approach and:

- Supported staff to gain confidence in PoCT in both clinic and outreach settings.
- Shared ACCHO approaches to incentivise community uptake during regular clinic times and also during special community events.
- Promoted and celebrated local stories of ESR testing and also national and international sexual health events such as Sexual Health Week, National Condom Day, World AIDS Day and Aboriginal and Torres Strait Islander HIV Awareness Week.

NACCHO has also worked to broadcast and share public health information and stories that have been developed to promote the ESR at the national, regional and local levels. NACCHO has worked with the South Australian Health and Medical Research Institute (SAHMRI) to disseminate the *Young Deadly Free* and *Young Deadly Syphilis Free* Campaigns aimed at increasing awareness, education and testing for syphilis and other STIs and across outbreak regions. NACCHO’s social media pages (Facebook, Twitter, Instagram and NACCHO’s blog with a current combined following of 63,000 people) have been important for getting information out to communities and sharing stories. Radio has also been used to raise awareness of increasing rates of syphilis and PoCT.

How effectively and efficiently has NACCHO been performing this role?

Rates of syphilis testing, both PoCT and serology, have increased across outbreak regions, with the proportion of the population tested annually for syphilis having almost doubled since 2013. Many people interviewed have indicated that ACCHOs supported by NACCHO and other partners should be recognised for all the work that has been done to meet modelling targets.

ACCHOs and state and territory affiliates indicate it has been important that NACCHO has worked with leaders and staff and tested ideas in respectful ways without making assumptions about what people do and don’t want in their communities. These two-way conversations have created more genuine buy-in from communities.

However, a number of interviewees have also indicated that despite significant levels of training and discussion around PoCT, there are still three challenges being faced by ACCHOs in some areas:

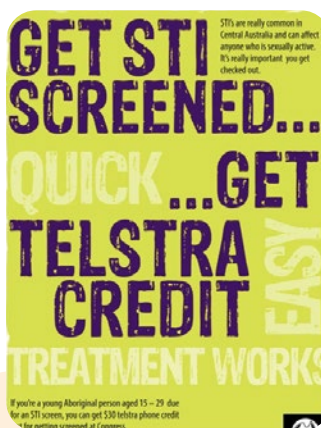
1. Embedding PoCT into routine clinical practice – in some cases PoCT is largely driven by key champions and other clinic staff may not be fully on-board. In these circumstances, it may be easy for testing to fall off the radar should there be changes in staffing, workloads and/or competing priorities.



NACCHO’s sexual health social media content engages audiences with valuable content, often using humour. Through social media, NACCHO has the opportunity to share a variety of ACCHO posts. Content is also timed to align with key dates, such as sexual health week. Courtesy of NACCHO and Young Deadly Free.



ESR Practice Nurse. Courtesy of Young Deadly Free.



Courtesy of the Central Australian Aboriginal Congress, Alice Springs, NT.

2. Bedding down outreach and other testing protocols – in some cases outreach work has been progressing slowly and consideration could be given to how program information might be communicated to a range of audiences to grow program engagement and localised responses. Some of the sensitive issues that need ongoing discussion are managing stigma and opening the door to hear from peer leaders who have their own experience with syphilis and other STIs and BBVs, cultural safety, consent (specifically in the context of children under 16) and privacy.
3. Accessing and using data in effective and culturally safe ways in regions to understand rates of testing, positive cases and follow-up. Care needs to be taken to ensure ACCHOs and communities are in control of data and that it is used in positive ways to empower people and encourage conversation and drive action when needed.

The flexibility of having ACCHOs perform PoCT and serology according to their own jurisdictional guidelines has allowed for quick uptake, but has also created some confusion and slowed down the process of embedding change in clinical practice. Further efforts are needed to move closer to harmonisation while staying focused on the practical task of increasing uptake of testing, treatment and contact tracing in the meantime.

Public health information and community stories that have been created and disseminated by NACCHO have attracted high levels of engagement because content has sensitively used humour and personal stories to break down stigma. This has been critical given:

- The need to encourage discussion and engage younger Aboriginal and Torres Strait Islander people.
- Concerns about the potential for unintended consequences regarding sensitive discussions around sexual health.

What are the challenges and priorities for the future?

There is need for NACCHO and other ESR partners to keep sexual health testing front of mind for ACCHO Boards, executives and health workers, realising that maintaining focus is likely to be an ongoing challenge due to staff changes, workloads and other priorities. NACCHO's support is needed to maintain consistency in delivery of the program.

In the near term, NACCHO and other ESR partners could focus on:

- Getting back to the core business of testing under the ESR as COVID-19 pandemic management eases.
- Engaging with ACCHOs to increase confidence in outreach and opportunistic testing, with protocols that assist staff.
- Ongoing work to further strengthen PoCT guidelines and practices across jurisdictions to help embed these into clinical practice. NACCHO may also consider opening up broader discussions on harmonising Aboriginal and Torres Strait Islander Health Practitioner and Workers workforce and dispensing rules across jurisdictions. Maintaining and strengthening the ways in which NACCHO engages with public health medical experts will be important.

Key reflections from interview participants include:

“Staff working in ACCHOs have thousands of different priorities and not enough resources or hours in the day to do everything. If PoCT is front of mind and easy to do then staff will test.”

“Danila Dilba was quick to respond to the uptake of syphilis point-of-care tests as they provided us with a portable, adaptable and quick test to allow for on the spot treatment and commencement of partner contact tracing.”

“Our launch of PoCT coincided with our annual Community Connection Day. We invited NACCHO and our other partners because we knew they were as invested in making it work as we were. Twenty-two people, many of them community leaders, stood out in the sun in line to have PoCT done that day to show it was nothing to be worried about. We wouldn't have got that result without the support from NACCHO and our other partners. We wouldn't have got the community buy-in.”

Recommendations

- Focus on getting back to the core business of testing under the ESR as the COVID-19 pandemic eases.
- Talk with key ACCHOs and state and territory affiliates about how to increase confidence in outreach and opportunistic testing, and help staff develop protocols to manage consent, privacy and follow-up treatment, including testing for those under 16 years.
- Continue to disseminate information on successful creative approaches to engaging communities, particularly young people, in outreach settings.

CASE STUDY: Townsville Aboriginal and Islander Health Service – Opening doors with the Enhanced Syphilis Response

TAIHS was one of the early Aboriginal Community Controlled Health Services (ACCHS) to hit the ground running in June 2018 delivering the ESR.

From the outset, TAIHS teamed up with Queensland Health, the Townsville Public Health Unit, the Queensland Aboriginal and Islander Health Council (QAIHC), National Aboriginal Community Controlled Organisation (NACCHO) and the Commonwealth Department of Health. TAIHS has worked with these partners to open doors and collaborate to improve sexual health and increase testing and treatment for syphilis and other sexually transmitted infections (STIs) and blood-borne viruses (BBVs) in central, satellite and outreach clinics across Townsville and surrounding communities. Broader sexual health screening has also been undertaken as part of annual health checks.

Central to TAIHS' strategy has been creating the opportunity for staff including Torres Strait Islander Sexual Health Worker, Noel Solomon, to build skills and networks and develop local strategies suited to communities with support from staff dedicated to working on the ESR and sexual health in QAIHC and NACCHO. Noel Solomon shares some of his reflections and lessons learnt below.

With support from TAIHS, QAIHC and NACCHO, Noel Solomon has been able to play a leadership role under the ESR within the Townsville community and also more broadly across outbreak regions.

“I am now the trainer for other health workers and nursing staff at TAIHS and part of a national network of people sharing knowledge and ideas about how best to reach out to communities and get people tested and treated. I had the opportunity to go over to WA and SA and be part of training, talking to other front-line workers. I had a yarn about what I do in my clinics to help clients and hopefully gave people the confidence to figure out what might work for them. It was good to go to different cultural areas and respect the process of people doing things their own way. Sharing knowledge and resources made me feel like I was part of a national team.”

“I needed help to get up and running. Clinics are very busy places so the QAIHC Sexual Health Team and the NACCHO National Coordinator were my go-to people. They helped with training and sharing ideas – not telling me what to do but suggesting things. NACCHO also organised for me to access not only training in Point-of-Care Testing (PoCT) but also additional sexual health and STI and BBV training in Western Australia. It built up my skills and confidence and set me up well.”



Flinders University/NACCHO syphilis PoCT at the Nunyara Aboriginal Health Service (Whyalla, SA) with a guest AHP from the Townsville Aboriginal and Islander Health Service.

TAIHS has also successfully embraced PoCT and been able to use its network of satellite and outreach clinics and partners to reach clients.

“The PoCT kits have meant a lot more people have walked in and asked to see us for the test. We do the test and then also follow-up with a blood test. We've been lucky to be able to link with Queensland Health and do outreach testing in the Burdekin region, Charters Towers and Ingham. The partnership with Queensland Health has made it easier to do outreach work and jump the hurdles to figure out how to get it done.”

At TAIHS, the ESR has opened up conversations about sexual health and other STIs. PoCT has been valuable as clients have realised how easy it is to get tested and treated.

“Whenever I have gone somewhere the conversation has started with a point-of-care test for syphilis but then I've been able to talk about everything else we can do to help with other STIs and to improve sexual health. It's been important to tell people about all the developments with testing and treatment and say 'it's not scary'.”

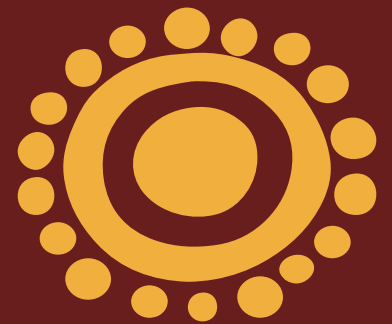
The Chief Executive Officer of TAIHS, Lynette Anderson, reflects that the challenge is now for all partners to strengthen efforts to increase sexual health services and testing and treatment of all STIs and BBVs as hopefully management of the COVID-19 pandemic eases during 2021.

“The big challenge is maintaining resources for staff with clinics facing so many urgent priorities. But the statistics on rates of testing are clear – when the resources, passion, training and partnerships are there, results are achieved. It is all founded on local knowledge and relationships. NACCHO and other partners have done a good job tailoring the approach to different places. Let's keep going.”



NACCHO brought Condoman to cheer on the Indigenous NRL All Stars Team in Townsville and remind everyone 'Don't be Shame be Game'. Health workers from TAIHS attended the match. Courtesy of NACCHO and 2Spirits, Queensland Aids Council.

OPPORTUNITIES FOR NACCHO TO ADDRESS OTHER STIS, BBVS AND COMMUNICABLE DISEASES



Throughout this evaluation, one of the key consistent messages across all ESR partners is that the ESR has developed a model that could be leveraged to improve testing and treatment of other STIs, BBVs and communicable diseases across Aboriginal and Torres Strait Islander communities.

There currently remains very high rates of STIs in Aboriginal and Torres Strait Islander communities – chlamydia and gonorrhoea in particular. Stakeholders interviewed for this report have highlighted the need to increase efforts to address these issues and further embed sexual health as part of ongoing holistic primary care.

Many of the approaches, partnerships, governance and systems that have been built under ESR lend themselves to now being deployed in this broader task. This approach is likely to attract the support of many ACCHOs and state and territory affiliates who have led the way in trying to embed the ESR in their broader STI and sexual health work from the outset. It is also likely to be supported by many working in the area of STIs, BBVs and communicable diseases more broadly.

Historically, barriers to prevention, testing and treatment facing Aboriginal and Torres Strait Islander people have not been well represented in national STI and BBV strategies and policies. A number of people interviewed for this evaluation suggested that NACCHO has begun to play a critical role keeping Aboriginal and Torres Strait Islander sexual health issues at the forefront and that this needs to continue.

Further, the COVID-19 pandemic has introduced a number of challenges, including ACCHO workforce changes, as well as limiting the ability to train and test under the ESR. Being highly skilled in contact tracing and able to engage in sensitive conversations, a large component of the sexual health workforce in particular has been redirected to support the pandemic response. In time, this experience will strengthen the ability of this workforce to test, treat and conduct contact tracing for STIs and BBVs; however, the additional demand on the ESR workforce is currently a challenge.

NACCHO has also played an evolving role managing the COVID-19 pandemic within Aboriginal and Torres Strait Islander communities more broadly, with the potential for further involvement in the context of a vaccine roll out. In particular, the Deputy CEO of NACCHO has played an intensive leadership role in the COVID-19 Advisory Group getting key stakeholders across the ACCH sector to the table. As the challenges of COVID-19 hopefully ease, the opportunity to continue to build on the success of the existing ESR is expected to grow.



Miwatj staff at Ramingining, East Arnhem Land NT.

Key elements of the ESR model to bring to any expanded STI and BBV response

As identified previously, there are four overarching qualities of the ESR that will be important in any expanded response to STIs and BBVs:

1. Respect for the ACCH sector and the in-depth, local knowledge of individual ACCHOs.
2. Strong emphasis on flexibility and recognition of the need to tailor support to specific ACCHOs and regions instead of prescribing a specific delivery model.
3. Maintaining an unbroken line of sight between high-level policy development, program management and on-the-ground practice – this bridges the gap that often occurs between policy development and service delivery.
4. Collective ownership across partners to foster shared decision-making, problem solving and innovation.

Following on from these qualities, there are ten elements of the ESR model that could be deployed to address broader STIs, BBVs and communicable diseases in the future. These are outlined in the following table.

Elements of the ESR Model	Possible Expansion to Address other STIs, BBVs and Communicable Diseases
<p>1. High-level commitment and governance</p> <ul style="list-style-type: none"> Syphilis Enhanced Response Governance Group advising the Australian Health Protection Principal Committee (AHPPC) and Multi-jurisdictional Syphilis Outbreak Working Group (MJSO) 	<p>These governance structures could be expanded to cover broader STIs, BBVs and communicable diseases, noting the need to keep the focus of work manageable and maintain high-level representation to achieve results.</p>
<p>2. Co-design workshops</p> <ul style="list-style-type: none"> Day 1 – Sector Workshop Day 2 – Four-Way Workshop between ACCHOs, affiliates, and Commonwealth, state and territory governments within each jurisdiction 	<p>This workshop model has been successful under the ESR and could be followed. Given the role state and territory governments are likely to play in any broader sexual health response, it will be important to ensure their full buy-in to these workshops and support state and territory affiliates to fully engage in designing sustainable approaches within each jurisdiction.</p>
<p>3. NACCHO National Coordination</p> <ul style="list-style-type: none"> Practical support for ACCHOs across all jurisdictions Birds-eye view of progress On-the-ground feedback reflected back to the Department of Health and other government consultations 	<p>The NACCHO National Coordinator Role has recently been expanded to form a NACCHO Communicable Diseases Team that is now in a position to coordinate efforts and deliver hands-on support for ACCHOs across the range of STIs, BBVs and other communicable diseases.</p> <p>This team provides NACCHO with the opportunity to maintain staff continuity drawing on the strong leadership, inter-personal skills and knowledge of the key NACCHO staff who have worked on the ESR to date but also better manage workloads and transfer knowledge and skills to ensure ongoing success. Having a strong team in place is vital to maintain momentum, particularly given mobility of staff across ACCHOs.</p>
<p>4. ‘On-boarding’ of ACCHOs</p> <ul style="list-style-type: none"> Introducing the objectives and elements of the ESR Giving ACCHOs the support they need Assisting with Department of Health processes 	<p>Any new broader initiative could include NACCHO and affiliates undertaking an active ‘on-boarding’ role to assist ACCHOs working with Commonwealth, state and territory health departments.</p>
<p>5. Focus on workforce</p> <ul style="list-style-type: none"> Workforce supplementation tailored to individual ACCHOs and regions 	<p>It will be important to check in with ACCHOs on how they might expand sexual health teams or clinic staff to undertake further work on STI and BBV and manage issues of workload, training and staff mobility. Negotiating tailored support for individual ACCHOs will be critical to sustain ongoing effort. Further work might also be done to bring antenatal, health promotion and youth services into broader work on STIs, BBVs and other communicable diseases.</p>
<p>6. Training partnerships</p> <ul style="list-style-type: none"> Coordination of culturally safe flexible training backed up with clear guidelines and quality assurance 	<p>Use partnerships developed through the ESR including with Flinders University, The Kirby Institute and state and territory governments to increase training opportunities for ACCHOs and identify gaps and opportunities for improved coordination.</p>
<p>7. Advocacy, distribution and management of PoCT</p> <ul style="list-style-type: none"> National coordination of distribution and management of stock 	<p>Having NACCHO undertake this role has been a tangible way to maintain close contact with ACCHOs and understand their experience with PoCT. Significant efficiencies may be possible with national coordination of medical equipment for other STIs and BBVs.</p>

continue next page

Elements of the ESR Model	Possible Expansion to Address other STIs, BBVs and Communicable Diseases
<p>8. 'Community of Practice'</p> <ul style="list-style-type: none"> Supporting and investing in health workers becoming champions under the ESR Fully recognising the value of Aboriginal Health Workers 	<p>In many ways the ESR 'Community of Practice' is already sharing ideas and practices aimed at improving sexual health in Aboriginal and Torres Strait Islander communities and building confidence in testing procedures and follow-up. This community will be able to transition to supporting a broader STI, BBV and communicable diseases effort.</p>
<p>9. Supporting community uptake – clinic and outreach using PoCT</p> <ul style="list-style-type: none"> Encouraging ACCHOs to come up with strategies to increase clinic and outreach testing 	<p>Many of the techniques used under the ESR to increase uptake of testing (embedding in 715 Health Checks, outreach protocols and incentives) can also be used for other STIs, BBVs and communicable diseases. Public health campaigns, including use of social media, can be further leveraged to promote sexual health more broadly.</p>
<p>10. Research and data</p> <ul style="list-style-type: none"> Research and data collaborations involving NACCHO, ACCHOs, Flinders University, The Kirby Institute and Commonwealth Government 	<p>The research and data collaborations involving NACCHO, state and territory affiliates, ACCHOs, Flinders University, The Kirby Institute and Commonwealth Government established under the ESR have huge potential for expansion. There is a clear need to improve data sharing across these groups to provide timely visibility of what is happening with STIs, BBVs and communicable disease testing rates, contact tracing and treatment, and drive continuous quality improvement. The first step is to agree on indicators for measuring the efficacy of STI, BBV actions (see below section).</p>

While it is clear the ESR provides a successful model for tackling broader STIs, BBVs and communicable diseases, detailed work will be required to understand the similarities and differences in approaches needed to prevent, test for and treat individual STIs, BBVs and other communicable diseases, considering:

- Their patterns of presentation among different genders, age groups and regions; and
- Corresponding tailored approaches for individual diseases and their relationship to other issues such as drug use, taking account of different levels of stigma and community understanding and attitudes.

It will also be critical that addressing the syphilis outbreak across Australia remains front and centre. In 2018 the Syphilis Enhanced Response Governance Group reporting to AHPPC advised that the scale and pace of the syphilis outbreak across Northern Australia required dedicated focus. Rates of syphilis testing must not drop as a result of trying to go further with STIs, BBVs and other communicable diseases.

NACCHO organisational structure, processes and systems

To sustain any expanded ESR and broader STI, BBV and communicable disease response, it will be important to ensure NACCHO has the resources to expand its staffing structures, systems and processes. We understand a broader review of the NACCHO organisational structure is currently underway, with the aim of equipping the organisation to manage increasing workloads. It will be important that decisions made subsequent to this review focus on opportunities to maintain staff continuity drawing on the strong leadership, inter-personal skills and knowledge of the key NACCHO staff who have worked on the ESR to date. However, efforts also need to be made to invest in structures, systems and processes to better share and manage workload across a team and transfer vital knowledge and skills to ensure ongoing success of any program expansion.

MEASURING AND UNDERSTANDING PROGRESS EVALUATION FRAMEWORK



Measuring and understanding progress

This evaluation has provided an opportunity to document NACCHO's performance and evaluate its ongoing role in the ESR. However, one of the key findings identified the need for further investment to improve access and sharing of timely data and evidence of overall outcomes of the ESR, including rates of testing, treatment and follow-up as well as more systematic monitoring and reporting of NACCHO's contribution and ongoing performance.

In order for NACCHO to better fulfil its current role and any future role in facilitating the successful implementation of responses to STIs, BBVs and communicable diseases, the organisation needs improved access to timely and informative data and the capability to analyse and act upon it.

Improved data collection would serve two purposes:

1. Facilitate NACCHO's oversight and coordination role in ensuring that the ESR and any expanded response to other STIs, BBVs and communicable diseases is meeting community needs and achieving outcomes; and
2. Allow better evaluation of NACCHO's performance under any expanded program.

The current key data source is data on testing rates and locations held by ACCHOs and collected by the Department of Health for the aggregate Multi-Jurisdictional Syphilis Outbreak surveillance reports (MJSO). This data is not currently available to NACCHO in a format that might assist NACCHO to perform its coordination role and support Continuous Quality Improvement (CQI) (i.e. data at service level). If NACCHO had this service-level data, it would be able to proactively reach out to ACCHOs when testing rates drop or when other indicators show that assistance may be needed.

Another key data source is the National Key Performance Indicators collected by the Australian Institute of Health and Welfare (AIHW) as part of Online Service Reporting. AIHW reporting does not currently include well developed indicators for STIs, BBVs and sexual health nor does its six-monthly reporting cycle lend it to performance monitoring. However, ongoing work in this area will be important to obtain a better picture of ACCHO work on sexual health, STIs and BBVs across Australia.

At the service level, funding could also be made available for ACCHOs to invest in upgrades to patient information management systems, including efforts to align systems to allow for aggregate regional reporting. The new national Closing the Gap Agreement has highlighted the importance of data being used at the local level to drive decision-making. This is particularly critical under the ESR given timely local action is required to address communicable diseases.

One of the key messages from ESR partners is that all stakeholders should be carefully consulted to agree on the types of data that might be collected and for what purpose (including who holds the data and who accesses it). Accordingly, we recommend that a Working Group be formed including representatives from NACCHO, ACCHOs, affiliates, Commonwealth, state and territory governments and research institutes to discuss both next

steps to improve and share data under any expanded response to other STIs, BBVs and communicable diseases. As a first step, timely sharing of existing data is recommended with the implementation of more targeted and relevant indicators for STIs, BBVs and sexual health by the AIHW.

Evaluation framework

To facilitate discussions, we have developed an evaluation framework and indicators that may assist in improving the capability of NACCHO and other ESR partners to monitor the efficacy of ESR and any broader STI and BBV actions in the future. NACCHO will be able to use this framework to improve its use of data to drive Continuous Quality Improvement (CQI).

Ongoing performance management should involve both surveillance and evaluation tools. Surveillance tools rely on existing infrastructure, and draw on data to provide regular feedback to organisations on performance. Evaluation tools may include survey instruments that measure attitudes or experiences of key stakeholders with a program.

Throughout this evaluation we have used an evaluation framework that covers the critical components of NACCHO's role in achieving ESR outcomes. This could be used on an ongoing basis to monitor outcomes and performance. We identified seven key components:

1. Advocacy and leadership in the design and delivery of the ESR
2. Establishing and strengthening partner and stakeholder relationships
3. Supporting the enrolment of ACCHOs in the ESR and helping them enter into agreements with the Department of Health
4. Working collaboratively to deliver quality training that is tailored to the cultural sensitivities of each community
5. Advocacy, distribution and stock management for Point-of-Care Testing
6. Building a 'Community of Practice'
7. Supporting ACCHO efforts to increase uptake of testing

Drawing together the data collected throughout this evaluation, a number of potential outcome measures are proposed below. We also suggest a number of measures of performance that will allow continuous improvement and monitoring of NACCHO's performance. Where possible, we have provided a benchmark from which future performance may be measured.

These measures have been provided as a basis to kick off further discussions. It will be important to weigh up the value of these measures and further consider confidentiality, privacy, cultural safety matters and also to ensure ACCHOs, NACCHO, state and territory affiliates do not take on an additional reporting burden without increased resources.

Measures

Testing

Importance: As the most effective means of bringing down rates of syphilis and other STIs, BBVs and communicable diseases, testing rates are critical.

Surveillance Measure: Testing rates for syphilis and other STIs, BBVs and other communicable diseases, with separate tracking of testing rates in clinic and outreach settings.

Current Benchmark: Multi-jurisdictional Syphilis Outbreak Surveillance Reports (MJSO)

Treatment and contact tracing

Importance: Timely client awareness, education, treatment and contact tracing is critical to improving health and wellbeing outcomes for patients and bringing down rates of syphilis and other STIs, BBVs and communicable diseases. NACCHO is not currently responsible for directly monitoring treatment and contact tracing but discussions could be held on the role NACCHO and ESR partners might play to strengthen visibility and oversight. Potential measures are outlined below, but would depend on the nature of any program expansion and NACCHO's role.

Surveillance Measure: Given data sets on this are at early stages and there are significant issues to be worked through in terms of confidentiality, burden on ACCHOs and the evolving role of state registries, it may be useful to initially discuss introducing qualitative measures on perceived capacity to contact trace. However, there may be merit in discussing surveillance measures in the future including: number of contacts notified during review period and percentage share out of total number of contacts named by the client; and percentage share of people completing treatment after testing positive.

Evaluation Tool: Survey of ACCHOs, state and territory affiliates and other key partners.

Current Benchmark: This information is not currently available but held at the ACCHO level and, in some cases, in state and territory registries.

NACCHO's engagement with key partners

Importance: A key part of the success of the ESR and any expanded programs for other STIs, BBVs and communicable diseases is NACCHO's regular and high-quality engagement with key partners.

Proposed Surveillance Measure: Number of ACCHOs, state and territory affiliates and other partners contacted regarding the ESR or any expanded program, expressed as a percentage of enrolled organisations.

Current Benchmark: 100 per cent of enrolled ACCHOs.

Evaluation Tool: Survey of ACCHOs, state and territory affiliates and other key partners.

Proposed Satisfaction Question: Does support provided by NACCHO meet your needs? (Potential responses: Always meets needs, often meets needs, sometimes meets needs, rarely meets needs, never meets needs and other open-ended feedback.)

Establishing and strengthening stakeholder relationships

Importance: NACCHO acts as an important bridging partner between different stakeholders, and success of the ESR and any expanded programs for other STIs, BBVs and communicable diseases hinges on this role being undertaken effectively. This outcome is most effectively measured with an evaluation tool. Surveillance measures (such as the number of meetings attended) may be too onerous to track, and could also miss many interactions.

Evaluation Tool: Survey of ACCHOs, state and territory affiliates and other key partners.

Proposed Satisfaction Question: To what extent does NACCHO support collaboration with key partners? (Potential responses: always supports collaboration, often supports collaboration, sometimes supports collaboration, rarely supports collaboration, never supports collaboration and other open-ended feedback.)

Building a ‘Community of Practice’

Importance: As the peak body for ACCHOs, NACCHO has an important role in supporting best practice across the sector.

Surveillance Measure: Number of ACCHOs enrolled in program and number of ACCHOs declining to enrol and reasons, noting that ACCHOs may decline to enrol for valid reasons.

Current Benchmark: A majority of enrolled ACCHOs are participating in the ESR 'Community of Practice'. There are 36 ESR champions actively promoting the ESR and continually building their confidence and skills and scope of practice in undertaking this work.

Evaluation Tool: Survey of ACCHOs, state and territory affiliates and other key stakeholders.

Proposed Satisfaction Question: Views on whether NACCHO is assisting ACCHOs to develop an effective workforce approach and procedures to syphilis testing and response within their regions. (Potential responses: Always meets needs, often meets needs, sometimes meets needs, rarely meets needs, never meets needs and other open-ended feedback.)

Proposed Satisfaction Question: Views on whether NACCHO is effectively supporting champions, including Aboriginal Health Workers, build their confidence and skills and scope of practice in undertaking this work. (Potential responses: Always meets needs, often meets needs, sometimes meets needs, rarely meets needs, never meets needs and other open-ended feedback.)

Supporting the enrolment of ACCHOs

Importance: The success of the ESR and any future programs for other STIs, BBVs and communicable diseases requires the enrolment of ACCHOs, a process which NACCHO facilitates with the Department of Health. Because the number of ACCHOs enrolled in the ESR reflects a number of factors, including prevalence, it may not currently be the best measure of performance. However, going forward, if any future programs expand to national coverage, this measure may be more relevant to performance and outcomes. This outcome would be best measured via surveillance; there would be minimal value added from additional evaluation tools.

Surveillance Measure: Number of ACCHOs enrolled in program and number of ACCHOs declining to enrol.

Working in Partnership to Deliver Tailored Quality, Culturally Safe Training

Importance: Training in PoCT and serology is critical to ensure community take up of testing and effective results under the ESR and any future programs for other STIs, BBVs and communicable diseases. NACCHO's role is to link Flinders University trainers with ACCHOs to facilitate training and add a cultural lens to ensure training is tailored to individual communities and regions. This includes providing introductions and context of the individual ACCHO or community.

Surveillance Measure: Number of people undertaking training.

Current Benchmark: Approximately 700.

Evaluation Tool: Number of people who have undertaken training and report that training recognised the need for cultural safety and was tailored to their community and region.

Current Benchmark: ACCHOs and state and territory affiliates interviewed for this evaluation suggest training has been delivered with high regard for cultural safety and has maximised the engagement of key staff, including Aboriginal and Torres Strait Islander Health Workers. However, current training surveys do not capture overall data to enable a current benchmark to be set.

Work is underway to expand post-training surveys to better gauge participants' satisfaction with the experience of NACCHO and Flinders University delivering the training. A follow-up survey may be introduced to better understand practitioner experiences of the program after the first three months.

Leading Distribution and Stock Management of Testing Equipment

Importance: NACCHO is responsible for the distribution of PoCT kits and procedures including the management of supply, transport, storage and expiry. Ensuring ACCHOs have adequate and within date stock is critical to the current ESR and any future programs for other STIs, BBVs and communicable diseases.

Surveillance Measure: Number of ACCHOs contacted each month to check stock levels and response.

Surveillance Measure: Percentage of stock reaching expiry date within an ACCHO.



CONCLUSION

A BLUEPRINT FOR THE FUTURE

NACCHO has very effectively and efficiently led and coordinated many critical components of the ESR. It has played a pivotal role in encouraging collaboration across partners, empowering ACCHOs and individual health workers, and taking a hands-on approach to delivering PoCT kits, training and tools to those working on the ground.



Sexual Health Team at Wuchopperen Health Service with some sexual health promotion resources. Courtesy of Wuchopperen Health Service.

This report has analysed in detail the model used by NACCHO and others to deliver the ESR because stakeholder interviews indicate that it may be a blueprint for working on other health and wellbeing issues facing Aboriginal and Torres Strait Islander people. The first step may be to adapt and apply the ESR model to other STIs, BBVs and other communicable diseases; however, the model could also go on to be applied in other areas.

Importantly, interviews conducted for this evaluation pointed out many elements of the collaborative approach and governance structure established for the ESR have already been picked up in the management of the COVID-19 pandemic and this has successfully reduced its potentially catastrophic impact on Aboriginal and Torres Strait Islander people and communities to date.

In order for the ESR model to act as a blueprint, it will be critical for other partners – particularly the Department of Health – to create space for NACCHO, state and territory affiliates and ACCHOs to co-design responses to other priorities in Aboriginal and Torres Strait Islander health. One of the most critical elements underpinning the ESR's success to date has been the significant valuing of the expertise of the ACCH sector and its ability to work directly with individuals and communities to improve health outcomes. In this way, the ESR has set the bar for the future.



Annexe A – Contributors

The below people contributed their thoughts throughout this evaluation providing information in interviews, documents and feedback on findings:

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