

Victorian Aboriginal sexual and reproductive health plan

2022–30



Nakia Cadd

Nakia is a proud Gunditjmara, Yorta Yorta, Dja Dja Wurrung, Bunitj, Boon Wurrung woman who grew up in the Northern suburbs of Melbourne. Nakia's work has strong design elements of line work that connect with her family lines and the landscapes of her Countries. Nakia knows that disease can affect not only us but also those around us including friends and family. Her artwork has a personal meaning; having family impacted by HIV, she believes that combatting the stigma around discussing issues of sexual and reproductive health is an important step in building and supporting positive community health outcomes.



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Mikaela is a proud Muthi Muthi/Gunditjmara woman. She grew up in Mildura and has been living in Melbourne for ten years. She is an artist/ photographer with experience working in Aboriginal Health. Mikaela has a great love for creating and capturing moments in time, she puts passion and soul into all areas of her work and loves working in her community to help create healthier lives for mob.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

ISBN 978-1-76096-847-2 (PDF/online/MS Word) or 978-1-76096-846-5 (Print)

Printed by Hornet Press, Knoxfield.

Available from the **Department of Health website** <<https://www.health.vic.gov.au/victorian-sexual-reproductive-health-viral-hepatitis-strategy-2022-30>>.

Acknowledgement

We recognise the diversity of Aboriginal people living throughout Victoria. In this strategy we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent living in Victoria.

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and the richness and depth of the world's oldest living culture and pays respect to Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Within Aboriginal Victorian communities, there is a rich landscape of cultural and spiritual diversity, with varied heritages and histories both pre- and post-invasion. We understand and acknowledge that people may have multiple and intersecting gender and sexuality identities including: young people, women, gay, bisexual and other men who have sex with men, trans and gender diverse people including Sistergirls and Brotherboys. We also acknowledge priority groups within the Aboriginal Victorian

population who particularly experience poor sexual and reproductive health outcomes. We recognise that these groups have a right to enjoy and have control over their own sexual and reproductive behaviours in line with cultural values, kinship practices and individual ethics, and may need support to access culturally inclusive reproductive health services and programs.

Victorian Aboriginal communities continue to lead with strength and resilience in the face of ongoing transgenerational trauma, systemic racism and the impacts of colonisation, dispossession and removal of families and Country. Cultural and social determinants of health affect Aboriginal Victorians' experiences of wellbeing, blood-borne viruses (BBV), sexually transmissible infections (STI) and reproductive health choices. In this context, wellbeing is not a narrow experience of the physical body, it is a cultural, emotional and spiritual experience. This wellbeing includes the right to be free from diseases that may interfere with sexual life.

To achieve these freedoms, we have established a continued willingness to work in partnership to address BBV and STI and to promote reproductive health. This partnership, defined by the hallmarks of the community-controlled and -led response, is best practice and improves quality-of-life and health outcomes for individuals, families and communities.

The Victorian Government notes that, in partnership with the First Peoples' Assembly of Victoria, Victoria is currently establishing

a framework to begin treaty negotiations with Traditional Owners and Aboriginal Victorians. Government will work to ensure relevant actions outlined in this strategy align with treaty negotiations and delivering future treaties in Victoria. This includes corresponding funding, implementation of actions and governance mechanisms. We are deeply committed to Aboriginal self-determination and to supporting Victoria's treaty process. We acknowledge that treaty will have wide-ranging impacts for the way we work with Traditional Owners and Aboriginal Victorians. We seek to create respectful and collaborative partnerships. We will develop policies and programs that respect Aboriginal self-determination and align with treaty aspirations.

We acknowledge that Victoria's treaty process will establish a framework for transferring decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal Victorians.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors and matriarchs that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.



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About this plan

This Victorian Aboriginal sexual and reproductive health plan 2022–30 is one of seven plans that form the Victorian sexual and reproductive health and viral hepatitis strategy 2022–30.

It outlines priority actions needed to improve Aboriginal Victorians' wellbeing through reducing the transmission and impact of blood-borne viruses (BBV) and sexually transmissible infections (STI) and improving sexual and reproductive health and wellbeing.

This plan aligns with the *Fifth national Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections strategy 2018–2022*, which provides a framework for a high-quality and coordinated national response. The plan's goals and targets align with national goals and targets including those set out in the National Agreement on Closing the Gap and Victoria's implementation plan. The plan aligns with and supports the *National Aboriginal and Torres Strait Islander health plan 2013–2023*.

This plan also aligns with the *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*. It aspires to address and reduce stigma, racism and discrimination within the Victorian health system and settings.

The Aboriginal sexual and reproductive health plan was developed in consultation with Victorian First Peoples, the Aboriginal Community Controlled sector, key leads for Aboriginal programs across government, community organisations, advocates, clinicians, researchers, and the broader sexual health,

reproductive health and viral hepatitis sectors.

Aboriginal Victorians are a priority population in the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

This plan reinforces community aspirations for a good life by building on the targets and actions set out in the other plans. This reflects the importance of a dedicated and targeted response, focusing effort in reducing the impact and transmission of BBV and STI. It underlines our commitment to improving reproductive health outcomes among Aboriginal Victorians.

Figure 1 shows where this plan fits within the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

The Aboriginal sexual and reproductive health plan is supported by a strategy companion document made up of an overview (which frames our approach and details our guiding principles, priority populations and settings) and a system enabler plan.

The system enabler plan acknowledges the enablers that make a significant contribution to outcomes across Victoria's sexual and reproductive health and viral hepatitis response, specifically:

- reducing stigma, racism and discrimination

- strengthening workforce capacity
- fostering partnership and collaboration
- strengthening and supporting data and research.

This approach aims to strengthen shared priority actions across the sexual and reproductive health system to address common system challenges faced by Victorians in having their health and care needs understood and met.

This will involve establishing and deepening partnerships outside the sexual and reproductive health and viral hepatitis models of care, such as with organisations in the mental health, housing, alcohol and other drug, and refugee health sectors. These partnerships will help us develop pathways and programs tailored to our priority populations.

Our models of care must respond to intersectionality, diversity, increasing complexity, co-occurring needs and stigma, racism and discrimination as experienced by our priority populations.

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against achieving the 2025 and 2030 targets. The mid-cycle progress report will be used to refresh and refocus priority actions and activities outlined in this plan and aligned plans under the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

Figure 1: Components of the *Victorian sexual and reproductive health and viral hepatitis strategy*

Victorian sexual and reproductive health and viral hepatitis strategy 2022-30

The indicators and monitoring framework currently in development will form the basis of understanding the impact of the strategy and each plan.

Introduction

The Victorian Government’s first Aboriginal sexual and reproductive health plan recognises, acknowledges and responds to the unique needs of Aboriginal Victorians. It proposes tailored and culturally appropriate strengths-based approaches to improving sexual and reproductive health.

A partnership approach with community engagement underpins this response. This is supported by:

- Aboriginal Community Controlled Organisations (ACCOs)
- clinicians
- researchers
- community organisations
- the health workforce and service system.

This plan reaffirms and strengthens existing partnerships and commits to formulating new ones. We recognise the leadership of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) in this response.

This plan offers a framework and rationale for a system-wide approach to improving sexual and reproductive health and wellbeing and reducing the transmission and impact of BBV and STI for Aboriginal Victorians.

This plan outlines priorities and actions that work towards ensuring a responsive, tailored system of culturally safe and accessible care across the stages of life to improve access to prevention, testing, treatment, care and support.

Sexual and reproductive health is a right of all people, regardless of income, age, background, language, gender, religion, sexual orientation, literacy level, disability, occupation or geographic location. Good sexual and reproductive health and wellbeing contributes to an overall enjoyment of life.

Sexual and reproductive health overlap. In addition to promoting healthy pregnancies and childbirth, these domains achieve gender equity by promoting access to comprehensive and high-quality, culturally safe and supportive services for men and women. They also work to address experiences of sexual coercion, exploitation, gender-based violence and restrictive laws (Glasier et al. 2006).



Trentham Falls – Dja Dja Wurrung Country
Photographed by Mikaela Egan

Our goal is to support Aboriginal people and communities to enjoy complete sexual and reproductive wellbeing. This includes the freedom to choose if individuals and couples have a child (and when they have a child and how many children they have) and the freedom and choice of contraceptive methods.

This means that Aboriginal people have access to reproductive healthcare services including:

- high-quality family planning, contraception and fertility support
- culturally safe and sensitive relationship counselling services.

These services must be able to educate, counsel, support and care for people with reproductive health needs across all life stages including for the very young and the elderly. Consideration must be given to those whose reproductive health may be compromised by intimate partner violence or drug and alcohol use.

Cultural separation of men's and women's business has been integral to addressing sexual and reproductive health and viral hepatitis issues. This is sensitively balanced with the understanding of how these health issues intersect with the continuum of genders and sexualities. There are increasing opportunities for men and women to work towards achieving gender equity and for supporting the important cultural and ceremonial roles men and women play in the early formation of their families.

Enhancing access

Aboriginal people living with, or at risk of, poorer sexual and reproductive health outcomes can face challenges to accessing prevention, testing, treatment, care and support services. The design and implementation of policy and services that recognise the cultural and social determinants of health will ensure programs respond in a coordinated and collaborative way to diversity and complexity. Programs must work to reduce the stigma, racism and discrimination experienced by Aboriginal Victorians.

Community-controlled approaches are essential to delivering holistic, multifaceted sexual and reproductive health and viral hepatitis services. Holistic health care can be achieved by skilled health professionals delivering high-quality clinical, education and prevention services in flexible and culturally informed service settings.

Even as we move towards self-determination, Aboriginal Victorians face systemic barriers to accessing health and medical services. They can have a range of preventable comorbidities and poorer health outcomes than non-Aboriginal people. Barriers that contribute to accessing prevention, early intervention, testing, treatment and care include:

- a lack of culturally safe services
 - complex administrative processes
 - low awareness of available services
 - a shortage of appropriate gender-sensitive care or services for men's and women's business
 - affordability.
- prioritising other family members first
 - unfamiliarity with the health system and use of services
 - shame or embarrassment
 - previous negative personal or community experiences
 - practical barriers such as time, travel and the cost of treatment and care.

These systemic issues can be compounded by a lack of culturally respectful and inclusive health education and prevention services, over-representation in custodial settings and suboptimal clinical care.

Attendance at appointments can be affected by cultural and social circumstances, values and priorities such as:



Bass Strait Forest Caves –
Boon Wurrung/Bunorung Country
Photographed by Mikaela Egan

It is imperative that sensitivity and understanding of the person's point of view and what may affect their access to and use of services informs care models and program design.

Additionally, racism, experiences of colonialism, shame, stigma, discrimination and fear can all compound to create poor experiences of reproductive and sexual health service access and care (Department of Health and Human Services 2017a).

The Victorian Population Health Survey found almost one in five Aboriginal adults experienced racism in the 12 months preceding the survey. Healthcare settings were common environments for racism, with 47

per cent of Aboriginal adults who experienced racism reporting this was perpetrated by a member of staff such as a doctor or nurse (Victorian Agency for Health Information 2021).

It is our collective responsibility to work in meaningful partnerships that remove barriers to good health. We must ensure services and programs are co-designed, developed and delivered in a way that meets community needs.

This work includes acknowledging the history of denial of reproductive rights and its association with generational trauma, shame and distrust about reproductive health services affecting fertility, contraception and pregnancy.

The Victorian Government supports the development of local responses to local issues by building on the strength of Aboriginal culture and communities, deepening trust, growing strong collaborative relationships, and supporting self-determination and local leadership.





Coronavirus (COVID-19) recovery and care

BBV and STI prevention, testing and treatment services, and women's sexual and reproductive health services (including cervical screening, contraception and termination of pregnancy), were defined as essential services and maintained during the 2020–2021 Victorian COVID-19 pandemic restrictions.

The leadership, resilience and fortitude of the Aboriginal Community Controlled sector and, more broadly, the sexual and reproductive health and viral hepatitis sectors, have ensured people could access the care needed during this exceptionally disruptive time.

Communities and families experienced chronic stressors arising from COVID-19 pandemic restrictions that may affect sexual and reproductive health outcomes for women and men. Aboriginal Victorians experienced interruptions to their usual care and how they engaged with health care during restrictions, however the extent to which COVID-19 restrictions affected access to services is not yet fully understood.

Interruption and deferral of sexual and reproductive health care has significant public health implications for individuals and communities. This must be considered across all prevention, testing, treatment and care programs.

Data shows decreases in hepatitis screening, hepatitis B monitoring, HIV/STI screening (particularly in people without symptoms seeking testing), cervical screening and vaccination during the pandemic. Treatment uptake for HIV and hepatitis B was also affected, with declines in scripts dispensed in Victoria between 2019 and 2020. Variations in sexual behaviours were also observed during pandemic restrictions, with decreases in sexual acts, number of partners, use of pre-exposure prophylaxis (PrEP) and condom use reported (Combe et al. 2021; Hammoud et al. 2020; 2021).

COVID-19 has also amplified the need to apply an equity lens on recovery efforts. Victorian agencies have reported that the disengagement from care and the hardship resulting from restriction-related financial impacts may have resulted in increases in a range of health and access issues for priorities populations. These include Aboriginal communities, culturally diverse communities, LGBTIQ+ people, people living with HIV and/or viral hepatitis, sex workers and people who use drugs.

The COVID-19 pandemic was also a catalyst for change, accelerating the design and implementation of new and innovative models of service delivery and care. The response of ACCOs to the pandemic has been an example of best practice in terms of community-designed and -led public health action. Examples of the COVID-19 leadership work ACCOs undertook include community engagement and mobilisation, culturally sensitive messaging, the introduction of point-of-care testing and workforce upskilling.



Established in response to the pandemic, Local Public Health Units (LPHUs) provide the capacity for a stronger, more responsive public health system delivered in partnership with local communities and services. The local place-based role and function can support efforts to strengthen the Victorian sexual health service system. This will enable a more responsive and coherent public health system response to the priorities identified in this plan.

A coordinated and collaborative system response across sectors will enable Aboriginal Victorians to access the care they need, when and where they need it.

Commonwealth-funded telehealth programs helped Victorians to access health care during the pandemic, especially in regional and rural areas. Note, however, that not all BBV and STI health care is suitable for virtual appointments.

Flexible models of shared care, increased referral pathways and the uptake of e-prescriptions have also proven to be acceptable and effective for treatment, management and care. But telehealth or online support is not right for everyone.

We will be in a sustained pandemic environment for some time. We will continually

need to adapt our services and messaging in a strengthened public health environment, to ensure people are accessing the care they need.

There is an opportunity to leverage health innovations that occurred because of the pandemic such as telehealth and e-prescribing. Encouraging patients who have deferred or interrupted their sexual and reproductive health and viral hepatitis care to re-engage with treatment, support and screening services is a priority. Community-controlled and -led, community health and primary care settings are well placed to address delays in testing, treatment and care.

In response to our learnings from COVID-19, we will:

Re-engage people in testing, treatment and care

Build on understanding prevention, risk recognition, risk reduction, testing and contact tracing

Build on new and innovative models of care



“Over the last 15 years, LiverWELL Victoria, the Department of Health and ILBIJERRI Theatre Company have come together to address stigma and heal First Nations communities through awareness and education of Hepatitis C and its treatment. Together their dedication, belief and passion has proven that theatre really can save lives. ”

Kamarra Bell-Wykes, Creative Director,
ILBIJERRI Theatre Company

Pictured: ILBIJERRI team: Lisa Maza,
Blayne Welsh, Laila Thaker, Lauren Sheree

Strengths-based overview of reproductive health

Culturally, Aboriginal people's fertility is not only an in-body experience but is tied to the fertility and productivity of lands, waterways and endemic species. Reproduction is the mainstay of the strength and resilience of Aboriginal communities. It is celebrated in ceremonies, song lines and birthing places. It is structured through kinship and relationships. For more than 60,000 years, Aboriginal people attended to the reproductive health of people and the places in which they lived. These structures and systems, and relationships to Country, were disrupted through the process of colonisation.

In addition to a focus on transgenerational resilience, we also need to consider the potential for transgenerational trauma to account for post-colonial experiences with health care. Aboriginal women have long-held memories of attempts to control their reproduction so deserve reassurance about retaining control and choice. There is widespread acknowledgement of the experiences of stolen generations, and the current rates of children transitioning into out-of-home care is a significant reproductive health issue. Both men and women in families touched by these experiences have deep mistrust and fear relating to and affecting fertility and the next generation. The gender of the clinician is significant and signals the need to be aware and sensitive to men's business and women's business.

Culturally sensitive messaging and education approaches to increase awareness and understanding about menopause and chronic conditions such as

endometriosis and polycystic ovarian syndrome (PCOS) are needed. Messaging must be appropriately co-designed and targeted. Creative approaches such as comedy or theatre are effective education vehicles, as is providing health information and sex and relationships education from community workers, Aboriginal educators and within peer-led models.

It is important to note that Aboriginal people have a strong affinity with services underpinned by strengths-based approaches. This is evident when health services foster greater understanding about, and sensitivity to, variables that can affect reproductive choices when promoting wellbeing and contraceptive options. These variables may be:

- perceptions by peers including negative stories about intrauterine devices, respectful relationships, shaming speech and stigma
- experiencing fear of side effects, about the impact on future fertility, of the service provider, of pain, of loss of control or of choice
- experiences that reinforce shame such as experiencing the emphasis on long-acting reversible contraception as an implication of promiscuity
- time and cost, access to timely removal or follow-up
- sexual history-taking by a clinician who is not culturally sensitive, or is experienced as lengthy and involving unnecessary questioning about sexual history without a rationale for such questioning
- discomfort linked to previous experiences.



Sexual and reproductive health and viral hepatitis issues affecting Aboriginal Victorians

Victoria's Aboriginal population is growing at a much faster rate than the non-Aboriginal population, increasing by 12 per cent between the 2011 and 2016 censuses. The Australian Bureau of Statistics estimated Aboriginal Victorians made up 1.0 per cent of the total Victorian population, representing more than 63,600 Victorians in 2020 (Australian Indigenous HealthInfoNet 2021), with just over half living in regional and rural areas.

The Victorian Aboriginal population is also young: 55 per cent are aged 25 years or younger compared with 32 per cent of non-Aboriginal Victorians. The average age of Aboriginal Victorians is 22 years compared with 37 years for non-Aboriginal Victorians (Department of Health and Human Services 2017b).

In 2019, total fertility rates for Aboriginal women in Victoria was 2,084 babies per 1,000 women (2,316 births per 1,000 for Aboriginal women in Australia). The highest fertility rates among Victorian Aboriginal women were among the 20–24 and 25–29-year age groups (Australian Indigenous HealthInfoNet 2021).

Social and behavioural surveillance data from the GOANNA Survey 2 (2017–2020), a national survey of more than 1,300 Aboriginal young people aged 16 to 29 years, indicates good knowledge of BBV and STI, with little variation by gender or region. Nearly three-quarters (70 per cent) had used a condom often or always in the preceding year, with fewer using a condom (40 per cent) during their last sexual experience (Ward et al. 2020). These findings align with the Victorian young people who responded to the 2018 National Survey of Secondary Students and Sexual Health survey (Kauer & Fisher 2021).

It is important that we consider targeted actions for Aboriginal young people because they are particularly affected by many of the BBV, STI and reproductive health issues. Equally important is an acknowledgement that Aboriginal people may identify with multiple priority populations that this plan and strategy aim to support. These include, for example, people in custodial settings, men who have sex with men, people who use drugs and sex workers. This intersectionality reflects the rich diversity of experiences, behaviours and identities that constitute Victorian Aboriginal communities and individuals.

Victoria's infant hepatitis B and adolescent human papillomavirus (HPV) vaccination programs continue to deliver high-quality vaccination programs. Ninety-seven per cent of Victorian Aboriginal children turning two years of age between 1 April 2021 and 31 March 2022 had the recommended number of hepatitis B vaccines (compared to 96.94 per cent for all Victorian children) (Commonwealth Department of Health 2022). The Victorian HPV vaccination coverage for Victorian Aboriginal young people who turned 15 years in 2021, with completed two-dose courses, was 72 per cent for girls and 67 per cent coverage for boys (compared to 79 per cent for girls and 73 per cent for boys in the whole Victorian 15 year old cohort) (Services Australia 2022).

Liver cancer is the fastest increasing cause of cancer death in Australia, and most cases are preventable and linked to identifiable risk factors (AIHW 2019). These factors include chronic hepatitis B and chronic hepatitis C, which together are the predominant cause of liver cancer in Australians, as well as alcohol consumption, smoking and obesity. New diagnoses of liver cancer in Victoria are increasing and are expected to double sometime between 2031 and 2035 (Cancer Council 2021).

Victoria's Aboriginal population is growing at a much faster rate than the non-Aboriginal population

12%

increase in Victoria's Aboriginal population between the 2011 and 2016 censuses.

63,600

Aboriginal Victorians in 2020.

1%

of the total Victorian population in 2020 were Aboriginal Victorians.

The Victorian Aboriginal population is young

55%

of the Victorian Aboriginal population are 25 years or younger.

32%

of the Victorian non-Aboriginal population are 25 years or younger, by comparison.

22

years is the average age of Aboriginal Victorians compared to 37 years for non-Aboriginal Victorians.

Fertility rates for Victorian Aboriginal women

2,084

babies per 1000 women in 2019.

20-24 and 25-29

year age groups had the highest fertility rates.

Vaccination rates in Aboriginal young people

97%

of Aboriginal children turning two between 1 April 2021 and 31 March 2022 had the recommended number of hepatitis B vaccines.

72%

of Victorian Aboriginal girls who turned 15 in 2021 had completed a two-dose course of the HPV vaccination, compared to 79% for all Victorian girls.

67%

of Victorian Aboriginal boys who turned 15 in 2021 had completed a two-dose course of the HPV vaccination, compared to 73% for all Victorian boys.

We need to strengthen the Victorian system response by having a greater understanding of how to engage Victorian Aboriginal communities and individuals and support access to culturally safe, non-stigmatising and inclusive sexual and reproductive health and viral hepatitis screening, prevention, vaccination, testing, treatment and care programs.

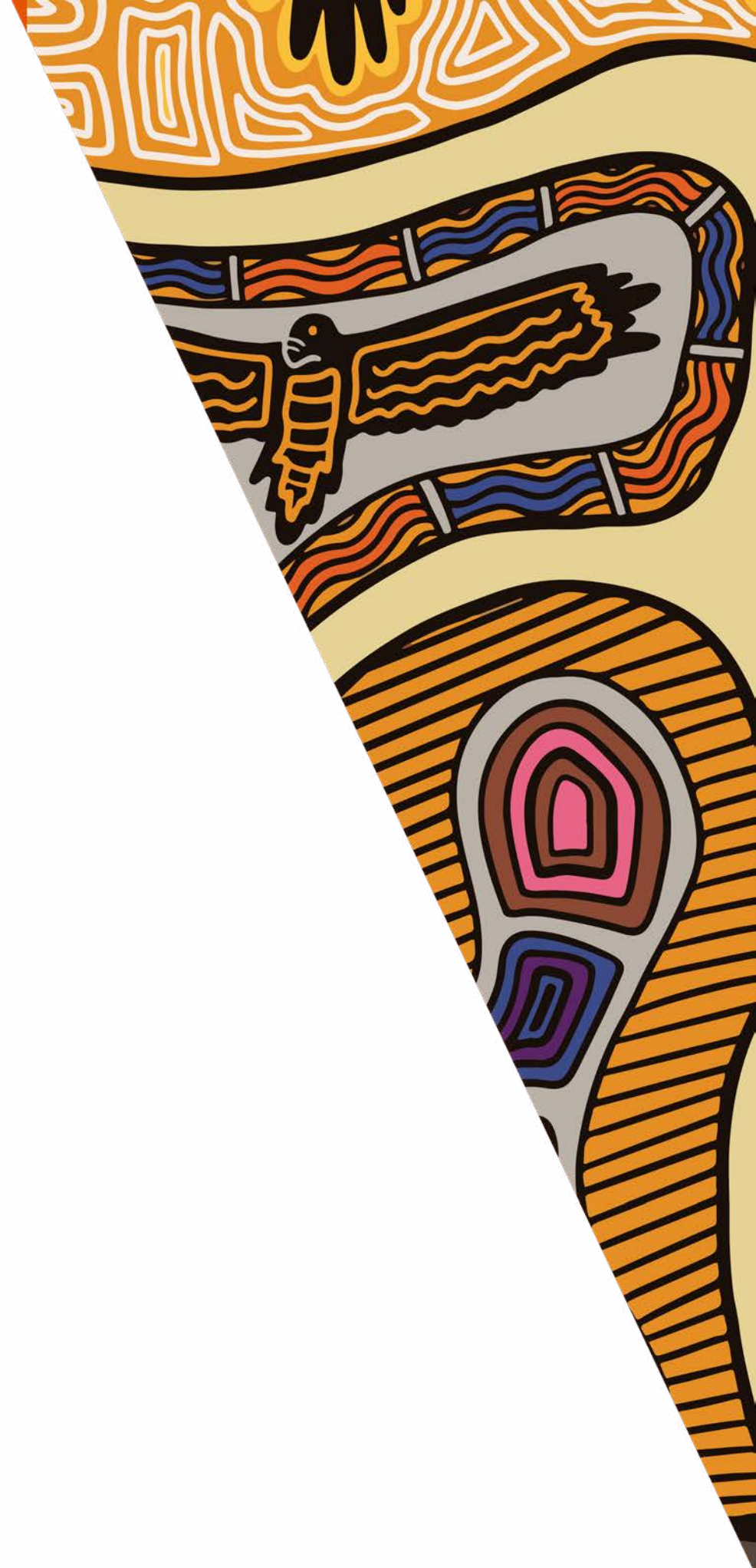
We need effective HPV vaccination coupled with increased cervical screening if we are to eliminate cervical cancer, a highly preventable cancer. Closing the gap in Aboriginal HPV vaccination rates and targeted screening promotion will be critical in addressing the higher incidence and mortality rates of cervical cancer among Aboriginal females. Incidence of cervical cancer is 2.9 times higher for Aboriginal Victorian females, while mortality is 6.5 times higher than non-Aboriginal Victorian females (Victorian Cancer Registry 2021). The introduction of universal access to cervical screening self-collection from 1 July 2022 will address many barriers to taking part in cervical screening.

A pilot to test the acceptability of cervical screening self-collection with Aboriginal communities was conducted at Ballarat and District Aboriginal Cooperative (BADAC) before renewing the National Cervical Screening Program in 2017.

BADAC implemented a whole-of-practice approach that included targeted outreach to under-screened women, co-designed culturally sensitive resources and promotion, and training of staff. The pilot showed high levels of acceptability from the community, with cervical screening participation rates increasing to 85 per cent, up from 63 per cent (Saville et al. 2018).

The data on access to sexual and reproductive health services for Aboriginal Victorians is limited. But the data we do have about access and outcomes is enough to signal that we need to do more to address individual and systemic barriers contributing to health inequities, including for Aboriginal Victorians. For example, data on common sexual and reproductive health issues affecting Victorian women include:

- Ten per cent of girls experience pelvic pain that severely affects their schooling, career path, social growth and participation (Commonwealth Department of Health 2018).
- During pregnancy, women are at increased risk of family violence (both first instance and worsening existing violence) (Bacchus et al. 2006). This risk is amplified if the pregnancy was unintended (Baird 2012; Kerr 2018).
- Family violence is the leading cause of preventable death, disability and illness in women aged 15–44 years (AIHW 2020).
- Diagnosis of endometriosis is often delayed, with an average of seven to 12 years between onset of symptoms and diagnosis (Commonwealth Department of Health 2018).
- PCOS is underdiagnosed but affects 8 to 13 per cent of women of reproductive age (March et al. 2010).



To better support and meet the needs of Aboriginal Victorians it is vital that access to targeted, culturally sensitive sexual and reproductive health information and services is readily available. In line with the National Agreement on Closing the Gap priorities, it is also important that as more data and information is collected it is shared with the Aboriginal sector. This will support Aboriginal Victorians to use that information to monitor the effectiveness of health measures and services. It will also help drive development and decision making in partnership with government. Improving Aboriginal data and the principles of Aboriginal data sovereignty is discussed further in the system enabler plan, which includes a focus area on strengthening data and research.

Between 2016 to 2021, the completeness of Aboriginal data for BBV and STI notifiable conditions was¹:

- gonorrhoea: 64 per cent
- hepatitis B (newly acquired): 90 per cent
- hepatitis B (unspecified): 56 per cent
- hepatitis C (newly acquired): 91 per cent
- hepatitis C (unspecified): 47 per cent
- HIV: 100 per cent
- infectious syphilis: 92 per cent.

¹ Note: Hepatitis B and C unspecified are not in the 18 priority conditions for Indigenous status reporting set by the Communicable Disease Network Australia.

Blood-borne viruses and sexually transmissible infections among Aboriginal Victorians, 2016 to 2021² summary

A summary of BBV and STI notification surveillance data for Aboriginal Victorians between 2016 to 2021 is provided here and in the appendix.

For many reasons that involve a complex interplay of cultural and social determinants of health, Aboriginal Victorians continue to experience poorer BBV and STI health outcomes than non-Aboriginal Victorians.

Gonorrhoea

Gonorrhoea infection was over

2.5 times

higher among the Aboriginal population than the non-Aboriginal population in 2021.

Hepatitis B

Between 2016 and 2021, there were

five

newly acquired hepatitis B cases among the Aboriginal population.

This represents a rate

3 times

higher than the non-Aboriginal population.

The notification rate for unspecified hepatitis B among the Aboriginal population is less than the non-Aboriginal population because most people diagnosed and/or living with unspecified or chronic hepatitis B in Victoria are people who were born overseas.

² The decline in disease notifications observed in 2020 and 2021 should be interpreted with caution and are likely to under-represent true disease incidence. Disease reductions are likely to be strongly influenced by the ongoing COVID-19 pandemic, resulting in changes in sexual behaviours, health care access, health seeking and testing practices and interstate and international travel restrictions. Data should also be interpreted with caution due to the small number of cases reported among the Aboriginal population and the high proportion of missing enhanced surveillance data for gonorrhoea, unspecified hepatitis B and unspecified hepatitis C. Chlamydia data is not available for the Victorian Aboriginal population.

Hepatitis C

Between 2016 and 2021, there were

42

newly acquired hepatitis C cases among the Aboriginal population.

This represents a rate

17 times

higher than the non-Aboriginal population.

Between 2016 and 2021, there were

381

unspecified hepatitis C cases among the Aboriginal population.

This represents a rate

11 times

higher than the non-Aboriginal population.

HIV

There were

19

cases of HIV among the Aboriginal population between 2016 and 2021.

This represents a rate

1.6 times

higher than the non-Aboriginal population.

Syphilis

The rates of infectious syphilis in Aboriginal Victorians increased by

85%

between 2016 and 2019.

From 2020 to 2021, rates of infection increased by

96%

The rate of infectious syphilis among the Aboriginal population was

4.5 times

higher than the non-Aboriginal population in 2021.

Victorian Aboriginal sexual and reproductive health plan

Vision: Aboriginal Victorians are supported to achieve optimal sexual and reproductive health and wellbeing and to reduce the transmission and impact of BBV and STI.

Goals

Aboriginal Victorians are supported to access high-quality sexual and reproductive health and viral hepatitis services that are inclusive, culturally sensitive and free from stigma, racism and discrimination.

Aboriginal Victorians are supported to maintain optimal sexual and reproductive health and reduce their risk of acquiring a BBV or STI.

Aboriginal Victorians living with a BBV or STI know their status.

Aboriginal Victorians have access to best practice evidence-based sexual and reproductive health treatment and care.

The morbidity and mortality associated with STI among Aboriginal Victorians is minimised.

Targets for 2025³

Viral hepatitis

To partner with Aboriginal Victorians to achieve better outcomes for viral hepatitis:

- Achieve and maintain childhood vaccination coverage of 95 per cent at birth, 12 and 24 months
- Achieve and maintain 100 per cent uptake of hepatitis B immune globulin (HBIG) and birth dose vaccine for all infants born to women with chronic hepatitis B, and access to antiviral therapy in the third trimester of pregnancy for women with high hepatitis B viral load
- Reduce the number of newly acquired hepatitis B infections by 50 per cent
- Reduce the number of newly acquired hepatitis C infections by 56 per cent (compared with 2015)
- Increase the proportion of people living with chronic hepatitis B who are diagnosed to 75 per cent
- Increase the proportion of people living with hepatitis C who are diagnosed to 91 per cent
- Increase the total proportion of people living with chronic hepatitis B receiving care to 55 per cent. For people living with chronic hepatitis B and eligible for treatment, increase the proportion receiving antiviral treatment to 21 per cent
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 72 per cent
- Reduce hepatitis B attributable mortality by 30 per cent (compared with 2017)
- Reduce hepatitis C attributable mortality by 16 per cent (compared with 2015)

³ Data used to set viral hepatitis targets is based on mapping and methodology undertaken by the Doherty Institute/WHO Collaborating Centre for Viral Hepatitis, using Victorian data from the National Surveillance for Hepatitis B indicators: Measuring the progress towards the targets of the national hepatitis B strategy annual reports; and the Burnet Institute, using data from: Burnet Institute and Kirby Institute 2020 and Kirby Institute 2018.

HIV

Support Aboriginal Victorians to achieve health and wellbeing by partnering with local and statewide services:

- The proportion of all people with HIV who are diagnosed will be 95 per cent
- The proportion of all people living with HIV who are accessing appropriate treatment will be 98 per cent
- The proportion of people living with HIV on treatment with an undetectable viral load will be 98 per cent
- 75 per cent of people with HIV report having a good quality of life
- 95 per cent of people at risk of HIV infection use one or more forms of effective HIV prevention

Targets for 2030⁴

Support Aboriginal Victorians to access culturally safe services

- Reduce the reported experiences of stigma, racism and discrimination for Aboriginal Victorians living with or affected by BBV or STI in health and social support settings to less than 10 per cent

Viral hepatitis

To partner with Aboriginal Victorians to achieve better outcomes for viral hepatitis:

- Achieve and maintain childhood vaccination coverage of 95 per cent at birth, 12 and 24 months
- Achieve and maintain uptake of HBIg and birth dose vaccine for all infants born to women with chronic hepatitis B, and access to antiviral therapy in the third trimester of pregnancy for women with high hepatitis B viral load
- Reduce the number of newly acquired hepatitis B infections by 90 per cent
- Reduce the number of newly acquired hepatitis C infections by 90 per cent (compared with 2015)
- Increase the proportion of people living with chronic hepatitis B who are diagnosed to 90 per cent
- Increase the proportion of people living with hepatitis C who are diagnosed to 97 per cent
- Increase the total proportion of people living with chronic hepatitis B receiving care to 90 per cent. For people living with chronic hepatitis B and eligible for treatment, increase the proportion receiving antiviral treatment to 27 per cent
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 96 per cent
- Reduce hepatitis B attributable mortality by 35 per cent (compared with 2017)
- Reduce hepatitis C attributable mortality by 67 per cent (compared with 2015)
- Eliminate mother-to-child transmission of hepatitis B

Sexually transmissible infections

Support Aboriginal Victorians to achieve optimal sexual and reproductive health and wellbeing by partnering with local and statewide services to:

- Achieve and maintain HPV adolescent vaccination coverage of 80 per cent
- Increase STI testing coverage (compared with 2019)
- Reduce the incidence and prevalence of chlamydia, gonorrhoea and infectious syphilis (compared with 2019)
- Eliminate congenital syphilis by 2030⁵

⁴ See footnote 3.

⁵ No new cases of congenital syphilis notified for two consecutive years (as defined by the Australian Series of National Guidelines).

Focus areas

- Increase access to culturally safe and responsive sexual and reproductive health and viral hepatitis services for Aboriginal Victorians
- Improve coordination across the sexual and reproductive health and viral hepatitis service system by strengthening workforce capacity, fostering partnerships and increasing collaboration
- Increase prevention – improve access to culturally sensitive information and programs that promote optimal sexual and reproductive health for Aboriginal Victorians across all stages of life
- Increase testing – improve access to culturally safe and responsive BBV and STI testing
- Increase treatment and care – improve access to culturally safe and responsive sexual and reproductive health treatment and care
- System enablers
 - Reduce stigma, racism and discrimination
 - Strengthen workforce capacity
 - Foster partnerships and collaboration
 - Strengthen and support data and research

Priority groups

Priority populations are based on the social and cultural determinants of health, behavioural risk factors, medical/ biological factors or conditions, epidemiological burden of disease, health service access and geographical factors.

While Aboriginal Victorians are a priority population in the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* there are sub-priority groups within the Aboriginal population who may experience poorer sexual and reproductive health outcomes including:

- young people
- women
- gay, bisexual and other men who have sex with men
- trans and gender diverse people including Sistergirls and Brotherboys
- sex workers
- people living with a BBV or STI
- people in custodial settings
- people who use drugs.

Mid-point review

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against the 2025 and 2030 targets. The findings of the mid-cycle progress report will be used to refresh and refocus priority actions and activities outlined in this plan and aligned plans under the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

Culturally safe and accessible sexual and reproductive health services

Maximising access to culturally safe and accessible sexual and reproductive health services for all Aboriginal Victorians will help achieve optimal sexual and reproductive health.

Aboriginal Victorians and organisations have a holistic, whole-of-life view of health that focuses not only on the physical wellbeing of an individual but also the cultural, emotional and social wellbeing of the community, family and individual (National Aboriginal Community Controlled Health Organisation 2011).

Good sexual and reproductive health is important for Aboriginal Victorians across all stages of life and is about more than just the absence of disease. It includes:

- the right to healthy and respectful relationships
- access to inclusive, safe and culturally appropriate services
- access to accurate culturally sensitive information
- the availability of effective and affordable services to help manage chronic conditions, pain, fertility and family planning.

Positive sexual and reproductive health involves gender equality, respect, safety and freedom from stigma, racism, discrimination and violence to ensure a person's reproductive autonomy in decision making. It is influenced by power dynamics, gender norms and expectations and can be expressed through diverse sexualities and genders. The key determinants that will contribute to optimising Aboriginal Victorians' sexual and reproductive health and wellbeing include prevention, health promotion, culturally sensitive messaging, access to culturally safe services and violence-free sexual relationships.

Aboriginal Victorians access sexual and reproductive healthcare through mainstream services (including primary care, public and private hospitals), not-for-profit women's health services, local government and dedicated ACCOs.

There is an opportunity to strengthen mainstream service provision by ensuring they are culturally informed and safe, non-stigmatising and non-judgemental. They must champion Aboriginal self-determination at all levels of service delivery. In recognising the unique and tailored services provided by ACCOs, it is also critical to build the capacity and sustainability of a strong Aboriginal sexual and reproductive health workforce. This includes creating Aboriginal champions who can support communities to navigate sensitive health topics.



Improving coordination across the service system and fostering partnerships is particularly important. This is because some Aboriginal Victorians with sexual and reproductive healthcare needs may not access or be well engaged with the existing health system but may be more likely to be engaged with social support services. Improving partnerships and referral pathways between the social and sexual and reproductive health service systems will better support Aboriginal Victorians who may have difficulty navigating and accessing care in a timely way.

The following priorities and activities will be co-designed with the Aboriginal sector and underpinned by development of formal partnerships. They will be implemented through shared decision making in line with Victoria's commitment to Priority Reform One of the National Agreement on Closing the Gap.

Key achievements in culturally safe and accessible sexual and reproductive health services

Since 2017, 11 community-based women's sexual and reproductive health hubs have been progressively established. This has involved funding existing community health services to expand or develop their ability to offer focused sexual and reproductive health services. They broadly provide specialised information, advice, referral and clinical care for contraception, abortion, sexual health testing and treatment. The hubs have established relationships with local Aboriginal services and prioritise culturally safe services. The hubs aim to strengthen local pathways and links to care through engaging with the broader Victorian reproductive health sector in service development and health promotion.

1800 My Options is a statewide service operated by Women's Health Victoria. It offers contraception, pregnancy options and sexual health phone- and web-based information. The service provides trusted, non-judgemental information, including a geo-mapped database of health service locations on the web. The service has worked with VACCHO to provide culturally appropriate information to Aboriginal women.

Aboriginal Victorians are supported to access high-quality sexual and reproductive health and viral hepatitis services that are inclusive, culturally sensitive and free from stigma, racism and discrimination

By 2030:

Aboriginal Victorians have equitable access to sexual and reproductive health and viral hepatitis services that are free from stigma, racism and discrimination.

Health professionals routinely provide culturally safe and inclusive sexual and reproductive health and viral hepatitis information and services to Aboriginal Victorians, with referral pathways to specialist services where necessary.

Aboriginal Victorians have access to evidence-based sexual and reproductive health and viral hepatitis services that provide safe, culturally sensitive, respectful and inclusive care.

A sustainable Aboriginal sexual and reproductive health and viral hepatitis workforce has the training and support needed to provide high-quality clinical care.



Echuca – Bangerang/Yorta Yorta Country
Photographed by Miikaela Egan

Priority actions – increasing access to culturally safe and responsive sexual and reproductive health and viral hepatitis services for Aboriginal Victorians

Enhance culturally safe prevention and early detection efforts to improve Aboriginal Victorians' sexual and reproductive health and wellbeing outcomes

- Improve awareness and management of sexual and reproductive health in primary care, community health and community-controlled settings
- Increase routine and comprehensive annual sexual and reproductive health care using Medicare item 715 health checks in primary care, community health, ACCOs and specialist services
- Work with Primary Health Networks, community health services and ACCOs to increase cervical screening, leveraging universal cervical screening self-collection
- Explore opportunities to strengthen prevention and early detection initiatives for young Aboriginal Victorians when accessing health, community and social support services

Strengthen comprehensive, inclusive and culturally safe sexual and reproductive health and viral hepatitis care that is free from stigma, racism and discrimination

- Support existing primary care and community health services to prioritise and deliver culturally safe care
- Encourage Victorian government-funded sexual and reproductive health and viral hepatitis services and agencies to develop reconciliation action plans as part of an ongoing commitment to listening to Aboriginal voices and ensuring cultural safety
- Identify opportunities to scale-up successful Aboriginal-led initiatives across sexual and reproductive health and viral hepatitis services
- Identify opportunities to develop an Aboriginal sexual and reproductive health and viral hepatitis peer champions program to support communities and key services navigating sensitive topics
- Strengthen referral pathways and support specialist services to identify Aboriginal clients and provide culturally safe and responsive services
- Identify and address barriers to the uptake and use of sexual health primary prevention tools such as contraception and condoms
- Improve safe and culturally respectful access to abortion services
- Explore opportunities to strengthen culturally safe services for people managing unintended pregnancies
- Explore opportunities to remove cost barriers and expand multidisciplinary sexual and reproductive health services
- Advocate to the Commonwealth for Medicare Benefits Schedule reform to support sexual and reproductive health nurse- and peer-led models of care.



Priority actions – improving coordination across the sexual and reproductive health and viral hepatitis service system by strengthening workforce capacity, fostering partnerships and increasing collaboration

Build the skills, knowledge and attitudes of the workforce needed to deliver culturally safe sexual and reproductive health and viral hepatitis care

- Deliver ongoing training to strengthen health professionals' skills and knowledge about culturally safe sexual and reproductive health and viral hepatitis care
- Identify opportunities to co-design competency standards for a culturally safe sexual and reproductive health workforce
- Ensure primary care training models incorporate cultural safety training and include whole-of-practice approaches
- Strengthen, support and develop a sustainable Aboriginal sexual and reproductive health workforce through networking, collaboration and targeted activities
- Identify opportunities to develop a sexual and reproductive health Aboriginal peer workforce program to provide person-centred and culturally appropriate support

- Support the Aboriginal-led development and promotion of resources for health professionals to understand reproductive autonomy and sexual coercion, risk factors and the impact on Aboriginal women's health and wellbeing
- Support school teachers to develop and build capacity in delivering culturally sensitive and inclusive sexuality, relationship and consent education aligned with the Victorian curriculum

Improve system capacity to deliver sexual and reproductive health services and programs through partnerships and collaboration

- Improve linkages across clinical referral pathways to support Aboriginal Victorians to access culturally safe services
- Identify opportunities to work in partnership with health and social support services such as alcohol and drug, homelessness, housing, disability and mental health services to deliver comprehensive, culturally safe and non-judgemental care

- Support the sexual and reproductive health sectors to recognise and respond to family violence and reproductive coercion in Aboriginal communities in a culturally safe way
- Strengthen partnerships between primary care, community health and community-controlled services to offer contemporary prevention and promotion programs in health and community settings
- Strengthen BBV, STI and reproductive health education and prevention initiatives in custodial settings including post-release support and access to services
- Work in partnership with social support and community services to address factors contributing to increased transmission risk for BBV, STI and associated reproductive health issues
- Ensure evidence-based antenatal and neonatal guidelines for BBV and STI care and management for pregnant women and women considering pregnancy to ensure they are culturally appropriate

Prevent

Community-designed and -led approaches in partnership with key agencies are central to achieving optimal sexual and reproductive health and reducing the impact of BBV, STI and reproductive health conditions on the wellbeing of Aboriginal Victorians.

Sexual and reproductive health and viral hepatitis prevention and health promotion is contextualised by appropriate social and cultural determinants of health frameworks. These frameworks address and respond to multiple and intersecting identities and lived experiences including:

- diversity and intersectionality
- race, culture and language
- gender and sexual diversity
- education and employment
- disability
- age.

Ensuring the sexual and reproductive health and viral hepatitis service systems respond to the cultural and social needs of Aboriginal communities is central to increasing people's knowledge and awareness of risk, transmission, health impacts and effective prevention strategies.

This plan supports active and meaningful engagement with community to co-design tailored information, community awareness and targeted prevention campaigns.

The ongoing syphilis outbreak in northern, central and Western Australia, and the COVID-19 pandemic response, have taught us a lot. They show the effectiveness of culturally safe and community-led prevention and awareness campaigns at increasing knowledge, testing and vaccination uptake. The COVID-19 pandemic presents an opportunity to leverage increased community knowledge about asymptomatic infection and ways to prevent disease transmission.

The ongoing syphilis outbreak in northern, central and Western Australia is particularly concerning for Victorian Aboriginal communities.

Lessons learnt from the national coordinated response will inform our Victorian response and provide an opportunity to address other BBV and STI. Victoria continues to monitor and respond to syphilis cases

among Aboriginal communities, supporting partner notification, treatment and care.

The re-emergence of congenital syphilis in Victoria since 2017, including three cases among the Victorian Aboriginal population, highlights the need to ensure Aboriginal women of reproductive age and their sexual partners are engaged in pre-conception counselling and routine antenatal screening and care programs.

In 2021 the rate of infectious syphilis in Aboriginal women was almost 14 times more

than the statewide rate of infectious syphilis in all Victorian women. Given congenital syphilis is a cause of perinatal morbidity and mortality, its emergence and impact on Aboriginal women of child-bearing age may have a serious impact on birth outcomes. The strengthened public health response in Victoria has included enhanced surveillance, intensive case follow-up of women diagnosed with infectious syphilis and a comprehensive communication strategy with stakeholder engagement.

Ensuring evidence-based sexual and reproductive health information is developed through a culturally sensitive lens is a critical first step in supporting Aboriginal Victorians to have positive and optimal sexual and reproductive health across all stages of life. Culturally informed sexual and reproductive health messaging should be easily accessible through a variety of platforms and settings.

Peer-based programs are an effective, culturally responsive and strengths-based approach to delivering prevention education. Aboriginal health workers (including accredited and non-accredited practitioners) play a vital role in supporting community members to access health and social support services and care. Peer-led, culturally safe programs that are flexible and use innovative education models can increase understanding of transmission risk, access to testing and retention in care.

Providing comprehensive sexuality, relationship and consent education within school-based programs is an important foundation to help young Aboriginal Victorians learn about the cognitive, emotional, physical and social aspects of sexuality. This will equip them to:

- develop respectful social and sexual relationships
- consider how their choices affect their own wellbeing and that of others
- understand and ensure the protection of their reproductive rights throughout their lives.

Ensuring young people have access to culturally sensitive information through a variety of settings where they engage including youth and social support services and online messaging is critical to reaching young people where they live, learn, work and play.

We will work in partnership with communities and stakeholders to improve our approaches to prevention and harm reduction, and partner with Aboriginal Victorians and representative agencies to reduce the risks of acquiring a BBV or STI and achieve optimal reproductive health.

Culturally safe prevention initiatives that reduce the impact of BBV and STI on sexual and reproductive health should be implemented alongside broader Aboriginal health prevention programs. These will offer communities a holistic approach to individual and community health and wellbeing. These programs need to be integrated into social support services such as alcohol and other drug, mental health and youth services. This recognises the diverse and intersectional issues Aboriginal communities experience.

Prevention and education programs should be coupled with easy and culturally safe access to prevention tools including:

- condoms
- other contraception options
- biomedical prevention (pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP], treatment as prevention [TasP])
- vaccinations [HPV and hepatitis B]
- sterile needles, syringes and injecting equipment.

This will reduce the risks associated with transmission of infections. It will also lead to better wellbeing outcomes when co-implemented in the broader context of respectful relationships, consent, safer sex and harm reduction approaches.

Opportunities must be explored to expand access to on-country clinics, to non-school settings, to ACCOs and to custodial facilities.

We need to reinforce antenatal and neonatal screening to improve pregnancy outcomes for mothers and children by reducing mother-to-child transmission of hepatitis B and syphilis. Sustained high HPV vaccine coverage rates and improved cervical screening must be prioritised to close the gap between Aboriginal and non-Aboriginal Victorians in the rates of cervical and other HPV-related cancers. Increasing and strengthening earlier intervention and prevention activities through vaccination and targeted screening will significantly reduce onward transmission of hepatitis B and the rates of liver cancer through a generational phase out and elimination of the virus.

Key achievements in prevention

ILBIJERRI is one of Australia's leading theatre companies, creating innovative works by First Nations artists.

Since 2005, the ILBIJERRI Theatre Company has been funded to produce and present health promotion messages via theatre productions aimed at Aboriginal and disadvantaged young people. The productions have been developed in partnership with a range of peak and peer organisations. Chopped Liver, which ran from 2006 to 2017, was an innovative play with hepatitis C, injecting drug use and harm-reduction themes. Since 2018, a new

play, Viral: Are you the cure? was developed to focus on stigma and discrimination and reducing barriers to accessing treatment. Due to COVID-19 restrictions in 2020, this play has been developed as a short film, including animations, to be used to increase access to prevention messages.

More recently, ILBIJERRI, in partnership with key stakeholders, has identified the need to strengthen sexual health promotion and education by developing more community-engaged approaches that place the audience at the centre and take part in the storytelling process. This approach gives community members ownership over the material and agency in discovering culturally safe

ways to reduce stigma and promote sexual health. Two new performance works are being developed to address health and wellbeing issues around STI and menopause. The Score, focusing on STI, will tour with the new community participatory approach. Goodbye Aunty Flow, focusing on menopause, is in development.

The department has also supported the University of Melbourne in its successful Australian Institute of Aboriginal and Torres Strait Islander Studies grant application to evaluate the participatory model approach. ILBIJERRI has changed its tour design to support this model within the theatre program.

Since 2017, the Hepatitis B at Risk Vaccination Program has been expanded to become free for all Aboriginal Victorians, improving the uptake of vaccinations.

Aboriginal Victorians are supported to maintain optimal sexual and reproductive health and reduce their risk of acquiring a BBV or STI

By 2030:

Aboriginal Victorians can access information on strategies to prioritise their sexual and reproductive health by preventing BBV and STI infections and reinfections and are supported to do so.

Aboriginal Victorians are empowered to make reproductive health decisions based on early access to evidence-based, culturally sensitive information that promotes positive sexual and reproductive health across all stages of life.

Aboriginal Victorians access and use safe sexual and injecting practices and harm reduction strategies to reduce infection risk.

Vaccination coverage of hepatitis B and HPV among Aboriginal Victorians is as high as possible.

There is an overall and ongoing reduction in new cases of BBV and STI among Aboriginal Victorians.



Bass Straight Forest Caves –
Boon Wurrung/Bunorong Country
Photographed by Mikaela Egan

Priority actions – prevention

Improve access to culturally sensitive information and programs for Aboriginal Victorians across all stages of life

- Identify the gaps in accessible and culturally safe sexual and reproductive health and viral hepatitis information for Aboriginal Victorians across all life stages and develop solutions to address these opportunities
- Develop and deliver Aboriginal-led health promotion and prevention information that enhances and promotes optimal sexual and reproductive health and reduces BBV and STI transmission risks across the life stages
- Ensure gender diverse Aboriginal Victorians have access to tailored sexual and reproductive health information
- Promote accurate information about the use of, and increased access to, effective contraceptive methods, including identifying and addressing barriers to the uptake and use of long-acting reversible contraception such as stigma and myths about suitability, side effects, effectiveness, cost and availability
- Develop and deliver culturally appropriate health information about endometriosis and PCOS and their impacts on fertility, their management and treatment

Use a strengths-based approach to deliver BBV, STI and reproductive health prevention and promotion programs

- Ensure meaningful and tailored engagement with the full diversity of community members to develop co-designed, co-implemented and culturally authentic BBV, STI and reproductive health prevention programs
- Support and strengthen community and peer-led initiatives to improve understanding of BBV and STI prevention and transmission risk and their potential impact on reproductive health and adverse pregnancy outcomes
- Expand the provision of culturally sensitive and inclusive sexuality, relationship and consent education for young people in school, community and social support settings
- Continue to support innovative arts-based prevention approaches to deliver culturally authentic health promotion and education on BBV, STI, sexual health, reproductive health, wellbeing and relationships issues
- Support the implementation of targeted hepatitis B and HPV vaccination programs and develop opportunities and pathways to increase vaccine uptake
- Develop and implement community and individual (men's, women's and gender diverse) education programs to prevent reproductive coercion

Increase uptake of harm reduction tools

- Provide safe, culturally specific access to biomedical treatment and prevention such as PrEP, PEP and TasP (undetectable equals untransmittable or U=U), harm reduction programs, equipment and approaches in Aboriginal community-controlled settings and key networks
- Decrease reciprocal needle sharing by increasing access to sterile injection equipment, harm reduction information and knowledge about BBV transmission risks
- Support innovative, community-led, multidisciplinary outreach including telehealth and video approaches to improving access to prevention tools and information

Test

Regular testing, earlier detection and rapid linkage to treatment and care are vital to decreasing disease transmission and improving sexual and reproductive health and wellbeing outcomes.

With high rates of asymptomatic infections, and reinfection common, STI testing strategies need to include identifying, testing and treating sexual partners to prevent ongoing transmissions and minimise disease complications.

Along with increases in community engagement and mobilisation, access to BBV and STI testing services can be enhanced through collaborative and culturally safe partnerships, innovative testing technologies, expanded programs for case finding, clinical audits, capacity building and other system enhancements.

The Victorian Aboriginal Health Service, Working Together for Health and the Prevention and Early Intervention Coordinator are three different approaches that have proved the effectiveness and benefits of tailoring inclusive service design and using data-informed system approaches to drive improved patient care delivery including for testing. Identifying barriers to service access and co-designing testing interventions to reduce and remove these barriers across health settings are crucial next steps of strengthening the sexual and reproductive health service system response.

Aboriginal Victorians experience higher rates of BBV and STI due in part to higher rates of later diagnosis. This then contributes to poorer treatment outcomes and increases the risk of further transmission. It is critical that we work in partnership with representative bodies, ACCOs, community health and primary care services to strengthen the capability and capacity of the health system to deliver culturally safe BBV, STI and reproductive health care as part of routine service delivery.

Aboriginal Victorians, like other priority populations, are at greater risk of BBV and STI infections. Increasing access to testing services will be central to decreasing the disease incidence and prevalence in Victoria. This will mean changes to screening approaches, including in antenatal care. We must review our evidence-based testing policies to reach Aboriginal Victorians who are unaware of their risk, encourage clinicians to test, and reduce stigma and discrimination associated with sexual history assessments, behaviours and risk factors.

The Medicare Benefits Schedule 715 item number provides an annual opportunity to incorporate sexual and reproductive health and viral hepatitis care into adolescent and adult health checks for Aboriginal Victorians.

Greater use of innovative testing programs and technologies will be a feature of our renewed response. Nurse-led, peer-led and community-based approaches can increase testing by reaching and engaging with communities in flexible, inclusive and novel ways. Point-of-care testing offers an unprecedented opportunity to overcome barriers to testing and to scale up testing and treatment in community-controlled settings.

Improving the consistency, timeliness, completeness and quality of Aboriginal data collection will support a more comprehensive understanding of the sexual and reproductive health and viral hepatitis service requirements for Aboriginal Victorians. It will also:

- enable data-informed service delivery
- support community engagement and mobilisation
- enable communities to design innovative approaches to emerging issues.

Key achievements in testing

The Prevention and Early Intervention Coordination (PEIC) model was a place-based systems approach to increasing access to, and participation in, prevention and early detection services for Aboriginal Victorians. The PEIC project employed project coordinators (PEICs) in the health services of Wathaurong (Geelong) and Rumbalara (Shepparton) Aboriginal Cooperatives. A regional PEIC was based in south-western Victoria servicing Kirrae Health Service (Framlingham)

and the health services of Gunditjmara (Warrnambool), Winda-Mara (Heywood) and Dhauwurrd-Wurrung (Portland) Aboriginal Cooperatives. The PEIC's role was to facilitate the systematisation of the Patient Information Recall System and health promotion initiatives directed towards increasing the uptake of Medicare Benefits Schedule Item 715 health assessments and prevention screening. Through both the local and regional PEIC project coordinators, supported by VACCHO capacity-building

inputs, the PEIC project helped progress substantive organisational change towards greater evidence-based clinical team care, prevention and early intervention within the participating Aboriginal health services. This co-designed and delivered approach offered flexibility for local responses to specific key priority focus areas including sexual health, based on health service data and community priorities as determined by the local Aboriginal health service.

Victorian Aboriginal Health Service

For more than a decade, the Victorian Aboriginal Health Service has operated a dedicated BBV and STI clinic, seeing and treating thousands of people over this time. The service has been innovative in its operations to continue to deliver services for the community during the COVID-19 pandemic, flexibly delivering face-to-face consultations, telehealth and a walk-in emergency service. The service supports referral

pathways with engagement and links to monitoring, treatment and care through ongoing strong partnerships with:

- metropolitan gastroenterology departments
- the Statewide Hepatitis C program
- the Melbourne Sexual Health Centre's Green Room
- the Victorian HIV service

- the Victorian Aboriginal Child Care Agency
- VACCHO
- community organisations.

This program is considered best practice in meeting the BBV and STI health needs for Aboriginal communities, delivering culturally safe prevention, testing, treatment and care services.

Increasing data completeness

The Victorian Department of Health undertook the Viral Hepatitis and Gonococcal Enhanced Surveillance Project and Data Linkage Study between 2016 and 2018. These aimed to improve the completeness of Aboriginal status data in people notified with viral hepatitis

and gonococcal infection. This work significantly improved the completeness of the data and demonstrated the effectiveness of data linkage approaches to better understand disease burden.

The proportion of cases with missing data fell from 63 per cent to 34.7 per cent for hepatitis B and

77.9 per cent to 45.9 per cent for hepatitis C. Data completeness reached 65 per cent during this enhanced surveillance period (MacLachlan et al. 2020). Increasing data completeness of Aboriginal status in disease notifications is an ongoing priority for the department.

Aboriginal Victorians living with a BBV or STI know their status

By 2030:

Aboriginal Victorians living with a BBV or STI are aware of their status, are diagnosed early and are supported to do so.

Aboriginal Victorians are engaged early and often in designing and implementing testing services for BBV and STI.

Regular testing for BBV and STI is normalised and offered to Aboriginal Victorians across health settings, including in antenatal care.

Aboriginal Victorians at greater risk of BBV and STI understand the need to be tested and experience no barriers in doing so.

Priority actions – testing

Increase access to testing

- Develop co-designed and co-implemented BBV and STI testing initiatives
- Develop and implement co-designed and targeted cervical screening initiatives
- Promote and enable peer-led community-based BBV and STI testing approaches
- Standardise flexible, innovative and multidisciplinary models of testing to reach Aboriginal Victorians affected by and at risk of BBV and STI
- Support outreach models in regional settings and metropolitan Melbourne to promote access to primary care and community health
- Partner with primary care and community health services and the community-controlled health sector to include culturally safe BBV and STI screening in routine health care
- Build the capacity of existing community-controlled services to test and diagnose BBV and STI
- Implement relevant national guidelines for BBV and STI screening for Aboriginal Victorians

Increase early detection of BBV and STI

- Encourage Aboriginal Victorians to access BBV and STI testing as part of regular care, using clinical management software for patient recall, reminders, clinical pathways and follow-up
- Promote comprehensive BBV and STI antenatal screening and engagement in routine care
- Advocate to reform Medicare Benefits Schedule items to better support Aboriginal Victorians

Treat and care

Highly effective treatments are available to treat and manage BBV, STI and reproductive health conditions. Aboriginal Victorians have rights to access early diagnosis, treatment and care.

Access is essential to achieving optimal sexual and reproductive health and wellbeing among Aboriginal Victorians. Central to this work will be identifying and reducing the geographic, social and cultural challenges and other barriers to accessing treatment in primary care, community-controlled settings and specialist services.

Earlier diagnosis and treatment uptake (where appropriate) will improve the sexual and reproductive health of Aboriginal Victorians. The individual and community benefits of earlier detection and rapid links to care must be reinforced, together with the long-term avoidable consequences of untreated diseases and conditions.

As with our approaches to increasing access to testing, increasing treatment uptake hinges on the capacity of the health system to deliver BBV, STI and reproductive health treatment and care as part of routine service delivery. The effectiveness of this will depend on the strength of partnerships between government, ACCOs, community health and primary care. Culturally appropriate and effective referral pathways for treatment and care, supported by

culturally safe partner notification and contact tracing systems, are needed to support clinicians to decrease ongoing disease transmission and reinfections.

We also need to consider partnerships outside of the health model of care, to account for intersecting identities and lived experiences. This plan outlines actions to support partnerships with alcohol and other drug, mental health, housing and youth services to develop pathways and programs tailored to meet the wellbeing needs of Aboriginal Victorians.

Innovative approaches to community-based peer-support and joined-up care across health and custodial settings will also help Aboriginal Victorians to better navigate from diagnosis to treatment and care. This will increase patient engagement and retention.

As with testing, we should leverage COVID-19 innovations in service delivery to increase treatment and effective care coordination between primary care, community-controlled care and specialists. We should incorporate e-prescriptions, models of shared care, telehealth, virtual platforms and outreach.

Aboriginal people continue to be significantly over-represented in our custodial system and experience higher rates of BBV and STI. Recognising this, Justice Health and Corrections Victoria's Continuity of Care pilot has supported Aboriginal people to maintain or improve their health outcomes on exit from custodial settings by connecting them with health services. Two pilot ACCO sites were funded to the end of 2020 to deliver this care and to promote service coordination. More initiatives are being implemented under the Department of Justice and Community Safety's Aboriginal social and emotional wellbeing plan.

Service delivery approaches need to be holistic and comprehensive, respecting the cultural rights, values, beliefs, knowledge, aspirations and expectations of Aboriginal Victorians. Services must be accessible, high quality and respond to community need. This requires a skilled, culturally respectful workforce of health professionals and peers working in partnership to improve health and wellbeing outcomes.

Key achievements in treatment and care

When direct-acting antivirals for hepatitis C treatment were listed on the Pharmaceutical Benefits Scheme, VACCHO and the Victorian Aboriginal Health Service developed and implemented the highly effective **Aboriginal hepatitis C treatment campaign** <<http://www.sistagirl.com.au/portfolio/yarning-about-hep-c/>> featuring Uncle Jack Charles.

VACCHO hosted yarning circles with Aboriginal women in 2019 to better understand women's sexual and reproductive health issues. These community consultations have highlighted the importance of cultural safety to enable Aboriginal communities to access reproductive health treatment and care services.

ACCOs deliver clinical treatment and engagement programs to support Aboriginal people who use drugs and who are living with a BBV. ACCOs do this in partnership with the HIV and viral hepatitis sector, community health and tertiary services.

The Victorian HIV and Hepatitis Integrated Training and Learning program provides training to health professionals to facilitate best practice diagnosis and management of BBV and STI in primary and community health settings. In partnership with VACCHO, dedicated STI workforce training for ACCOs has been provided to ensure staff and services are upskilled to effectively manage these infections. This innovative two-year pilot initiative has consulted with services to identify professional development needs. It then delivered tailored whole-of-practice training to at least 50 per cent of health service staff (GPs, nurses, Aboriginal and community health workers and allied health professionals). Finalisation of this pilot was delayed due to the COVID-19 pandemic.

Aboriginal Victorians have access to best practice evidence-based sexual and reproductive health treatment and care

By 2030:

Aboriginal Victorians living with a BBV or STI receive the treatment and care they need, including rapid links to treatment, ongoing monitoring and support to stay engaged in care.

Aboriginal Victorians can easily access BBV, STI and reproductive health treatment, care and medications in local health settings and social support and community services, including in custodial settings.

Treatment and care services meet the needs of Aboriginal Victorians through a process of co-design with communities and culturally appropriate and effective referral pathways between community, primary and specialist care services.

Aboriginal Victorians living with or at greater risk of BBV and STI are aware of the long-term consequences of untreated infections and know how to access appropriate treatment and support.

Deaths attributable to BBV or STI reduce through improved culturally safe screening, treatment and disease management models.



Diamond Bay – Boon Wurrung Country
Photographed by Mikaela Egan

Priority actions – treatment and care

Increase access to timely and appropriate treatment and care of BBV and STI through evidence-based treatment and models of care

- Deliver culturally safe BBV, STI and reproductive health treatment and care as part of routine health care
- Build the capacity of existing community-controlled health services to deliver treatment, care and support in line with national clinical guidelines
- Develop flexible, innovative and multidisciplinary models of care to support Aboriginal Victorians regarding BBV, STI and reproductive health issues
- Support the development of culturally appropriate and effective referral pathways for treatment and care
- Increase awareness and understanding of the individual and community benefits of early diagnosis and rapid linkage to treatment for BBV and STI
- Strengthen and expand community-based peer support and navigation approaches from diagnosis through to adherence to treatment to reduce 'loss to follow-up'
- Strengthen the interface between custodial-based health services and the broader health system by increasing integration, consultation and collaboration with community health services, in particular ACCOs, to ensure people leaving custodial settings receive joined-up, holistic transition planning that supports them in navigating health care and health systems in the community
- Promote and support culturally safe partner notification, contact tracing and treatment of partners in the context of respectful and healthy relationships
- Develop and implement effective response strategies to manage and control BBV and STI clusters and outbreaks in Aboriginal communities

Increase access to timely and appropriate reproductive health treatment and care

- Support individuals to make evidence-informed decisions about their reproductive health
- Provide training to health services on person-centred reproductive health treatment and care
- Build the capacity of primary care, community health and community-controlled settings to deliver accessible information and offer culturally appropriate services related to conception, contraception and pregnancy options, including assisted reproductive treatment
- Support skill development among the reproductive health workforce to offer culturally safe and informed services that recognise, respect and aim to address barriers to service access

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Appendix

Blood-borne viruses and sexually transmissible infections among Aboriginal Victorians, 2016 to 2021 continued...

Disease	Data
Gonorrhoea	<p>The rates of gonorrhoea in Aboriginal Victorians increased by 148 per cent between 2016 and 2019. Between 2020 and 2021, rates of infection in Aboriginal Victorians slowed, increasing slightly by 3 per cent.</p> <p>The rate of gonorrhoea infection among the Aboriginal population was over 2.5 times higher than the non-Aboriginal population in 2021.</p>
Hepatitis B	<p>Between 2016 and 2021, there were five newly acquired hepatitis B cases among the Aboriginal population, representing a rate three times higher than the non-Aboriginal population. Most cases were male and lived in a metropolitan area.</p> <p>Between 2016 and 2021 there were 33 unspecified hepatitis B infections among the Aboriginal population, representing a rate ratio of one. This indicates that the rate of infection in both Aboriginal Victorians and non-Aboriginal is the same. The median age for unspecified cases was 34 years of age; 70 per cent of unspecified cases were male and 48 per cent were from a rural area.</p> <p>The notification rate for unspecified hepatitis B among the Aboriginal population is less than the non-Aboriginal population because most people diagnosed and/or living with unspecified or chronic hepatitis B in Victoria are people who were born overseas and may have acquired their infection at birth or in early childhood.</p>
Hepatitis C	<p>Between 2016 and 2021, there were 42 newly acquired hepatitis C infections among the Aboriginal population, representing a rate 17 times higher than the non-Aboriginal population. The median age of cases was 30 years; 76 per cent were males and almost half (48 per cent) of total cases lived in a rural area.</p> <p>Between 2016 and 2021, there were 381 unspecified hepatitis C cases among the Aboriginal population, representing a rate 11 times higher than the non-Aboriginal population. The median age of cases was 36 years and more than half lived in a metropolitan area.</p>
HIV	<p>There were 19 cases of HIV among the Aboriginal population between 2016 and 2021, representing a rate 1.6 times higher than the non-Aboriginal population. The median age of cases was 29 years, and most were male and lived in a metropolitan area.</p>
Syphilis	<p>The rates of infectious syphilis in Aboriginal Victorians increased by 85 per cent between 2016 and 2019. From 2020 to 2021, rates of infection increased by 96 per cent. In 2021, rates of syphilis in Aboriginal Victorians were almost equal to rates in 2019.</p> <p>In 2021 the rate of infectious syphilis among the Aboriginal population was 4.5 times higher than the non-Aboriginal population. From 2016 to 2021, the median age of infectious syphilis cases was 31 years, and 68 per cent of cases lived in metropolitan areas.</p> <p>Between 2016 and 2021, 34 per cent of infectious syphilis cases among the Aboriginal population were female. In 2021 Aboriginal women had an almost 14 times higher rate of infectious syphilis than the statewide rate of infectious syphilis in non-Aboriginal women. For female cases, 6 per cent were diagnosed in specialist sexual health clinics, whereas 62 per cent of cases were diagnosed in other GP clinics. For male cases, 29 per cent were diagnosed in specialist sexual health clinics and 31 per cent in other GP clinics.</p> <p>Between 2016 and 2021, three cases of congenital syphilis were notified among the Aboriginal population.</p>

