Partnership and co-design: the national enhanced response to the infectious syphilis outbreak

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Context

In January 2011, an increase of infectious syphilis notifications among young Aboriginal and Torres Strait Islander people was identified in the North West region of Queensland, following a previous steady decline in infectious syphilis cases at a national level in remote communities over several years.

Subsequent increases in infectious syphilis notifications were also reported in the Northern Territory in 2013, Western Australia in 2014 and South Australia in 2016, and again following previously sustained periods of low notification rates. Since the commencement of the syphilis outbreak in 2011 to 31 January 2019, there have been 2,559 cases of infectious syphilis and 15 congenital syphilis cases associated with the outbreak regions of northern and central Australia.

The current infectious syphilis outbreak is affecting predominately young (15-29 year olds) Aboriginal and Torres Strait Islander people living in remote areas of northern Australia. However, the outbreak is now becoming a significant issue in some larger centres within the outbreak region, most notably Darwin, Cairns and Adelaide.

The epidemiological profile of the outbreak and nature of syphilis infection has considerable implications for public health, including:

- high rates of infection in women of child bearing age, increasing the risk of congenital syphilis;
- high risk of further spread of syphilis due to a highly mobile affected population, widespread distribution in remote areas and across jurisdictional borders, limited access to skilled and stable sexual health workforce in remote areas and limited community awareness and education; and
- increased risk of transmission and acquisition of other Sexually Transmitted Infections (STIs), including HIV.

While the current focus has been on syphilis, the epidemiological patterns for other STIs, particularly gonorrhoea and chlamydia, and blood borne viruses (BBV) are similarly concerning.

On 1 May 2017, the Hon Ken Wyatt MP, Minister for Indigenous Health, wrote to state and territory health ministers articulating the need to work together more strategically on Indigenous sexual health.

In December 2017, the Australian Health Ministers Advisory Council (AHMAC) endorsed a National Strategic Approach and Action Plan to address the disproportionately high rates of syphilis and other BBVs and STIs in regional and remote Indigenous communities.

A key feature of the Action Plan was that it was developed in consultation with affected jurisdictions, the National Aboriginal Community Controlled Health Organisation (NACCHO), health experts and key stakeholders. It is this mode of policy development that laid the groundwork for the possibility of a co-design approach to the development and roll out of the service delivery response and it is the successful co-design process that is the centrepiece of this paper.

An overview of the enhanced response

The Australian Government has committed $21.2 million from the Indigenous Australians Health Programme in funding over four years (2017-18 to 2020-21) to support the AHMAC approved Strategic Approach and Action Plan.

In deciding how to proceed with the enhanced response the Government, in consultation with NACCHO and the states and territories, made an important decision to work with the existing structures and stakeholders that already underpin the delivery of primary health care in the Indigenous communities most impacted by the current syphilis outbreak.

The emphasis was not on the development and roll out of a new service delivery model but on harnessing existing community services from the very start of the process. As a result, the enhanced response is being delivered through Aboriginal community-controlled health services (ACCHS) in the outbreak regions.

ACCHS are best placed to test, treat and respond to STIs and BBVs. Their delivery of a comprehensive model of primary health care is broader than mainstream services and the emphasis is placed on a multidisciplinary care team approach and long-term relationships.

ACCHS are committed to developing an evidence-based, culturally appropriate best practice approach to preventing and managing STIs and BBVs in Indigenous communities.

The types of projects funded include:

- workforce supplementation and implementation costs for the roll out of the ‘Test and Treat’ model, including point-of-care test (POCT), negotiated on a case by case basis with each ACCHS in the outbreak region;
- development and roll out of a ‘train the trainer’ model to upskill the existing and the supplemented workforce in both the ‘Test and Treat’ model and sexual health in general; and
- culturally appropriate health communication and education materials, developed in consultation with community, aimed at both clinicians and the target population.

To support the enhanced response, the Australian Government Department of Health (Health) established an Enhanced Response Unit (ERU) within the Office of Health Protection in April 2018, to

coordinate the key elements of the Australian Government's multi-pronged contribution to the Action Plan.

Furthermore, after significant involvement from the earliest phases of the design of the response, NACCHO has received funding from the Australian Government to help support the roll out of the enhanced response until June 2021. NACCHO is focusing on logistics and coordination among the ACCHS at a national and local level, as well as with the providers for the training, quality assurance and supply of the POCT technology. NACCHO has a key advocacy role in influencing the local approach via support for continuous quality improvement and community of practice; and the national approach by communicating key successes and lessons learned.

Building a co-design approach

The foundation for the co-design approach has been the collaborative and open relationship formed among the key stakeholders but most especially between Health and NACCHO. From the start of the enhanced response process, Health and NACCHO have worked in partnership and closely with ACCHS, the national sector support network and state and territory public health authorities across the affected areas and other key stakeholders, to foster the development of locally relevant service models and roll out the enhanced response in a phased approach.

This co-design approach, outlined in Attachment A, was built on three key pillars:

1. **Policy Development** with a clear outcome focus;
2. **Program Design** in full collaboration with all stakeholders; and
3. **Service Delivery** defined by and tailored to the needs of each service.

Policy development

Formal structures were established at the beginning of the enhanced response process to ensure that all the key stakeholders were involved and up-to-date on the progress of the outbreak and policy developments.

Council of Australian Government (COAG) framework

In July 2017, the Commonwealth Chief Medical Officer (CMO) and the Australian Health Protection Policy Committee (AHPPC) were tasked by Minister Wyatt to respond to the syphilis outbreak. Existing COAG structures were used to facilitate the policy development stage of the enhanced response which facilitated a quick resolution of the policy intent.

A Governance Group was established by AHPPC in August 2017 to oversee the enhanced response, including gaining agreement on short-term actions to address immediate priorities. The Governance Group was also asked to take into consideration a long-term approach to a sustainable response to STI and BBV.

The Chair of the Governance Group is the CMO and members include: Chair Multijurisdictional Syphilis Outbreak Working Group; NACCHO representative; South Australian Health and Medical Research Institute (SAHMRI) representative; CRANAplus representative; and four senior decision makers from the affected jurisdictions (Queensland, Northern Territory, Western Australia, and South Australia).

The Governance Group meets regularly and is supported as needed by the various areas within the Commonwealth (including Health and the Department of the Prime Minister and Cabinet), as well as the AHPPC sub-committees and technical working groups, including:

- Communicable Diseases Network Australia (CDNA): national public health coordination and leadership, including through the Series of National Guidelines (SoNGs);
- Multijurisdictional Syphilis Outbreak Working Group (MJSO): surveillance, reporting, workforce issues related to the outbreak and guidance on antenatal care;
- Public Health Laboratory Network (PHLN): advice and expertise on pathology and laboratory services, including Point of Care Testing (PoCT) and improved access to laboratory data; and
- Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS): advisory body on strategic policy, programs, social policy activities relating to BBV and STI, including education and awareness.

Strategic Approach and Action Plan

To ensure that the national response had clear purpose and direction, the Governance Group developed a *National Strategic approach for an enhanced response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people* (the Strategic approach),which was subsequently endorsed by AHPPC and AHMAC. The respective primary, secondary and tertiary objectives of the Strategic approach are to:

1. Control the current syphilis outbreak in northern and central Australia (primary);
2. Undertake opportunistic control efforts for other STI and BBV (secondary);
3. Consider the long-term sustainable response to STI and BBV issues in Indigenous people, in-line with the National BBV and STI Strategies for 2018-2022 (tertiary), with the ultimate goal of reducing rates of STI and BBV to a sustainably low level.

The Strategic Approach is supported by an *Action Plan: Enhanced response to addressing sexually transmissible infections (and blood borne viruses) in Indigenous populations*. The Action Plan has four key priority areas:

- *Priority Area 1:* Testing and treatment
- *Priority Area 2:* Surveillance and reporting
- *Priority Area 3:* Education and Awareness
- Priority Area 4: Antenatal Care

The Action Plan acknowledges that significant work had already been done by state and territory health services, ACCHSs, primary health care and other community organisations to address the syphilis outbreak, but highlighted that an enhanced response was still needed to curb the current syphilis outbreak. Although all states and territories have a range of interventions in place and/or have directed specific resources to this issue, the Action Plan identifies opportunities to scale-up and/or coordinate these efforts at a national level.

Epidemiological data and surveillance

All good policy is driven and supported by evidence and the enhanced response is no exception. In April 2015, a Multi Jurisdictional Syphilis Outbreak (MJSO) committee was formed in response to the on-going and growing syphilis outbreak. The MJSO includes representatives from DoH, affected jurisdictions, sexual health physicians, and experts in Aboriginal and Torres Strait Islander sexual health.

The MJSO's main role is to undertake national level data surveillance and analysis and provide advice to governments. A key function of the MJSO has been to provide monthly surveillance reports summarising the outbreak epidemiological data across the four jurisdictions. These reports have helped track the spread of the current outbreak and have informed the policy development for the rollout of the enhanced response.

National Guidelines

As part of the policy development cycle, a number of national policies and guidelines were reviewed and updated to inform decision making and clinical and public health practice. These included:

- The Syphilis Series of National Guidelines (SoNG) which has been developed in consultation with CDNA and endorsed by AHPPC. The syphilis SoNG provides nationally consistent guidance to public health units (PHUs) and captures the knowledge of experienced professionals providing guidance on best practice based upon the best available evidence.

- The Syphilis Chapter of the National Pregnancy Care Guidelines which provides a reliable and standard reference for health professionals providing antenatal care.

These Strategic Approach, Action Plan, monthly surveillance reports, and SoNG are publicly available on Health's website: **http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm**

States and Territories

The four affected jurisdictions are working closely with Health and are responding to the outbreak in accordance with the Syphilis SoNG.

The disease control interventions that are being implemented or enhanced include:

- opportunistic and community screening/testing, particularly among young sexually active people aged less than 29 years;

- immediate treatment of people who are symptomatic (e.g. genital ulceration), have tested positive for syphilis or are sexual contacts of cases;

- reinforcement and focus on antenatal screening for syphilis, with particular attention paid to recommended guidelines for the 'at risk' population;

- public health alerts, health protection education and campaigns; and

- active follow up of cases.

Summary of key success factors for policy development

Key factors that contributed to the success of the policy development included:

- formal structures established to include all key stakeholders
- agreement of National Strategic Approach and Action Plan, with a focus on clear objectives and actions
- decision making underpinned by epidemiological data and surveillance
- supported by up-to-date national guidelines

Program co-design

Health and NACCHO agreed that a phased approach was needed to rollout the enhanced response and ACCHS in Townsville (Queensland), Cairns (Queensland) and Darwin (Northern Territory) were identified for Phase 1. These sites were chosen in consultation with the jurisdictions due to the high and emerging number of syphilis cases in these regions and the capacity of the services to help develop, implement and trial the first phase of the rollout.

NACCHO convened the first face-to-face workshop in Cairns in April 2018 between Phase 1 ACCHS, Queensland Health, the Queensland Aboriginal and Islander Health Council -the Queensland NACCHO affiliate and Health. At this meeting, NACCHO and the Phase 1 ACCHS defined initial model designs for the test-and-treat model outlined in the Action Plan and the ACCHS then agreed to develop proposals to support the implementation of the Action Plan, with direct assistance from NACCHO. This was key, as Health did not approach this workshop with a pre-designed idea or set of ideas on how the Test-and-Treat model would be operationalised. ACCHS weren't consulted on options, they were asked to design from the beginning, based on the available evidence and policy parameters of the Strategic Approach and Action Plan.

It was agreed that the enhanced response would build on the ACCHS primary health care (PHC) model to effectively deliver a focussed sexual health service to Aboriginal and Torres Strait Islander people. This enabled the ability to leverage off existing PHC contracts to speed up to delivery process with ACCHS and state and territory NACCHO Affiliates (ACCHS peak bodies for each jurisdiction).

Clear objectives were also identified, namely to: implement the test-and-treat model, and more specifically to increase screening and treatment in the targeted cohort of the population in outbreak areas. There was no prescribed delivery model and ACCHS were encouraged to customise their proposals to local need.

Every aspect of the program design followed a bottom-up design methodology, in which the selection of sites, development of specific on-the-ground workforce models, and organisation of regional coordination happened in partnership between the services, NACCHO and Commonwealth and state and territory governments.

Following the success of the workshop in Cairns, a further three workshops were jointly planned by NACCHO and Health. The workshops were held in Darwin, Adelaide and Perth and this was fundamental for the staged rollout of Phases 2 and 3 across the outbreak regions in Northern Territory, Western Australia and South Australia.

Another factor that was critical to the selection of ACCHS in Phases 2 and 3 was the detailed analysis of epidemiological data to narrow down those ACCHS most in need of additional assistance. ACCHS with increased numbers of syphilis cases and ACCHS with emerging trends indicating that syphilis cases were possibly on the rise were invited to attend the workshops. At the workshops, although some ACCHS had high numbers of syphilis, they opted not to take assistance as they could manage within their existing workforces. Other ACCHS that were in higher need made their case in a supportive environment for extra assistance. As such, the ACCHS and Affiliates in each State were intricately involved in selecting which services received extra support through the enhanced response.

Summary of key success factors for program co-design

Key factors that contributed to the success of the program design included:

- local stakeholder co-design meetings convened by NACCHO
- COAG Strategic Approach and Action Plan shared with ACCHS and stakeholders
- the program design approach was underpinned by clear objectives
- the policy intent and delivery challenges were explored together
- the significant leadership capability in the ACCHS sector represented by the National Sector Support Network of NACCHO and its state and territory Affiliates
- ACCHS were invited to apply for tailored funds
- epidemiological data was used to select ACCHS
- leveraging off existing contracts to speed up delivery process: NACCHO, Affiliates, ACCHS
- face to face gatherings were held with all key stakeholders involved
- open bilateral service level discussions.

Service delivery

Phased rollout

The first phase of the enhanced response commenced in June 2018 in Darwin (Northern Territory), Townsville and Cairns (Queensland). The second phase commenced from October 2018 in the Katherine Region, East Arnhem (Northern Territory) and the East Kimberley Region (Western Australia).

Health and NACCHO are currently working to establish a third phase, which will include additional sites in South Australia, Western Australia the Northern Territory and will roll out in the first quarter of 2019.

The rationale behind the phased roll out was to use some of the larger ACCHS to help formulate the response because they have the experience and the expertise to successfully translate the strategic approach into a deliverable on the ground.

The successful roll out of Phase 1 gave confidence to the other ACCHS in Phase 2 that they would be able to develop a collaborative and flexible service model built around the needs of their workforce and their community. It also ensured that the supporting systems and structures to facilitate the service delivery could be gradually implemented – such as the roll out of Point of Care Test training and quality control systems; data extraction programs could be written by the larger services and

shared; and lessons learnt from the implementation could be passed on and used to inform the next phase of roll outs.

Service level agreements with ACCHS

Tailored service level agreements were implemented with ACCHS after close consultation with each service on their individual needs. These agreements included a mix of:

- supplementary workforce
- local program design
- capacity building of existing and new workforce
- sustainability measures.

The agreements were designed to be outcome focused and incorporated flexible design to meet the individual needs of each service. Each service identified what they needed to achieve the outcome of increased screening of the target population. These agreements were established under the existing Indigenous Australians' Health Programme in order to streamline and minimise the additional reporting burden on services, as well as to emphasise the role of the enhanced response as an extension of primary health care activities.

The outreach strategies and initiatives proposed vary greatly from one service to another depending upon the make-up of their service footprint such as whether or not they had large centralised clinics or many smaller clinics in remote settings. For some services only additional staff were required but others required vehicles or assistance with accommodation for staff. All of these different needs were worked through bilaterally as part of the funding process.

NACCHO played a key role in helping services work through their respective requests. NACCHO was able to draw on its line of sight of multiple services to provide guidance and balance to the requests of individual services. Partnership with such a key stakeholder with intimate knowledge of the service delivery environment was critical to the whole negotiation process.

Most importantly for services, the training that was provided as part of the roll out was delivered in a train-the-trainer model. This gave ACCHS the capacity to train other members of their health workforce. It is this capacity building approach that has been most welcome by services as contributing to the longer-term sustainability of their sexual health trained workforce.

Regular reporting back to services has been developed, so that ACCHS are informed of their progress against increasing syphilis testing in their target populations under a continuous quality improvement (CQI) framework. This will allow them to understand and moderate the level of effort and outreach required to curb the increase in syphilis cases.

Community Engagement and Health Resources

Engaging the community is also another critical element that is central to the delivery of the enhanced response. The Australian Government is funding SAHMRI to deliver a multi-strategy Aboriginal and Torres Strait Islander community awareness, education and testing campaign for syphilis and other STI.

The SAHMRI campaign assists in:

- targeting Aboriginal and Torres Strait Islander people aged 15–29 years living in regional and remote Aboriginal communities of Queensland, Northern Territory, Western Australia and South Australia; and

- promotion, through television and radio advertising, engaging with local community groups, social media and the Young Deadly Free website.

The *Young Deadly Free* website offers a range of resources for young people in remote Aboriginal communities, as well as resources for Elders, parents, youth workers and other community leaders – with tips on how the whole community can work with young people to encourage STI and BBV testing, and knockout STIs and BBVs.

The website also offers resources for clinicians working in remote communities, providing links to testing and treatment guidelines and practical tips on engaging with young people on difficult topics such as sex, sexuality, and drug and alcohol use.

Summary of key success factors for service delivery

Key factors that contributed to the success of the service delivery included:

- Phased rollout
- Epidemiological data used to phase rollout
- Ongoing local and national level data collection
- Tailored service level agreements with ACCHS
  - Outcome focused funding and flexible design
  - Regular reporting back to services
  - Supported by PoCT training and quality control
- Engagement of the community is central to the delivery of the enhanced response

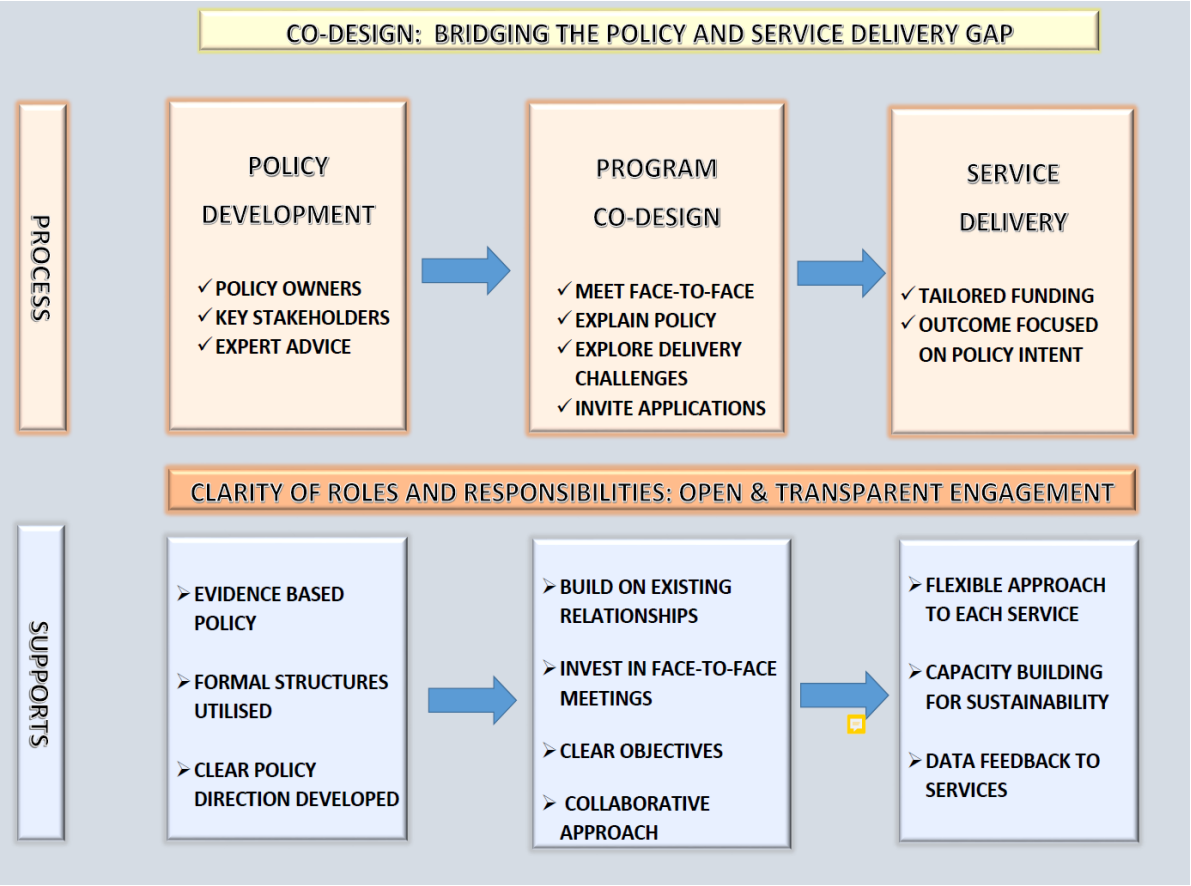
Conclusion

This co-design approach for the enhanced response to the syphilis outbreak offers a successful and inclusive partnership model that could be considered in the delivery of other similar programs.

The success of the roll out of the enhanced response has been defined by the bridging of the gap between policy intent and service delivery. A critical support to this bridge was the co-design process which brought policy makers and service delivery providers together to achieve a clear measurable outcome.

It must be said that the foundation to all of this work has been an open and transparent relationship between NACCHO, ACCHS and the Department of Health. Furthermore, by building on existing policy structures and service level agreements the focus on the outcome could always be maintained without the distraction of having to design and develop new consultation processes or service level agreements. This partnership approach not only facilitated stakeholder buy-in and extension of the response, but also ensured the development of effective, culturally appropriate diverse programs that go beyond the design capacity of any central policy unit.

In essence, the roll out of the enhanced response has utilised the structures and services that are already in place to deliver a locally tailored flexible service delivery outcome. It is an approach that is already available for anyone to use if prepared to take-up the challenge of open engagement and trust.



Presenters

Dr Dawn Casey is Deputy CEO of NACCHO. Dawn is a descendant of the Tagalaka clan in North Queensland. Dawn held full-time positions of Director of the Western Australian and Powerhouse Museum and National Museum of Australia. Dawn's career also includes a number of key executive positions in the Department of the Prime Minister and Cabinet, Indigenous Affairs, Cultural Heritage and Overseas Aid and Development. Dawn has been awarded three Honorary Doctorates (Charles Sturt, Qld and Macquarie Universities), Commonwealth Government's Public Service Medal (PSM), Australian Government's Centenary Medal, three Australia Day Public Service Medals, and a Fellow of the Australian Academy of the Humanities.

Dr Lucas de Toca is a Principal Adviser and Assistant Secretary in the Australian Department of Health, where he leads a national taskforce to address a syphilis outbreak in northern and central Australia and other Indigenous Health initiatives. During the past five years, Dr de Toca has worked as the Chief Health Officer at Miwatj Health, the regional Aboriginal Community-Controlled Health Service for East Arnhem Land. As the top public health official in the region, he had strategic oversight of health service delivery and planning of primary and public health services. He undertook medical school in Spain and Sydney, further training in Public Health at the Harvard Chan School

where he focused on health systems policy and leadership in health and human rights. Dr de Toca has been a member of the Northern Territory Clinical Senate, and a Board Member of the Northern Territory Aids and Hepatitis Council and has held several academic positions, currently serving as an Honorary Senior Fellow at the University of Melbourne.