

Western Australian Blood-borne Virus and Sexually Transmissible Infections Advisory Committee

Terms of reference and meeting protocols

Introduction

The aim of the WA Blood-borne Virus and Sexually Transmissible Infections Advisory Committee, referred to as the Committee hereafter, is to provide a forum for a multi-agency partnership in the prevention and control of blood-borne viruses (BBVs) and sexually transmissible infections (STIs). The composition of the Committee will reflect a partnership approach and include representatives from the affected communities, non-government organisations, health service providers, researchers and policy-makers.

The Committee will advise the Chief Health Officer, Assistant Director General (ADG), Public and Aboriginal Health Division, Western Australian Department of Health (Department) on the development of public health plans and policies relating to the prevention and control of STIs and BBVs.

Background

The Committee is established in accordance with Part 2 s 33, Part 5 and Part 6 that relate to the establishment of advisory committees and the development of public health plans and policies respectively, within the WA *Public Health Act 2016*.

Role of the Advisory Committee

The key roles of the Committee are to:

1. Provide a forum for the maintenance of partnerships and development of innovative approaches in the prevention and treatment of infection with, and disease caused by, pathogens that are transmitted by a blood-borne route and/or sexual activity in WA.
2. Provide input into the development, implementation and evaluation of the WA Department of Health's state health plan and policies for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and sexually transmissible infections (STIs), considering matters such as prevention, education, treatment, care, surveillance, research, legal and policy issues, and evaluation.
3. Provide policy advice, considering the current epidemiology, behavioural surveillance, evaluation and research findings around blood-borne viruses (BBVs) and STIs.
4. Support and promote a whole-of-government, multi-agency approach to all matters related to STIs and BBVs.
5. Provide an opportunity for advocacy for people living with or at-risk of STIs and BBVs.
6. Establish opportunities to include state and national targets for STIs and BBV infections in the health service providers' and WA Primary Health Network's strategic plans.

7. Communicate with Health Service Provider boards on behalf of the Committee and individual organisations represented on the BVSTIAC.

Meetings protocols of the Advisory Committee

1. The Committee will report to the CHO/ADG, Public and Aboriginal Health Division, Western Australian Department of Health.
2. The Committee will meet three times per year. If needed, there will be the opportunity to establish short-term and focused working groups.
3. The Department will appoint the Committee's Chair and Deputy Chair every two years. The Deputy Chair will take on the role of Chair after the out-going Chair has served a fixed-term, two-year term or if the Chair's role is vacated.
4. Consumers' appointments will be renewed for either one or two years, to allow for a staggered approach to consumer membership.
5. The Sexual Health and Blood-borne Virus Program (SHBBVP) will tender a written report to the Committee at each meeting, providing information on the Department's activities relating to HIV, STIs and BBVs prevention, treatment and control, and system-wide performance indicators, where available.
6. The Committee will submit an annual report to the CHO/ADG, Public and Aboriginal Health Division and the Chairperson and Deputy Chairperson will meet with the ADG on two occasions each year. The annual report will provide advice to the CHO/ADG on issues of concern. The report will also be considered by SHBBVP in policy development and program planning.
7. Committee members are not prevented or restricted from independent advocacy to the Minister for Health, health service boards or other government departments.

Responsibilities

Committee members will take responsibility for the following tasks:

1. Attend and participate in meetings.
2. Sending a proxy to meetings if unable to attend.
3. Participate in determining the content and recommendations of the Committee's annual report.
4. Assume tasks as delegated by the Chairperson and Deputy Chairperson.

The Chairperson will be required to:

1. Provide direction and approval for secretariat related matters, such as approval of agendas and minutes.
2. Meet annually with the ADG, Public and Aboriginal Health Division, and represent the views and advice from the Committee.

SHBBVP will provide secretariat to the Committee. The Secretariat will be required to:

1. Maintain up-to-date member details and distribution lists.
2. Liaise with the Chair on all meeting and Committee related matters.
3. Attend to all meeting documentation including agendas, minute-taking, Committee correspondence and reports.
4. Arrange Committee meetings and coordinate guest speakers as required.
5. Provide a written report to each Committee meeting on SHBBVP activities and

system-wide performance indicators, where available.

6. At the direction of the Committee, coordinate and draft the Committee's annual report.

Membership

The Committee membership will include representatives from the following organisations and three representatives from the affected communities. Representatives will nominate a proxy if they are unable to attend the meetings.

- Aboriginal Health Council of WA
- Department of Justice
- Derbarl Yerrigan Health Service
- East Metropolitan Health Service
- Health Consumers' Council
- HepatitisWA
- Magenta
- Mental Health Commission
- North Metropolitan Health Service
- Peer Based Harm Reduction WA
- Royal Australian College of General Practitioners WA
- SECCA
- Sexual Health Quarters
- SiREN, Curtin University
- South Metropolitan Health Service
- WA AIDS Council
- WA Country Health Service
- WA Network Alcohol and Drug Agencies
- WA Primary Health Alliance
- Youth Affairs Council WA

Remuneration and allowances

The Department will not pay members remuneration or allowances to salaried officers or members associated with state funded health services or non-government organisations. Participating health consumers will be remunerated as per the remuneration rate advised by the Public Sector Commissioner.

Annual report

The annual report will be approved by the Committee and submitted to the ADG. The SHBBVP will assist in drafting the annual report at the instruction and approval of the Committee. The annual report will not represent the views or opinions of the SHBBVP.