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SUBMISSION

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AMA submission to the Department of Health and Aged Care's feedback on the draft Fifth National Sexually Transmissible Infections Strategy 2024–2030

https://consultations.health.gov.au/bbvsti/development-of-the-5th-national-sti-strateg/

1. Does the Vision Statement clearly and effectively communicate the desired outcomes by 2030?

- Yes
- **No, please provide details below**

The Australian Medical Association (AMA) welcomes the opportunity to make a submission to the Department of Health and Aged Care's feedback on the Fifth National Sexually Transmissible Infections Strategy 2024–2030 draft. The vision challenges the status quo of stigmatisation, disempowerment and lack of autonomy, which is typically connected with sexually transmitted infections (STI). The success of this strategy will define Australia as a world-leading public sexual health system.

The AMA notes sexual health refers to a state of physical, emotional, mental and social wellbeing related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. While sexual health is vital for (and therefore a part of) reproductive health, it is important to also consider STI prevention and treatment embedded in the context of quality sexual health to address the significant shame and stigma attached to STI (https://ama.com.au/sites/default/files/documents/position_statement_on_sexual_and_reproductive_health_2014_0.pdf).

The vision refers to "healthcare that is inclusive, free from stigma and discrimination", but this reference could be strengthened by the inclusion of "culturally safe and appropriate healthcare". The AMA asserts Aboriginal and Torres Strait Islander peoples have a right to access appropriate, affordable, evidence-based, accessible and responsive healthcare, where they feel respected and culturally safe. This is also true of LGBTQIASB+ people, who's access to healthcare, including sexual healthcare and STI screening is impacted by unsafe care environments. This is outlined in the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 (https://www.health.gov.au/resources/publications/national-

action-plan-for-the-health-and-wellbeing-of-lgbtiqa-people-2025-2035), which the AMA recommends is referenced and clearly intertwined within the final STI strategy. Cultural safety describes a state where people: feel enabled to access healthcare that is appropriate to their needs; expect to receive effective, high-quality care; have trust in the service; and challenge personal or institutional racism when it is encountered. Culturally safe healthcare environments are vital in addressing complexities surrounding prevention and treatment of STI. Access to culturally safe healthcare could be included in the first paragraph of the vision statement.

2. Are there additional key points or themes that should be included in the Introduction to better set the context for the strategy?

- No
- **Yes, please provide details below**

The AMA recommends the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 is directly referenced in the introduction, in the same paragraph as Australia's Primary Health Care 10 Year Plan 2022–2032.

3. Does the description of each Guiding Principle clearly convey its relevance and application to the prevention and management of STI?

- Yes
- **No, please provide details below**

The AMA agrees with the guiding principles that help scaffold the strategy. A few key elements should be included to enhance the relevance and application of the principles in preventing and managing STI. The AMA believes it will be imperative for decision makers to genuinely engage and collaborate with clinicians and priority group representatives, and for all work to be adequately resourced if the strategy is to succeed within the desired timeframe.

In Guiding Principle 5: Health Promotion and Prevention, the AMA suggests adding the improvement of health literacy related to STI, as a protective measure that needs to be specifically identified as it directly influences successful health prevention initiatives.

In Guiding Principle 8: Shared responsibility, the AMA recommends clinicians and health services are specifically mentioned in the descriptor as being vital collaborators, who share a responsibility in working to improve health outcomes related to STI.

In Guiding Principle 10: Multi-sectoral partnership and collaboration, the AMA echoes the description that any work undertaken through the auspice of the STI strategy must be adequately resourced and consultative with the priority populations, national peak organisations representing the interests of communities, the clinical workforce, community-controlled organisations, and researchers that the work impacts.

4. Is the Snapshot of STI in Australia section both comprehensive and accurate? Are there any data points or insights that should be included?

- Yes
- **No, please provide details below**

The AMA notes the health literacy benefits of the Snapshot of STI in Australia section, as it displays evidence-based and easy to comprehend information on STI. We recommend the mental health impact of STI is also mentioned in the health issue section of the snapshot, as we note the stressors that are interlinked with STI stigmatism, health and relationship concerns that can lead to the development or exacerbation of mental health conditions. There is also an opportunity for the social determinants of health, and risk factors associated with STI to be included in the snapshot document.

5. Do you think the goals of the strategy align with the vision? Are there specific areas where you believe the goals could be better aligned?

- **Yes**
- No, please provide details below

6. Are the Key Indicators and Targets presented in the strategy achievable by 2030? If not, what adjustments would you suggest?

- Yes
- **No, please provide details below**

The AMA acknowledges the appropriateness of the key indicators and targets in achieving the overarching goals of the strategy by 2030. We do however note that adequate resourcing and extensive stakeholder engagement is needed for effective implementation to ensure the targets and key indicators of success are met.

Health practitioners are pivotal in all six of the key indicators and the targets attached to them. We ask that the strategy is appropriately disseminated to the health workforce, to further educate them on their role within healthcare delivery and information sharing related to STI prevention and management.

7. Do you believe the identified priority populations and priority settings are correct, or are there other groups of settings that should be included?

- Yes
- **No, please provide details below**

The AMA agrees with the identified priority populations in the strategy, but suggests the additional priority of older people, especially those in aged care. The AMA in particular notes the social determinants of health that perpetuate the risk of STI among certain Australian populations. A person's health is shaped by the social, economic, cultural and environmental conditions they live in. Health inequities typically arise because of inequalities within society. Health inequities are avoidable and can be associated with forms of disadvantage such as poverty, discrimination, and access to goods and services. To achieve health equity, we must not only focus on treating disease and modifying risk factors, but we must also focus on the underlying social determinants of health that influence population health and wellbeing. Improving the overall health of the population, and reducing health inequities, should be a core focus of the Australian health system (https://www.ama.com.au/articles/social-determinants-health-2020-1). A mention of the social determinants of health would be appropriate in the introduction to the priority populations and settings section of the strategy.

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We suggest a few expansions to the considerations for specific priority populations. This will ensure these populations are well identified and adequately served in STI prevention and management.

Older people

The AMA recommends the sexual health needs of midlife and older adults be recognised and supported in policy and programs, including targeted sexual and reproductive health education, health promotion, and prevention strategies.

Although sexual and reproductive health remain intrinsic elements of health and wellbeing in older age, older Australians are often overlooked in sexual and reproductive health policies and research. Many older adults remain sexually active, yet most educational campaigns designed to prevent sexually transmitted diseases target younger generations. There is evidence that STI prevalence is increasing among older Australian women, partly due to re-partnering after divorce or death of a spouse. They are vulnerable to STIs, given they are less likely to use condoms. Programs implemented to address STI rates in older people should be underpinned by ongoing research and the provision of information and education to health and aged care service providers on strategies to promote the sexual health of older people, and to ensure services are inclusive of the full diversity of sexual orientations, gender identities, and sexual health needs. (https://ama.com.au/sites/default/files/documents/position_statement_on_sexual_and_reproductive_health_2014_0.pdf)

Young people

The AMA suggests that educating young people earlier, will ensure they are better prepared from the start of their sexual relationships. Youth-centred, participatory co-research and co-design methods are key to policy development on issues impacting children, and this specifically relates to health and wellbeing policy and strategy design, such as this draft document. Young people have a right to access information, testing and treatment for STIs independently, and these principles align with the UN Convention on the Rights of the Child, especially related to Right 17 — the access to information — and Right 24 — the access to the best healthcare (United Nations. [1989]. Convention on the Rights of the Child. Treaty Series, 1577, 3.). Engagement and collaboration with young people themselves and co-design of educational tools and innovative service delivery solutions, will be critical to addressing the barriers in sexual health and STI prevention and treatment

Young people can start entering sexual relationships from their early teens, and appropriate messaging through education, at both a formal school and health services, and more informal family and support network levels, is vital to ensure health habits are encouraged. We therefore suggest that while young people aged 15–24 are a priority group, the limit of 15 years may need to be reduced further, noting sexual relationships commonly start in the early teens.

Aboriginal and Torres Strait Islander people

The AMA holds grave concerns for the rise in congenital syphilis cases, coupled with an increase in STI notifications across Aboriginal and Torres Strait Islander communities. Congenital syphilis is preventable if women have ongoing access to antenatal care. This is a

public health crisis affecting a priority and at-risk population disproportionately. We note the most effective way of tackling this rise in STI is to properly resource culturally safe services, ACCHOS, and expand and champion the Aboriginal and Torres Strait Islander health workforce, particularly in antenatal care and women's health, not just health workers in sexual health, as is suggested in the other considerations section for this population. The AMA also suggests that STI testing could be provided on an opt-out basic during prenatal care visits, considering Aboriginal and Torres Strait Islander pregnant people overwhelmingly attend prenatal care visits, this could ensure earlier detection of STI to improve treatment.

The AMA notes the importance of embedding cultural safety across health services universally, which is critical to seeing improved outcomes for Aboriginal and Torres Strait Islander peoples. This ensures that accessibility and freedom of choice in selecting a health care provider is available, where stigma may be a barrier to attending a local Aboriginal Community Controlled Health Organisations (ACCHO).

LGBTQIASB+ people

The AMA recommends the work specific to LGBTQIASB+ people as a priority population is pulled directly from and linked to the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035. This would add nuance to some phrasing in the draft strategy that the AMA believes may perpetuate stigma and not accurately relay the healthcare being discussed.

The wording "screening of intimate parts of the body can be complex for trans people" is problematic and seems to skirt around the actual issue which is that non-affirming health practitioners do not have the skills to provide appropriate and safe care, including intimate examination, to those who are trans and gender diverse. To say this care is "complex" seems to put the blame on trans people to some degree, which would be regrettable in a strategy trying to look for inclusive, accessible and appropriate care, free from stigma and discrimination.

The AMA would also encourage some further nuance around the wording "Lack of understanding about what surgical interventions might mean for STI", to encapsulate that prevalence is not well understood among trans people who have received gender affirming surgery. Again, "Systems of healthcare and research must be adapted to include nonbinary people" is vague and would benefit from substantial refinement, linked to the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035. Regarding the health data capturing systems, the wording also needs reviewing to ensure it does not conflate sex characteristics as "gender details". Again, this can be linked to work in the National Action Plan about correctly capturing data to inform policy decisions and improve healthcare access for LGBTQIASB+ people.

It would be worth noting in the strategy that it is particularly the case that trans and gender diverse people do not feel safe in mainstream services and have a significant affinity towards trans-specific specialist services which are far more likely to provide a safe healthcare environment and meet their healthcare needs, which includes sexual healthcare. This is noted in the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035, and Private Lives 3. The AMA suggests this section must be improved with quality input

from experts in affirming sexual health care for trans and gender diverse people, or with lived experience experts.

Priority settings

The AMA agrees with the strategy's view on priority settings, that STI responses can be better positioned and delivered within the social and cultural contexts of affected communities and priority populations by taking a settings-based approach. We suggest that specific community information disseminators, such as community-controlled healthcare environments, women's groups, sporting clubs, arts groups, and religious centres as identified, to help with preventive programs and tackling of the stigma associated with STI.

8. Do you believe the 6 priority areas for action are sufficient to achieve the strategy's targets, or are there any additional actions you consider critical to meeting these? Note: Limit one suggestion per action area

- Yes
- **No, please provide details below**

As mentioned in question 7, the key priority populations, settings and areas for action are sufficient, as the AMA believes they link well to the specific work need to support identified priority populations. However, the areas for action could benefit from added nuance, which we will comment on further in question 9 when discussing specific key areas for action that underpin the priority areas for action.

9. Do you think the Key Areas for action are adequately aligned to achieve the goals of the strategy? If not, what adjustments would you suggest strengthening this alignment?

- Yes
- **No, please provide details below**

An emphasis on responsibility is needed, particularly across government departments and between federal and state and territory governments to ensure training and resourcing of the health workforce. This is especially prevalent in the integrated primary care, workforce development and prevention, testing and treatment which are key areas for action. These sections suggest actions be undertaken, without outlining the responsibility of governments in appropriating resourcing for this work to be done.

Adequate resourcing must be a key area for action in all the priority areas, as without investment the 2024–30 strategy will be near-impossible to implement. This must include adequate funding of ACCHOs to combat STI incidence rises in Aboriginal and Torres Strait Islander communities, where ACCHOs have the trust of their communities, and must be aided to continue to support their communities as it related to sexual health and STI, and in healthcare more broadly. Ongoing support for point of care syphilis testing programs is important. Adequate resourcing is also imperative for aged care workers, so they can appropriately support residents within aged care settings at risk of being infected by STI. The AMA also suggests additional resourcing of public education programs, and testing programs that promote STI prevention, destigmatisation, and improve levels of health literacy and help-seeking.

The AMA also sees a real opportunity for peak medical bodies, such as the AMA, to help disseminate up-to-date information regarding STI to our members, as practitioners, as work in the 2024–2030 strategy is rolled out. For this to happen, we suggest key stakeholders are considered in the integrated primary care key area for action 4:

> *Integrate services into priority settings and connecting primary healthcare practitioners with clinical decision support tools, including strengthening access to services for people ineligible for subsidised care and availability of point-of-care testing.*

The dissemination of information to stakeholders, resulting in sharing by practitioners, will improve the health literacy levels surrounding sexual health and STI.

10. Are there any key topics or issues related to STI control that you feel have been overlooked or insufficiently addressed in the draft strategy? Please specify. Note: Limit one suggestion per action area

The AMA suggests the potential role of the Australian Centre for Disease Control (the CDC) in relation to STI is sorely missing in the draft strategy. It would be appropriate to mention the data, surveillance, research and evaluation priority action area.

Ther AMA supports the development of an interoperable national data set and data standardisation under the CDC. The Intergovernmental Agreement between jurisdictions on data sharing needs to be strengthened. Australia's health system lacks data sharing capabilities due to varying data formats and multiple governance structures within and between jurisdictions. This slows down pandemic decision making and response. The CDC should ensure it has an early warning data collection system to ensure rapid responses to increased incidence of communicable disease such as STI. There is also an opportunity to link this work with ongoing work by the CSIRO Sparked Fast Healthcare Interoperability Resources (FHIR) program, which is looking to standardise digital exchange for key clinical information and results. This work is currently targeting cardiac conditions and diabetes but could be extended to include STI (https://sparked.csiro.au/).

The AMA also sees a role for the CDC in public health messaging and communication. Over the course of the COVID-19 pandemic, and throughout the history of harmful STI rhetoric, including more recently Mpox, we have seen the ease with which medical disinformation can be distributed on a large scale. This is problematic from a health literacy perspective as it has the potential to harm health and interfere with well-informed decision-making about seeking healthcare. The draft STI strategy mentions the importance of destigmatisation, and help-seeking fuelled by accurate information and education resources, and this is work that the CDC could aid in. The AMA supports the government doing more to improve Australia's health literacy, especially as it relates to sexual health and STI.

11. Do you have any additional comments to provide?

The AMA–AIDA Taskforce on Indigenous Health and the AMA Public Health Committee have raised their concerns about rising incidence of STI across the country. Of particular concern, as previously mentioned, is the prevalence of infectious syphilis in pregnant people, leading to congenital syphilis, and the mortality and morbidity resulting. We note this is referenced heavily in the draft strategy, but implore governments and health departments, both at a federal and jurisdictional level, to ensure pregnant people and their partners can easily access rapid testing for infectious syphilis. The AMA is also concerned by the emerging link

between syphilis and injecting drug users and wishes to highlight the importance of preventive health programs such as safe injecting centres.

Our members also note the lack of trust in services, accessibility and affordability to current and timely health information, as major barriers to STI care. The AMA is keen to be involved in the roll-out of the Fifth National Sexually Transmitted Infections Strategy, to ensure practitioners are best informed to support patients. This will assist in not only the treatment of STI, but the prevention of STI nationally.

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