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National Indigenous Australians' Sexual Health Strategy

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Background

The National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998-99 was launched by the Federal Minister for Health, Dr Michael Wooldridge on March 26. The Strategy was developed by the ANCARD Working Party on Indigenous Australians' Sexual Health after extensive consultations with Indigenous communities around Australia, and is the first national sexual health report created by and for Indigenous Australians.

While the initial brief of the Working Party was to look at HIV/AIDS in the context of sexual health, in the words of the report "it quickly became apparent that the problem of HIV/AIDS cannot successfully be addressed in isolation from other sexually transmitted diseases, related blood-borne viruses and sexuality" (Ch 2.1). The report therefore seeks to address HIV and STDs in the wider contexts of primary health care, sexuality and cultural values.

The report addresses issues relating to education, treatment, care and support and research, and stresses the centrality of a community-controlled response. In particular, the strategy identifies Aboriginal community-controlled health services as the most appropriate places to develop integrated prevention and treatment and care programs, in which prevention and treatment and care programs are delivered within the primary health care context.

The strategy stresses the importance of building effective partnerships between mainstream education, treatment and care agencies, including AIDS Councils, NAPWA and AFAO, and Aboriginal community-controlled organisations, to help develop the capacity of Aboriginal communities to respond to HIV/AIDS, and the capacity of mainstream agencies to address Indigenous issues in an appropriate manner.

The report contains 67 recommendations. A number of these relate directly to AFAO and its member organisations, or have significant implications for the way we work. Taken together, these recommendations articulate a clear role for AFAO and its members and provide a blueprint for appropriate action in meeting the sexual health needs of Indigenous Australians. The following is a summary of the most pertinent recommendations, with some background on the issues drawn from the document. It's recommended, however, that you take the time to read the whole document in order to understand the broader context in which these recommendations are made.

1. BUILDING EFFECTIVE PARTNERSHIPS

The partnership approach has been fundamental to Australia's HIV policy since the beginning of organised action to combat the virus. The Working Party considers that extension of this partnership philosophy to encompass Aboriginal and Torres Strait Islander people and organisations is vital if sexual health in the Indigenous community is to be improved.

The Working Party recommends as follows:

> Rec 4. that the Australian Federation of AIDS Organisations and the National Aboriginal Community Controlled Health Organisation continue to build an effective and close alliance and that similar alliance-building take place between the National Association of People Living with HIV/AIDS and NACCHO;

NB NACCHO - National Aboriginal Community Controlled Health Organisation. For more information on NACCHO see p3, Roles & Responsibilities and pp40-42.

2. HEALTH SECTOR REFORM

The Working Party recommends as follows:

6. that Special Funding Program funds for HIV/AIDS not be rolled into the Public Health Agreements. Reducing the rates of STD infection and transmission of HIV among Indigenous Australians will require sustained Commonwealth leadership and an ability to press for greater collaboration.

3. PREVENTION

Preventing the spread of blood-borne and other sexually-transmitted diseases, including HIV/AIDS, is vital to improving the sexual health of Aboriginal and Torres Strait Islander people. In this context it is important to recognise that prevention in Aboriginal and Torres Strait Islander communities will require change at a far broader level than individual behaviour. In particular, there must be better access to primary health care if sexual health is to improve. The Working Party has identified six elements that are crucial for any prevention strategy

- the provision of high-quality, timely primary health care, particularly designed to reduce rates of STDs in Indigenous communities;
- education programs that not only provide information on reducing risks but also support broader behaviour change within communities;
- the provision of equipment that helps avoid risks - condoms, clean needles and single-use equipment for ceremonial use, for example.
- an environment free of discrimination on the basis of sexual practice, race or drug use behaviour
- a legislative framework that facilitates, rather than inhibits, the effective implementation of the strategy
- the development and maintenance of high-quality health information systems that provide communities with timely information on the changing profile of HIV and its related risk factors.

Primary Health Care

The Working Party recommends as follows:

Rec 14. that strategic partnerships between the primary health care sector and mainstream specialist organisations such as AIDS councils, public health agencies and specialist prevention and treatment services be promoted;

Rec 15. that regional and local population health strategies for dealing with STDs be developed and implemented, in a way that enhances collaboration between primary health care services and public health agencies. This can best be achieved through the joint planning forums that have responsibility for determining how regional plans will be developed.

Education

The Working Party recommends as follows:

Rec 16. that education strategies embrace the entire community, not just people at high risk of STD and HIV transmission;

Rec 17. that education programs be designed and developed within a local community context, using local concepts and learning strategies. Continued emphasis on community-focussed education initiatives should be resourced and coordinated at a regional level and integrated with primary health care functions;

Rec 18. that the involvement of HIV-positive community members in prevention strategies be an essential part of the education approach;

Rec 20. that strategies be developed to redress the particular difficulties facing Aboriginal and Torres Strait Islander people in prison;

Rec 21. that specific attention be given to supporting existing sex worker peer education initiatives;

Rec 22. that an Indigenous emphasis be incorporated in gay community prevention programs and that messages about men who have sex with men be incorporated in Indigenous community prevention messages;

Rec 23. that the collaborative arrangements between AIDS councils and Aboriginal primary health care services be further developed;

Rec 24. that, at the national level, the Working Party ensure links between this report and the national Gay Education Strategy are developed;

Rec 25. that the Commonwealth ensure that national HIV/AIDS prevention programs and strategies are inclusive of Indigenous gay and homosexually active men;

Further discussion on gay and homosexually active men, sex workers and PLWH/A is to be found in Section 4.6. pp66-69

'Health hardware'

The Working Party recommends as follows:

Rec 28. that the success of needle exchanges in the mainstream be critically evaluated and that research be undertaken into how well these approaches translate to Indigenous communities;

Rec 31. that access to condoms be maintained and enhanced as part of education programs and primary health care;

Needle exchanges are discussed in further detail on pp69-71

A discrimination-free environment

The Working Party recommends as follows:

Rec 33. that the media commit themselves to reporting on sexual health in keeping with the media protocols developed by the Working Party;

Rec 34. that at the service level barriers to accessing mainstream specialist bodies such as AIDS councils and other agencies be identified and action taken to eliminate them;

Rec 35. that Aboriginal health services may want to consider strategies to ensure that gay men and injecting drug users feel able to access their services.

Discrimination and legislative issues are discussed further on pp72-76.

4. TREATMENT, CARE AND SUPPORT

The treatment needs of Aboriginal and Torres Strait Islander people living with HIV/AIDS, their partners, families and carers are not being met. Indigenous people are not receiving high-quality information about treatment options and they are not participating in clinical trials of new treatments. It is also evident that the care and support needs of Indigenous Australians either are not being met or are being attended to by already over-stretched family and community networks, which in turn are not adequately supported. The Working Party notes that HIV-positive people have an important role to play in the development of treatment, care and support strategies.

Three elements are essential to successful diagnosis and management of HIV among Aboriginal and Torres Strait Islander people:

• enabling access to advances in HIV treatment programs;

• improving the capacity of primary health care services to deliver high quality treatment and care to Aboriginal and Torres Strait Islander people;

• strengthening partnerships between Indigenous and mainstream agencies.

The Working Party recommends as follows:

> Rec 38. that strategies be developed to ensure that, as knowledge about HIV disease progression increases and the range of treatment options expands, Aboriginal and Torres Strait Islander people receive up-to-date information about changes in standards of care so that they can make informed choices about treatment regimes;
>
> Rec 40. that the Commonwealth facilitate debate with all stakeholders about the benefits of, and strategies for, early intervention for HIV/AIDS management, including encouraging the testing of people at risk and the use of existing community-level communication mechanisms;
>
> Rec 44. that mechanisms be developed for ensuring that local health care services receive up-to-date information about treatment and care. This information should be provided in formats that meet the diverse information needs of Aboriginal health workers, nurses, doctors and service managers;
>
> Rec 45. that the Australian Federation of AIDS Organisations and the National Aboriginal Community Controlled Health Organisation work together to facilitate collaboration at the local level between Aboriginal health services and AIDS councils;
>
> Rec 47. that, in developing and publishing action plans for HIV treatment and care in their communities, the States and Territories clearly define strategies to meet the specific needs of HIV-positive Indigenous Australians living in rural and remote communities;
>
> Treatment, Care & Support issues are covered in Chapter 5 of the report.

What does this mean for AFAO and its members?

The Strategy makes it clear that AFAO and all its members have a responsibility and a role to play in meeting the sexual health and HIV/AIDS needs of Indigenous Australians. This role will vary between organisations and locations - for instance, under rec 38 NAPWA, AFAO and state AIDS Councils may need to ensure that education for positive people is also appropriate for Indigenous Australians, while under Rec 22 a state AIDS Council may need to develop specific campaigns or peer support programs, or work with a local Aboriginal community health agency in developing messages for men who have sex with men.

The nature of the relationships which need to be developed and the type of collaboration sought will vary from place to place - the NT AIDS Council, for instance, would need to consider a very different set of issues and relationships than would QuAC or VAC.

Building strategic alliances, and ensuring that barriers to accessing our services by Indigenous members of our target populations or communities are removed are essential steps in this process. This will involve developing skills in cross-cultural communication around often difficult issues such as sexuality, injecting drug use and illness.

While some members have commenced building these relationships and are attempting to address the needs of Indigenous people in their programs, others will be starting afresh. Strategic planning to achieve these objectives is required as a matter of urgency.
