



Government of Western Australia
Department of Health

WA Sexual Health and Blood-borne Virus Strategy 2024–30

Implementation Plan 1



A holistic approach for improving
sexual health and blood-borne
virus outcomes for all WA people



Acknowledgement of Country

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia.

Aboriginal and Torres Strait Islander may be referred to in the national context and international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

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Priority action	Priority activities	Strategies	Agency	Monitoring
EE1 Approaches to intersectionality	1.1 Embed ongoing programs and initiatives that educate on and address intersectionality, especially for the health workforce by: - learning and assessing how intersectionality may shape internal operations and service delivery within an agency/ organisation/group - provide education and training on intersectionality to foster awareness and an understanding on how intersectionality shapes interactions with clients and services - facilitate an environment that embraces equity, diversity, and inclusion through implementing policies, processes, and programs that use an intersectional understanding, from workforce recruitment through to service delivery and public communications - develop a culture of leadership and commitment to addressing intersectionality by ensuring that leaders at all levels advocate for equity, diversity, and inclusion - create opportunities for feedback from staff and clients/ patients to better understand challenges and to identify opportunities for improvement.	- Partner with relevant local services to facilitate a comprehensive response. - Where education and training are provided, consider training on how intersectionality shapes interactions with clients and services. - Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs. - Provide friendly services with safe spaces and approachable, non-judgemental staff to ensure clients feel comfortable accessing services and discussing sexual health and BBVs. - Relevant frontline staff complete 'Understanding and Reducing Blood-borne Virus Stigma and Discrimination' in MyLearning. - Ensure that feedback mechanisms are available in multiple formats and feedback received is actioned.	Sexual Health and Blood-borne Virus Program (SHBBVP) Public Health Units (PHUs) Non-government organisations (NGOs) Aboriginal Community Controlled Health Services (ACCHSs) Primary Health Care	- Actions by agencies/ organisations/ groups on activities to educate or address intersectionality - Training events in WA on intersectionality - Reported policies, processes, and programs to address intersectionality - Client/patient feedback - SH and BBV representation on reference groups, advisory groups and in co-design processes - Reported changes to legislation/ policies/ systems - Audit and review of application of accessibility standards - Stigma indicator reports.
		Ensure teachers, schools, and school leadership have access to policies and other supporting documents to promote and celebrate diversity within their school community.	SHBBVP Relationship and Sexuality Education (RSE) Project	
		Provide LGBTIQ+SB sector development training.	PHUs NGOs	
	1.2 Monitor and review legislation and regulatory or system policies/frameworks that: - create barriers to accessing health or social support and/or - perpetuate stigma and discrimination.	Embed equity and accessibility principles in policies/framework development and review cycle. Provide feedback on guidelines and policies, including the Series of National Guidelines (SoNGs) and advocate for engagement through appropriate channels.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
		Continue to advocate for changes in laws that create barriers to accessing healthcare, health hardware, or social support and/or perpetuate stigma and discrimination.	SHBBVP NGOs ACCHSs	
		Continue advocacy for decriminalisation of sex work in collaboration with local and national partners.	Magenta	

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	1.3 Monitor stigma and discrimination in the community that impacts on health-seeking behaviour of priority populations and their access to testing and treatment services.	Analysis of 9 datasets for the stigma indicator projects.	Centre for Social Research, University of New South Wales SHBBVP	
		- Ongoing monitoring of local barriers and enablers to accessing testing and treatment services to inform service improvement. - Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	1.4 Ensure programs and initiatives cater for and meet minimum standards for accessibility.	- Utilise outreach models to improve access for priority populations. - Monitor local barriers/enablers to accessing testing and treatment services to inform service improvement. - Implement systematic and organisational changes to reduce stigma and discrimination by improving services through better informed policy, practice and service delivery decisions. - Audit program materials and physical spaces to meet accessibility standards. - Make key service information available in plain English and multiple formats (print, audio, online). - Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs. - Collect and review client satisfaction data to identify trends related to diversity, access, and intersectional needs. - Maintain websites with a minimum A accessibility rating. - Advocate for greater awareness of sexual health and wellbeing rights for people with disability.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	

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EE2 Meaningful involvement	2.1 Work in partnership with priority populations to promote prevention, improve treatment linkage and care coordination, and improve our intersectional approach by: - identifying gaps in priority population engagement with care - partnering with new community organisations linked to priority populations - engaging with priority populations to identify issues related to stigma and discrimination, co-designing strategies to address these issues	- Partner with community organisations to deliver culturally safe education and training. - Maintain and implement collaborative partnerships between priority populations, health services, community organisations and clinical workforce. - Collaborate with consumer advisory groups to co-design strategies to promote prevention, improve treatment linkage and care coordination, and address issues related to stigma and discrimination.	SHBBVP PHUs NGOs ACCHSs	- Audit of collaborations and potential new collaborations - Consumer feedback - Priority population engagement in co-design process - Stigma and discrimination indicators - Consumer feedback - Community engagement in co-design processes - Statements and implementation of GIPA/ MIPA.
	2.2 Educate and understand the practical implementation of the greater involvement of people living with HIV (GIPA)/ meaningful involvement of people living with HIV (MIPA) principles, extending these to all priority populations, ensuring these are included across the provision of prevention, education, support, and advocacy.	- Ensure lived experience input into relevant prevention, education, support and advocacy. - Deliver internal education on GIPA/MIPA principles.	SHBBVP PHUs NGOs	
	2.3 Embed community engagement in the planning, implementation and evaluation of programs and services. This may include: - identifying relevant community stakeholders - engaging with community, leaders, and local services at all stages of program and service delivery.	- Include key stakeholders in planning, implementation and evaluation of BVSTI programs and services. - Implement and maintain consumer advisory groups in place to support planning, implementation and evaluations of programs and services. - Engage with community, leaders, and local services at all stages of program and service delivery.	PHUs NGOs ACCHSs Primary Health Care	
EE3 Human rights/ sexual rights	3.1 Provide patients and consumers with information about their rights and responsibilities to SH and BBV.	Provide accessible information to the general public regarding rights and responsibilities under the Public Health Act 2016.	SHBBVP	- Analytics of resources accessed and disseminated - Consumer feedback.
		- Ongoing education to clients and community groups. - Creation and distribution of plain language resources.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	

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EE4 Partnerships	4.1 Foster collaborations between different agencies, organisations and groups by: • monitoring and supporting projects across sectors to improve efficiencies and to address gaps • broadening reach of resources and training to out-of-sector stakeholders • connecting with alcohol and other drug (AOD), homelessness, housing, disability, and mental health services • promoting the use of up-to-date evidence (epidemiological/ research/ scientific /programmatic best practice) to other sectors.	• Foster collaborations across the sector via various working groups, committees, forums, workshops, trainings and meetings with a diverse range of organisations. • Hosting and/or presenting at sector forums where knowledge and research is shared across organisations within the sector. • Maintain existing partnerships and identify opportunities to foster new collaborations to improve outcomes related to BVSTIs. • Share intersectional training materials with partner agencies.	SHBBVP PHUs NGOs ACCHSs	• Representation from SH and BVSTI sector in reference groups, advisory groups and consultations • Reported/acknowledged collaborations.
	4.2 Strengthen partnerships between specialist SH and BBV services with other primary care services to embed SH and BBV services in person-centred care.	• Facilitate integration of SH and BVSTI services into antenatal care pathways through collaboration with maternity services. • Develop warm referral pathways with local primary health services. • Engage primary care providers in training and resource dissemination.	PHUs Sexual Health Clinics NGOs ACCHSs	
	4.3 Contribute to reference and advisory groups on broader public policies that impact the SH and BBV health of priority populations (e.g. sexual assault prevention, reproductive health, immigration).	• Where appropriate, nominate staff to sit on reference and advisory groups that extend beyond BVSTIs, and are related to intersectional factors that impact on SH and BVSTIs and priority populations.	SHBBVP PHUs NGOs Primary Health Care ACCHSs	

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EE5 Cultural responsiveness	5.1 Establish culturally competent workforces and services through adhering to best practice standards and: - ensuring there is an organisational approach and commitment to cultural awareness and safety - ensuring there is appropriate workforce development and training on respecting and understanding Aboriginal culture and people - ensuring governance structures, policies and practices enshrine principles of quality care and cultural safety - establishing mechanisms to recognise, address, and prevent racism at the individual and organisational levels - providing open opportunities to clients/patients to provide feedback and report on experiences.	- Support cultural competency training, including mandating this in organisations where possible. - Implementation of guidelines to ensure cultural safety, including how racism can be reported on and how those reports will be addressed within the organisation. - Provision of cultural competency training. - Local orientation packages to include information on local cultural protocols, and where to find more information.	SHBBVP AHCWA PHUs NGOs ACCHSs Primary Health Care	- Consumer feedback - Staff reported incidents - Audit number of community-controlled services engaged in BVSTI initiatives.
	5.2 Enhance collaboration with Aboriginal Community Controlled Health Services. This may include: exploring opportunities to transition services or share funding with relevant community controlled organisations.	- Continue Co-chair arrangement between PHU and ACCHSs for regional Syphilis Outbreak Response Teams (SORTs), where possible. - Continue Co-chair arrangement between CDCD and AHCWA for the statewide Syphilis Outbreak Response Group (SORG). - Continue partnership between AHCWA and SHBBVP for the Annual Sexual Health Teams Workshop. - Continue to work collaboratively with ACCHS sector where appropriate. - Consider collaborative ways of working for both operational work and client facing events.	SHBBVP AHCWA PHUs NGOs ACCHSs Primary Health Care	

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PE1 Health Promotion	1.1 Deliver co-designed statewide BVSTI prevention campaigns which: - are culturally safe, responsive and evidence-based, addressing/raising awareness on epidemiological BVSTI trends - provide information on behavioural and biomedical prevention options - link to other state and national campaigns - have a whole-of-population and priority population prevention focus at different transition points over the life course - are in contemporary and engaging formats - focus on educating in positive ways to reduce stigma and discrimination.	- Facilitate co-design for statewide BVSTI prevention campaigns. - Tailor statewide BVSTI prevention campaigns to local context to maximise impact and outcomes. - Use epidemiological data to inform messaging on BVSTI trends, testing and treatment options. - Work collaboratively with the sector on campaign delivery and implementation. - Consider points across the life course where campaigns can have the most impact.	SHBBVP AHCWA NGOs ACCHSs	- Campaign/social media metrics - Evaluation (process or impact) - Consumer feedback - Information from key agencies/ organisations delivering initiatives/ services - Changes in testing, notification, treatment uptake, reduced time to treatment and contact tracing - Audit of health promotion materials - Website analytics - Number of outreach events delivered and attended.
	1.2 Update and codesign strength-based, locally relevant resources across a range of media formats for all priority populations including: - plain language resources - translated resources - online and hardcopy resources - website strategy considerations for access options and promotion - utilise social media and other communication channels based on engagement metrics and trends in technology.	- Update campaign stakeholder toolkits. - Create campaign resources and brochures. - Engage the Department of Health's Cultural Diversity Unit to identify appropriate media/approaches to reach people from CaLD backgrounds. - Support translation for CaLD and Aboriginal communities.	SHBBVP	
		Update and codesign strength-based, locally relevant resources that are accessible for all priority populations.	PHUs NGOs ACCHSs	

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PE2 Education	2.1 Increase the capacity of schools to deliver comprehensive relationships and sexuality education (RSE) in a safe, non-judgmental, and supportive environment by using a whole school approach including: - developing undergraduate and in-service teacher training minimum standards - evidence informed resources for schools in line with WA curriculum and International Technical Guidance for Sexuality Education - strategies to reach youth disengaged from the school system - consideration of a range of school settings – Education Support Centres, alternate education settings, juvenile justice settings - development of minimum SH and BBV health literacy for school leavers.	- Update and maintain the Growing and Developing Healthy Relationships (GDHR) website content to ensure it is aligned with the latest curriculum and best practice guidelines. - Develop new resources focussing on implementing RSE using a whole school approach and promote widely.	SHBBVP	- Information from key agencies/ organisations delivering initiatives/ services. - Audit of programs, priority populations, gaps. - Evaluations of programs delivered (e.g. improvement in knowledge, skills, attitude) - Consumer feedback.
		- Provide training to school staff to deliver RSE and consider changes which need to occur at the school. - Deliver education to undergraduate teachers to deliver RSE.	RSE Project	
		Support schools (including alternate education settings) to deliver RSE education, including providing education sessions when requested.	PHUs NGOs ACCHSs	
	2.2 Deliver culturally appropriate community education programs in formal and non-formal settings for people of all ages to encourage positive health behaviours. This may include: - programs in priority settings (as per the Strategy) - programs in community settings (e.g. entertainment venues, sports programs, festivals, health expos, online events, and social media) - opportunistic education when providing health hardware - the use of peers and local workers to support two-way learning - collaborations between other services, particularly with the ACCHS sector.	- Deliver culturally appropriate community engagement programs tailored across a diverse range of community settings. - Consider venues wider than traditional 'health' settings, and consider partnering with organisations both within and external to the health sector. - Ensure health hardware is available, and that opportunistic education is encouraged when dispensing health hardware. - Expand teams involved in health promotion and community education to include peer workers, and encourage local staff to be involved, to increase community trust. - Support two-way learning in health promotion and community education, either by engaging with peer workers or workers with lived experience.	PHUs NGOs ACCHSs	
	2.3 Implement sustainable peer-led models to address gaps in existing services and programs. This may include: - models of support and training - collaborations with other services and sectors - considering payment for services.	Implement sustainable peer-led models to address gaps in existing services and programs.	NGOs	

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PE3 Health Hardware	3.1 Increase access and acceptability of condoms by providing free or affordable condoms and lubricant by: - targeting areas where access is limited - developing innovative distribution methods which expand existing programs - distributing to support campaigns and other health promotion initiatives - development of policies that enable access.	- Continue promotion and delivery of the condom dispenser program. - Continue creating health promotion regarding condom and lubricant use, including importance, access and condom use.	SHBBVP	- Number of condom dispensers and locations - Number of condoms distributed - Priority population surveys - Priority population research - Information from key agencies/ organisations delivering initiatives/ services - Kirby Institute Needle Syringe Program Minimum Data Collection - Number of new sites and mode of distributing - Distribution report -capture distribution per capita - ACE App or other media analytics.
	3.2 Increase access to and distribution of sterile injecting equipment and safe disposal options among people who inject drugs. This may include: - a range of distribution methods (face-to-face, outreach, dispensing machines) - increasing the number and range of services and settings providing needle and syringe programs (NSP) - assessing metropolitan, regional, and remote areas for service need - programs to improve health literacy - advocacy for legislative policy that removes barriers for engagement with services - ensuring equitable access for all geographical areas - collaborations with service providers connected to priority populations and settings - stigma and discrimination reduction strategies.	- Expand the number and range of services and settings that provide sterile injecting equipment and safe disposal options, prioritising geographic areas and/or populations with poor access. - Advocate for legislative change around peer distribution and other measures that present barriers to access. - Implement stigma and discrimination reduction training for NSP and health service staff.	SHBBVP PHUs NGOs Local Government Authorities (LGAs)	
	3.3 Increase promotion of NSPs, safer injecting education, and safe disposal options including: - partnering with local government and services - using a range of media platforms to promote NSP locations - increasing community awareness of the public health benefits of NSP.	- Continue to promote, update and monitor the use of the ACE app. - Promote NSPs, safer injecting information and safe disposal options by partnering with local services. - Promote the use of the ACE app. - Use a range of media platforms (including the ACE app) to promote NSP locations. - Provide information to the community which emphasises public health and harm reduction benefits of NSP services.	SHBBVP PHUs NGOs ACCHSs Primary Health Care LGAs	

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PE4 Biomedical Prevention	4.1 Increase access and uptake of relevant PrEP and PEP among at-risk communities by: - identifying and implementing new options for access - where possible advocating for options in primary care and assessing options for provision in regional and remote areas - identifying gaps in knowledge and awareness among healthcare workers/providers and tailoring education initiatives to address gaps - improving community education.	- Identify and promote workforce capability building opportunities to reduce gaps in knowledge. - Ensure education and health promotion includes PrEP and PEP uptake for at-risk communities. - Increase access and uptake for Medicare ineligible populations.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Number of people accessing HIV PrEP through PBS - Number of people accessing PEP through PBS - Number of prescribers - Number HPV vaccinations - Data from vaccination surveillance and reporting system (Australian Immunisation Record) - National Immunisation Strategy and the Western Australian Immunisation Strategy 2024-2028. - WA participation in trials - Number of people with Medicare ineligibility.
		Work with the Department of Health's Immunisation Program to monitor vaccine uptake, and use data to inform campaigns, resources and other projects.	SHBBVP Immunisation Program	
	4.2 Increase vaccine coverage for vaccine preventable infections (HPV, HBV, with consideration for availability of new vaccines in line with TGA approval and ATAGI guidance) by: - developing culturally appropriate, safe and responsive education for parents and children - improving regional and remote access to vaccinations. - ensuring diverse vaccine delivery methods across a range of sites.	- Facilitate diverse vaccine delivery methods across a range of sites, including after-hours clinics, drop in clinics, etc. - Ensure health promotion is culturally appropriate, safe and responsive.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
		Epidemiological trends to be monitored and reported on at a regular basis to inform practice.	SHBBVP Surveillance and Disease Control (SDC) PHUs	
	4.3 Monitor trends and support trials of innovative biomedical prevention and treatment methods.	Support WA involvement in trials of innovative biomedical prevention and treatment methods.	SHBBVP SiREN	

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IC1 Point-of-Care Testing (PoCT)	1.1 Expand PoCT testing in primary health care settings by: - exploring mobile and outreach testing options - continuing training diverse workforce (e.g. peers) - advocating for inclusion within Medicare Benefit Schedule (MBS) - monitoring emerging PoCT technology - supporting research into the PoCT cascade, including rapid treatment protocols and antimicrobial surveillance for resistance - prioritising services that serve higher risk populations - prioritising services that care for Aboriginal people (e.g. ACCHS).	- Continue the promotion and delivery of the WA Syphilis PoCT program. - Ensure that WA Syphilis PoCT are prioritised according to epidemiology and services that service higher risk populations. - Continue to support the National Australian Hepatitis C Point-of-Care Testing Program. - Monitor emerging PoCT technology, and distribute information via various channels. - Continue to advocate for inclusion on the MBS.	SHBBVP	- Number and distribution of PoCT services - Incidence of BVSTI via PoCT testing - Linkage and time to treatment.
		- Regular training on PoCT provided to those responsible for delivery. - Consider expanding PoCT in a variety of community settings, including integration into existing outreach activities.	PHUs NGOs ACCHSs	
		- Support research in the PoCT cascade. - Monitor emerging PoCT technologies for all BVSTIs.	SHBBVP SiREN	
IC2 Patient-led testing and incentives	2.1 Increase innovative testing options by: - continuing online testing options - reviewing novel online testing options (e.g. postal test kits, downloadable pathology) with consideration to improving testing options for people in regional and remote areas. - increasing home testing options.	Continue online testing program for chlamydia and gonorrhoea via the Get The Facts website; and consider expansion to other BVSTIs.	SHBBVP	- Number of tests ordered (by type) - Number of tests completed (test positivity) - Number and type of incentives - Number of tests and treatments resulting from incentives - Number of bulk-billed visits offered and utilised.
		- Continue or consider implementing online or home testing options. - Promote the Get The Facts online testing to the general community.	PHUs NGOs ACCHSs	
	2.2 Develop resources to empower patients to initiate conversations with healthcare professionals.	Work with consumer groups to develop resources to empower patients to initiate conversations with healthcare professionals, considering impact of shame, stigma and varying levels of healthcare literacy.	PHUs NGOs ACCHSs	
	2.3 Consider incentives (monetary and non-monetary) for higher risk population groups to test, treat, and provide contacts.	Work with consumer groups and clinic/executive staff to determine whether incentives (monetary and non-monetary) could be implemented, and if so what incentives would be effective.	PHUs NGOs ACCHS	

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	2.4 Increase the accessibility of low cost or free testing and treatment.	- Continue and expand low cost or free testing and treatment clinics. - Map locations where current clinics are, and consider expanding to under-served areas either by outreach, increased transport or other methods.	PHUs NGOs ACCHSs	
IC3 Opportunistic testing and treatment	3.1 Implement strategies to normalise testing and incorporate into routine practice by: - embedding testing into existing health checks (e.g. 715 adult health checks, men's and women's checks, cervical screening, contraception consults, antenatal checks, when managing other conditions such as urinary tract infections) - upskilling healthcare workers to promote regular testing - considering community-wide screening programs - increasing clinicians' incentives to test (e.g. MBS item numbers for undertaking annual testing) - promoting opt-out testing models of health care - provide re-treatment for recurrent infections, if required.	- Embed regular professional development, including how BVSTI testing can be incorporated into other consultations and promoting regular testing. - Consider embedding BVSTI testing into patient information systems/patient administration systems to create opt-out testing models and integrate it into other existing health checks. - Treating reinfections as per the WA STI and BBV Guidelines.	PHUs NGOs ACCHSs Primary Health Care	- Number of unique BVSTI notifying services - Guidelines for opt-out testing models - Number of prescribers - Number of tests, notifications, and treatments.
	3.2 Explore partnerships that increase services' ability to provide testing and treatment (e.g. emergency departments, custodial settings).	Strengthen partnerships with local services, and explore innovative services to engage in testing and treatment initiatives.	SHBBVP PHUs NGOs ACCHSs	
IC4 Preventing onwards transmission	4.1 Improve contact tracing activities and efforts by: - increasing service provider collaboration and coordination improving systems for confidential client information sharing - implementing innovative and culturally appropriate methods to provide a private, confidential, and safe environment with appropriate staff (e.g. trained peers, Aboriginal Health Workers (AHWs) and Aboriginal Liaison Officers (ALOs)) - providing training on collecting accurate information in a sensitive way - prioritising rapport and relationships with patients and communities.	Continue advocacy for Health Service Providers (HSPs) to receive an exemption for particular information management policies and guidelines which has allowed/will allow HSPs to notify contacts of exposure via various social media platforms.	SHBBVP PHUs	- Number of people treated from contact tracing - Number of people lost to follow up - Number of PDPT administered - Number of people trained in contact tracing.
		- Ongoing professional development on rapport building with clients/communities, and contact tracing, including collection of information in sensitive and culturally appropriate ways. - Use of existing and novel committees for services providers to identify service gaps and improve contact tracing protocols.	PHUs NGOs ACCHSs Primary Health Care	

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	4.2 Strengthen partner notification approaches, particularly in GP settings through: • use of social media • utilising peers, AHWs and ALOs • implementation of guidelines for partner notification.	• Refer to and maintain the WA STI and BBV Management Guidelines (Silver book) to provide guidance for GPs and other health professionals to complete the partner notification process.	SHBBVP	
		• Continue advocacy for HSPs to receive an exemption for particular information management policies and guidelines which has allowed/will allow HSPs to notify contacts of exposure via various social media platforms.	SHBBVP PHUs	
		• Ensure professional development on contact tracing includes information regarding partner notification approaches.	PHUs NGOs ACCHSs Primary Health Care	
	4.3 Explore opportunities to embed use of patient delivered partner therapy (PDPT) e.g. chlamydia treatment.	• Learn from services within the sector that have embedded PDPT and consider implementing.	PHUs NGOs ACCHSs Primary Health Care	
	4.4 Ensure that patients and partners/contacts understand and can access: • relevant biomedical prevention options (PEP, PrEP, U=U, viral load) • relevant behavioural prevention options (sexual risk reduction practices, safer injecting etc.) • appropriate testing • counselling and support.	• Ensure that information in health promotion resources or campaigns created or distributed promote relevant biomedical and behavioural prevention options, appropriate testing, and counselling and support.	SHBBVP NGOs PHUs ACCHSs	
		• Provide education during case and contact follow up, outreach, and clinical encounters to support informed decision-making.	PHUs NGOs ACCHSs Primary Health Care	

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IC5 Models of care	5.1 Expand nurse-led models of care. This may include: • utilising nurse practitioners and practice nurses for testing and treatment assessment, both in specialist and primary/ community settings • streamlining stable longer term BBV patients into nurse-led follow up processes • ensuring that ongoing training is provided, particularly for BBV testing and management.	• Develop and maintain Structured Administration and Supply Arrangements (SASAs) allowing expansion of health professionals able to manage BVSTIs. • Expand nurse-led models of care, and create or maintain policies that allow for nurse-led models of care within the organisation. • Ensure ongoing training is provided for testing and treatment of BVSTIs.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	• Number of nurse-led clinics • Audit of services operating hours • Time to linkage into specialist care • Number of healthcare workers trained • Number of organisations/ entities offering comprehensive SH and BBV services • Consumer feedback • Audits and evaluations of patient handover processes. • Number of referrals to/from specialist services • Number of patients with health profiles requiring management plans that have a management plan • Number of collaborations with new general health care services • Evidence of policies or governance processes which enshrine community/ patient participation • Proportion of people who are successfully treated • Number of people retained in care • Number of people maintaining viral suppression due to outreach services • Number and location of mobile and home services • Consumer feedback • Evaluation of onsite testing initiatives • Antenatal syphilis testing guideline adherence • Monitoring antenatal testing targets in the strategy • Evaluation of partner initiatives • Number of partners tested and treated.
	5.2 Integrate SH and BBV health into person-centred care across the sector and in priority settings. This may include: • developing new and existing collaborations/partnerships • improving service linkages and patient referral processes (such as through the use of patient management plans, especially for patients with multi morbidities) • workforce training in person-centred care • support for generalist services from referring specialist services (to ensure patient management is in line with best practice clinical guidelines) • the use of visiting specialists to mentor staff in regional and remote areas to develop capacity • enhancing patient handover processes. • providing patient/community options for feedback.	• Maintain and establish partnerships to explore how BVSTI testing can be incorporated into diverse locations that people may attend opportunistically i.e. no wrong door approach. • Utilise new and existing networks to enhance coordination of patient care.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	5.3 Upskill and utilise peer workers in community organisations to improve testing, treatment, contact tracing and linkage care. • As novel testing modalities become available, consider expansion of testing to include peer workers as appropriate. • Employ peer workers to roles which assist in BVSTI management and prevention.	• As novel testing modalities become available, consider expansion of testing to include peer workers as appropriate. • Employ peer workers to roles which assist in BVSTI management and prevention.	PHUs NGOs ACCHSs	

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	5.4 Increase access to services by: - developing new and existing collaborations/partnerships - improving service linkages and patient referral processes (such as through the use of patient management plans, especially for patients with multi morbidities) - workforce training in person-centred care - support for generalist services from referring specialist services (to ensure patient management is in line with best practice clinical guidelines) - the use of visiting specialists to mentor staff in regional and remote areas to develop capacity - enhancing patient handover processes. - providing patient/community options for feedback.	- Ensure patient management plans, shared care arrangements, and referral protocols are in place for eligible patients and providers. - Develop MOUs with appropriate services. - Support workforce to be trained in person-centred care. - Ensure a diverse range of options to receive feedback from the community i.e. in person, via feedback forms, etc.	PHUs NGOs ACCHSs Primary Health Care	
	5.5 Expand the reach of services by: - establishing new collaborations with primary and community health services to embed testing, treatment, and management into routine care - increasing outreach/mobile testing at community events (e.g. sporting clubs, education settings, TAFEs, festivals) - delivering regular education and training for community and primary care services - using peer-led models of service where appropriate.	- Collaborate with community stakeholders to expand access to testing and health promotion. - Continue and expand education and training to community and primary care services. - Learn from organisations with existing peer work models and embed where appropriate.	PHUs NGOs ACCHSs Primary Health Care	

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	5.6 Strengthen treatment and care through additional options including: - home visits options for patients at higher risk - increasing telehealth options for patient follow up - active follow-up in patient management and treatment by using recall systems (e.g. SMS reminders) - community pharmacy dispensing, ensuring that copayments or other costs are not incurred by the patient to reduce barriers to adherence or treatment completion - investigating treatment adherence apps, tools/ reminders, or protocols for check ins, for those patients with adherence issues or that are experiencing treatment side effects that consent to the additional support - subsidised psychosocial support (counselling, linkages to social activity groups) - consideration and support for National Disability Insurance Scheme (NDIS) options for patients with multiple morbidities.	- Continue or expand provision of flexible care including home visits, telehealth, walk ins, etc. - Provide additional support where required in multi-modal forms, including active follow up, treatment adherence supports, psychosocial support and NDIS where appropriate. - Consider linking patients to specialised support where available, for example, WAAC free counselling services for those with HIV. - Cultivate relationships with local pharmacies to ensure that community dispensing does not encounter issues.	PHUs NGOs ACCHSs Primary Health Care	
	5.7 Improve testing and treatment of BVSTIs in pregnant people and their infants by: - delivering workforce development for culturally appropriate engagement - ensuring integration into quality standards and considering indicators for reporting - implementing initiatives to increase testing and treatment of non-pregnant partners.	- Advocate for increased PoCT for syphilis in maternity settings, including of non-pregnant partners. - Ensure that testing and treatment of BVSTIs is included in quality standards.	SHBBVP PHUs	
		- Deliver or ensure provision of workforce training on culturally appropriate engagement and BVSTIs in pregnant people. - Ensure testing and treatment of non-pregnant partners. - Consider use of incentive programs to improve testing and treatment rates. - Consider regular audits of BVSTI testing and treatment of pregnant people, including timeliness.	PHUs NGOs ACCHSs Primary Health Care	

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IC6 Quality Standards	6.1 Promote and ensure ease of access to clinical guidelines and resources for testing, treatment, and clinical management. This includes: - implementing systems to ensure use of most current guidelines - ensuring alerts and updates are accessed and included in operations - regular staff training.	- Maintenance and promotion of the WA STI and BBV Guidelines (Silver book). - Deliver regular training sessions on current guidelines, including how to access the guidelines. - Ensure alerts are optimised and used by staff effectively.	SHBBVP	- Audit of data and reporting systems - Reports of breaches - Number of AMR cases.
	6.2 Monitor quality standards to ensure patient rights, privacy and confidentiality are upheld.	Maintain relevant accreditation status.	PHUs NGOs ACCHSs Primary Health Care	
	6.3 Reduce the spread of antimicrobial resistance (AMR) by: - improving awareness of AMR in STIs (especially for resistant <i>Neisseria gonorrhoeae</i>) through the education of clinicians on epidemiological trends, infection prevention and controls, and relevant regulatory measures - educating patients on completing courses of treatment to prevent resistance - monitoring trends through AMR surveillance, including cases from regional/remote areas and those detected through PoCT - localised workforce development as AMR cases emerge.	- Provision of relevant training and updates to clinical guidelines regarding AMR in BVSTIs. - Monitoring of trends via AMR surveillance and reporting back to relevant stakeholders.	SHBBVP PHUs	Number of health care workers changed.
		- Ensure that patients receive education regarding completion of antibiotic courses. - Deliver ongoing workforce development regarding AMR as cases emerge and proactively to prevent occurrence. - Maintain and implement Antimicrobial Policy and Antimicrobial Stewardship procedures.	PHUs NGOs ACCHSs Primary Health Care	



Priority action	Priority activities	Strategies	Agency	Monitoring
WD1 Quality standards in education and training	1.1 Increase staff awareness and knowledge through regular education and training opportunities. These opportunities need to: - be delivered in a variety of formats (e.g. online learning, videoconference, information sharing platforms, face-to-face) - be in accessible locations - address gaps in knowledge/awareness for focus topics - be delivered in collaboration with key stakeholders, priority populations and content experts - include opportunities to train diverse workforces (e.g. whole of staff training, multidisciplinary training) - consider training needs in the development of workplace policy and procedures.	- Co-design contemporary and culturally safe BVSTI, NSP and RSE trainings with a range of stakeholders with expert knowledge (e.g. ACCHS, PHUs, peak bodies and peer educators) which meet the needs of the workforce, are tailored to local needs and have a specific focus on priority populations. - Deliver training on BVSTI, NSP and RSE in a range of modalities and locations, including a focus on face-to-face training in regional/remote Western Australia. - Establishing sustainable funding opportunities to support regional/remote staff to travel to attend training opportunities. - Identify methods to promote upcoming training opportunities to increase awareness and participation e.g., intra agency circulation and engaging with other key stakeholders e.g., WAPHA, RHW. - Identify novel opportunities to deliver BVSTI, NSP and RSE updates and/or education sessions e.g., staff meetings and organisation newsletters, to ensure a whole of staff approach.	RSE Project PHUs NGOs ACCHSs	- Number of training/education activities delivered - Training evaluations - Audit of workplace policies and procedures - Improvements to practice as result of training - Feedback from consumers.
		Develop and provide ongoing training and education to staff and volunteers on empowering/disempowering language regarding clients' BVSTI status, drug use and/or other behaviours and lifestyle factors.	PHUs NGOs ACCHSs	
	1.2 Expand tertiary and further professional development capacity to deliver SH and BBV education e.g. for medical students, nursing and midwife students, and teaching students. This may include: - SH accreditation with minimum standards for doctors, nurses, pharmacists, midwives and teachers of RSE in schools - promote nurse practitioner scholarships.	Engage with tertiary institutions and advocate for inclusion of BVSTI content (particularly syphilis outbreak content) via MOUs in tertiary curricula for medical, nursing, and midwifery students.	SHBBVP	
		- Develop and deliver BVSTI training for General Practitioners (GPs) and healthcare workers. - Promote further professional development opportunities in BVSTIs, including nurse practitioner scholarships.	SHBBVP Hospitals PHUs NGOs ACCHSs	
		- Deliver education on BVSTIs to tertiary students and staff, and new graduates. - Develop and implement work placement opportunities for tertiary students.	RSE Project Hospitals PHUs NGOs ACCHSs	

Priority action	Priority activities	Strategies	Agency	Monitoring
	1.3 Develop supportive and comprehensive induction processes by: - creating a training package that sets a minimum standard for SH and BVSTI practice based on established guidelines - including SH and BVSTI training for multidisciplinary services and specialty services - supporting and training locum staff, overseas trained healthcare workers, and non-specialist healthcare workers - adapting processes and training to meet needs of regional and remote locations - involving local community leaders or peer educators in the orientation of new staff.	- Develop a standardised induction package to be provided to all new staff with content including: - syphilis outbreak context - local epidemiology and high risk groups for BVSTIs - local testing protocols - treatment guidelines - cultural safety principles - congenital syphilis prevention - antenatal testing guidelines - SASAs for treatment delivery - HIV education - NSP - and which considers: - diverse workforce groups - regional adaptations - community involvement. - aligns with relevant national, state and local strategies and WA SORG - utilising appropriate local community leaders and peer educators. - Implement processes to regularly review induction packages and ensure they are comprehensive, contemporary and fit for purpose. - Assist other organisations to develop induction packages which include information on BVSTIs. - Develop induction packages in a range of modalities (in person and online) to ensure equitable access to regional and remote staff. - Develop policies and procedures which encourage and/or support locum staff and international medical graduates to complete induction packages, particularly for those working in regional and remote locations. - Provide follow up training and/or iterative training opportunities for new staff once induction training packages have been completed. - Develop and implement diversity, inclusion and LGBTQIA+ training to all new and current staff on an annual basis.	PHUs NGOs ACCHSs	

Priority action	Priority activities	Strategies	Agency	Monitoring
WD2 Workforce Capacity	2.1 Utilise recruitment processes that promote long term retention of staff particularly in regional and remote areas by: - identifying and addressing areas with staff shortages - exploring staff planning models that allow for long term positions - exploring innovative contract models - considering incentives such as additional leave, flexible rotations, etc. - implementing mentorship programs, workforce wellbeing and support programs.	- Implement strategies and policies which encourage recruitment and long-term retention e.g., incentives, long-term contracts, wellbeing support and mentoring opportunities. - Develop and foster supportive and inclusive workplace environments through wellbeing supports e.g., Employee Assistance Program (EAP), flexible working arrangements and internal feedback mechanisms.	SHBBVP PHUs NGOs ACCHSs	- Evaluation of initiatives to improve staff retention - Audits of staff turnover rates - Exit interviews and employee feedback - Research projects and data - Collaborations with champions in other services.
	2.2 Increase capacity for research roles or research opportunities within the workplace.	- Encourage and support staff to undertake applied research projects on relevant topics e.g. congenital syphilis prevention, STI and BBV testing uptake and culturally safe service delivery. - Engage with stakeholders e.g. SiREN who can provide support to staff undertaking relevant research projects.	PHUs NGOs ACCHSs SiREN	
	2.3 Identify and support SH and BVSTI champions within health services and other settings.	- Consider identifying appropriate individuals e.g. peer educators, gendered roles, service champions and role models and offer support via mentoring programs to become SH and BVSTI champions to increase engagement with priority populations and therefore maximise the potential reach and outcomes of programs and services. - Identify, train, and support staff to lead SH and BBV initiatives within services.	PHUs NGOs ACCHSs	

Priority action	Priority activities	Strategies	Agency	Monitoring
WD3 Multidisciplinary models of care	3.1 Educate all staff in person-centred care, embedding SH and BVSTI health into primary health care.	- Undertake regular staff development/professional development to embed SH and BVSTI in primary health care. - Train all staff in person-centred care, embedding SH and BBV into core primary health practices.	NGOs ACCHSs Primary Health Care	- Number of staff trained - Feedback from consumers - Number of accredited prescribers - Number of GPs completing SH and BVSTI trainings - Number of accredited HIV and HBV s100 prescribers. - Number of new services providing testing/ treatment under scope expansion - Health Insurance Act amendments - Analytics of websites and distribution of guidelines - Audit of organisational processes to ensure up to date guidelines being used.
	3.2 Explore and implement innovative methods of engagement with GPs including: - use of multimedia tools - continuing professional development credits - disseminating data and evidence to support need for holistic care.	- Complete CPD accreditation processes for syphilis modules, short courses and workshops to increase participation and engagement. - Utilise appropriate dissemination methods to promote CPD accredited courses to GPs and other primary care professionals. - Disseminate local epidemiological data and case studies through organisation newsletters and webinars. - Deliver education sessions on SH and BVSTIs at conferences which GPs and other health professionals' attend. - Identify appropriate publications utilised by GPs and publish articles on topics related to BVSTI testing and management.	ASHM SHBBVP PHUs NGOs	
	3.3 Increase the number of primary care practitioners with s100 community prescriber accreditation for HIV, and HBV, along with general primary care provider training for HCV.	- Promotion and support for primary care practitioners to undertake s100 community prescriber accreditation for HIV and HBV, along with general primary care provider training for HCV. - Ensure that training is accessible and available for primary care practitioners.	NGOs ACCHSs Primary Health Care ASHM	
	3.4 Expand scope of practice for relevant professions and roles to be able to undertake testing and treatment of BVSTIs. This may include: - advocating for changes to policy and legislation required for increase scope of practice (e.g. Health Insurance Act, Medicare reform) - expanding scope of practice for registered nurses, Aboriginal Health Practitioners (AHPs) and AHWs - expanding scope of practice for peer workers to offer PoC.	- Investigate and/or advocate for expanding the scope of practice for nurses, AHPs, AHWs and peer workers. - Ensure that staff employed are working at their full scope of practice.	SHBBVP AHCWA NGOs ACCHSs	

Priority action	Priority activities	Strategies	Agency	Monitoring
	3.5 Promote and implement guidelines to upskill diverse workforce to build BVSTI testing and treatment into non-SH and BVSTI specialist healthcare (e.g. GPs, primary care, emergency departments, AHPs and midwifery workforces) by: - reviewing and updating WA BVSTI management guidelines (Silver book) - exploring digital innovations to improve user experience of online guidelines for clinicians and consumers.	- Participate in and/or contribute to updates and promotion of the WA STI and BBV Guidelines (Silver book) with a particular focus on enhanced syphilis outbreak content, including congenital syphilis protocols and antenatal screening guidance. - Facilitate training sessions for midwives, AHPs, and emergency staff on BVSTI testing and treatment pathways.	PHUs NGOs ACCHSs	
WD4 Equitable access	4.1 Provide tailored and culturally appropriate training for the regional and remote workforce by: - utilising expertise within the region - providing training within region (online and face-to-face) - funding travel or providing bursaries/scholarships for training out of region - considering training-the-trainer models - considering advocacy for expansion of scope of practice for some professions.	- Deliver education that aims to increase the knowledge and confidence among AHPs and AHWs in discussing BVSTI. - Identify ways to minimise the need for regional and remote staff to travel for training through utilisation of local champions and/or experts. - Deliver culturally appropriate, peer informed training in regional and remote WA through outreach (face-to-face) and online training. - Identify and implement appropriate workforce development opportunities and consider train-the-trainer models in regional locations e.g., Implanon insertion and removal, LGBTIQIA+ inclusive service training and pelvic inflammatory disease training. - Identify and offer sustainable funding opportunities to enable upskilling of AHPs, nurses and regional workforce. - Services to consider partnering with other organisations to develop and deliver training which is suitable for regional and remote locations via in person or online modalities.	AHCWA Regional PHUs NGOs ACCHSs	- Number of training/course attendances by regional staff - Number of local training opportunities available - Number of health care workers trained with assistance of bursaries and scholarships.
WD5 Culturally safe and responsive practice	5.1 Ensure workforce diversity recruitment and visibility (e.g. Aboriginal people, gender diverse people, gender balance across a range of health roles). This may include: - purposeful and selective recruitment to roles and in role advertising - including community and peers in recruitment processing and planning - ensuing adequate remuneration.	- Establish and recruit identified positions where appropriate. - Develop inclusive recruitment processes and panels which are inclusive of peers and community representatives to ensure the value of lived experience is expressed. - Ensure that job advertisements encourage Aboriginal people, LGBTIQIA+ people and people with lived experience to apply for all advertised vacancies.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Audit of workplace diversity - Number of AHPs completing training from funded services - Number of Aboriginal people undertaking relevant training and study - Number of Aboriginal people employed in SH and BVSTI services - Number of peers and people with lived experience employed/involved in SH and BVSTI services.



Priority action	Priority activities	Strategies	Agency	Monitoring
	5.2 Support AHPs to complete SH and BVSTI training.	- Facilitate access to SH and BVSTI training for AHPs, including training on syphilis testing, treatment, and congenital syphilis prevention. - Facilitate access to, or provide training, that aims to increase the knowledge and confidence of AHPs and AHWs to discuss BVSTI. - Partner with ACCHSs and other appropriate training providers to deliver culturally safe education. - Establish and provide mentorship and supervision pathways to support AHPs in applying training within clinical and outreach settings. - Provide or facilitate access to ongoing training and education to AHPs throughout WA. - Establish methods to fund AHP wanting to upskill via appropriate and relevant training providers where appropriate.	SHBBVP AHCWA PHUs NGOs ACCHSs	
	5.3 Develop pathways for young Aboriginal people to enter the SH and BVSTI workforce by: - exploring peer worker opportunities during broader health study - providing flexible study opportunities (e.g. ability to undertake study on Country) - exploring options for secondary and tertiary training in health care.	Work with secondary and tertiary institutions to expand flexible study opportunities.	SHBBVP NGOs	
	5.4 Ensure involvement and employment of peers and people with lived experience.	- Maintain and expand on successful existing peer-led workforce models. - Ensure lived experience is embedded in all facets of program design including outreach, training and evaluation. - Determine and employ a minimum number of people with lived experience e.g. living with HIV to work as peer support workers. - Recognise lived experience in non-peer roles and identify ways to support them via training opportunities, internal processes and recognised support programs. - Ensure ongoing involvement of people with lived experience within appropriate training sessions.	NGOs ACCHSs	

Priority actions	Priority activities	Strategies	Agency	Monitoring
DR1 Planning	1.1 Plan and develop BVSTI data/research initiatives which are evidence based and that: • assess the coverage and quality of current information/evidence • consider the current BVSTI information landscape in WA and Australia (current and planned data systems/sets, surveys, research, emerging data sets and monitoring systems) • clearly demonstrates purpose and how the initiative will address an existing need to meet the goals and targets of this strategy • clearly demonstrates how the initiative will add value to current BVSTI analyses, develop capacity across the sector, and support decision making • account for operational and resourcing requirements, including key partnerships and sector linkages • identify the qualitative and quantitative measures that need to be collected and how they contribute to targets; mode and format for data collection (e.g. face-to-face surveys conducted by peer workers, online forms, interviews) • enables timely reporting of results to inform responses.	• Reach out to SiREN as an available support for research initiatives within the sector. • SHBBVP to provide support for the sector seeking clarity on whether their projects align with this strategy.	SiREN SHBBVP	• Number of proposals developed and progressed • Number of new projects/ initiatives commenced • Number of projects informing progress of goals and targets in the strategy • Number of data and research partnerships • Number of data sharing agreements/ memorandums of understanding that relate to reporting on strategy goals and targets • Interim reviews of projects/initiatives or progress reporting/point in time updates towards achievement of strategy goals and targets • Demonstrated improvements across the care cascade from diagnosis to linkage to care
DR2 Stakeholder engagement and governance	2.1 BVSTI data/research initiatives should collaborate and engage by: • establishing partnerships with relevant priority populations, organisations/ agencies, ACCHS, and services to ensure ongoing and meaningful engagement from planning through to dissemination of findings • ensuring partnerships and collaborations are open, inclusive, collaborative, respectful and meaningful, honouring the ways of working within this strategy, adhering to relevant best practice guidelines • ensuring mechanisms are established for feedback and escalation of issues • establishing a clear delineation of roles and responsibilities to ensure accountability is understood • ensuring appropriate access, such as through data-sharing agreements, and memorandums of understanding, including principles of equity and data sovereignty • ensuring appropriate privacy, such as through confidentiality protocols and digital protection measures, and checking on client/patient permissions if new sharing arrangements occur • describing the sustainability and return on investment of the project/initiative.	• Continue or establish participation in research advisory groups. • Maintain or establish partnerships through existing or new networks to ensure meaningful involvement of priority populations.	SHBBVP NGOs ACCHSs SiREN PHUs	• Improvements in notification data • Consumer engagement/ feedback with services/ digital health initiatives.

Priority actions	Priority activities	Strategies	Agency	Monitoring
DR3 Data/ information processes and systems	3.1 Systems and processes for general collection, storage and analysis of data/ information should factor in: - a review of existing platforms for data collection/ storage and analysis, considering updates where feasible to improve analysis and reporting, with future reviews part of business operations 'soft launching' new collection and storage tools/processes/systems to allow for refinement - initial and ongoing training for staff involved in collection and analysis - options such as in-person/face-to-face collection and self-reported notification to encourage granularity and completeness of data - utilising digital advancements to assist with data collection and recording e.g. online or autogenerated streamlined forms - ongoing potential for integration/linkages with other data systems or data sets (usage/availability of national/jurisdictional data sets along with active and passive surveillance systems across the cascade of care) - technological limitations - triangulation/comparability of data with other analyses (understanding trends over time) - processes/protocols for: - ensuring data quality, validation, and audits - quality assurance - exchanging data/information (e.g. deidentified data) - cybersecurity measures - ongoing storage and preservation.	- Continually review existing BVSTI data platforms to identify opportunities for improved analysis, reporting and integration. - Facilitate access to or provide training on data interpretation for commonly used systems within your organisation.	SHBBVP SDC PHUs NGOs ACCHSs	
		Ensure compliance with the Aboriginal Data Governance Policy.	SHBBVP PHUs	

Priority actions	Priority activities	Strategies	Agency	Monitoring
	3.2 Systems and processes for improving notification data, diagnosis and subsequent linkage to care for BVSTIs should create efficiencies by: - educating priority populations and patients on why data is being collected, how it will be used, and how their privacy will be managed - explore and develop innovative solutions to assist in contacting and locating individuals who are mobile or transient for contact tracing and support (if required) - exploring mechanisms to link information across the BVSTI cascade, with goal of identification of loss to follow up - developing digitising processes and protocols to improve access and efficiency, with tracking from diagnosis to treatment - the promotion and utilisation of My Health Record, with informed consent (noting that some people may not support this or have opted out) - identifying missed opportunities for prevention and education - prioritising areas for quality improvement in current systems - identifying data sets to inform surveillance of comorbidities and attribute mortality for people with BVSTI related disease - exploring data capture options for Aboriginal status, gender diversity, sexual identity, risk behaviours, quality of life, experiences of stigma and discrimination, re-infection and re-treatment rates for HCV.	- Continually review existing BVSTI data platforms to identify opportunities for improved analysis, reporting and integration. - Promote the use of My Health Record (with informed consent) to support continuity of care and improve access to treatment history. - Provide education to patients across a variety of formats regarding the purpose of data collection, including how it will be used and how their privacy will be managed.	SHBBVP SDC PHUs NGOs ACCHSs	
	3.3 Provide education to priority populations and patients on why data is being collected, how it will be used, and how their privacy will be managed. This may include: - considering where innovative peer-led models of data collection can be used - providing opportunities for feedback and engagement.	- Provide education via a variety of formats including written and verbal, and providing translation where appropriate. - Ensure that feedback can be provided in multiple formats, and that feedback is taken into genuine consideration for improvement.		
DR4 Reporting on data to inform action	4.1 Ensure that data is easily accessible to inform future planning and delivery of projects. This may include: - creating live and openly accessible dashboards - considering point in time analysis versus ongoing analyses to review trends in disease incidence, risk behaviours and exposures. - communication updates through key collaborations.	- Continue to maintain the WA Notifiable Infectious Disease Dashboard as a live and accessible database, including BVSTI data. - Share timely reviews of BVSTI data including at regular meetings, as annual reports and through various other means. - Provide stakeholders with data on request as per the data request forms.	SDC	- Laboratory, notification and clinic data is utilised to inform the achievement of targets within this strategy. - Site-based data (e.g. ACCESS) - Study cohort data.

Priority actions	Priority activities	Strategies	Agency	Monitoring
		- Share BVSTI updates and data insights regularly to allow for timely decision making. - Ensure compliance with the Aboriginal Data Governance Policy.	SHBBVP PHUs	
	4.2 Consider ways in which data systems can report on the retention of patient/clients in treatment programs across the care cascade. This may include: - surveillance of HCV testing - surveillance of HBV testing - surveillance of HIV CD4 and HIV viral load data - data linkage to enable surveillance of co-morbidities and attributable mortality within people living with BVSTI-related diseases - timely follow up of those lost to treatment.	Consider ways in which existing or new data systems could support patient retention in treatment programs e.g. Patient information systems, RedCap, Primary Sense data tool, ACCESS Program etc.	PHUs NGOs ACCHSs Primary Health Care	
	4.3 Monitor treatment resistance trends in BVSTIs.	- Advocate for improved methods and capacity for monitoring resistance trends within the WA Notifiable Infectious Disease Dashboard. - Continue to monitor resistance trends within the existing parameters of the WA Notifiable Infectious Disease Dashboard, and communicate with appropriate health professionals.	SHBBVP SDC	
	4.4 Develop/expand/advocate for the use of electronic health record systems. This may include: - exploring current issues with people using My Health Record who go by aliases and address confidentiality concerns that underpin these issues - considering how My Health Record can be used as a more reliable and consistently used data source - decreasing fragmentation of health records across multiple databases and technologies.	- Advocate for better integration of existing electronic health record systems to reduce fragmentation. - Discuss with patients and with system managers how existing issues within My Health Record can be ameliorated. - Communicate clearly to patients and staff how changes to My Health Record default settings relate to BVSTI testing. Continue to advocate that patient confidentiality remains paramount.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	

Priority actions	Priority activities	Strategies	Agency	Monitoring
DR5 Research and evaluation to inform action	5.1 Identify opportunities where service delivery or engagement in services can be strengthened by research/evaluation, with the objective of developing specific recommendations for improvement. This may include: - undertaking peer-led research to identify gaps in knowledge/information on topics such as risk reduction practices or service gaps/issues - reviews on novel service delivery models to meet changing testing/treatment options - research on engagement with SH and BBVs, with the follow through to testing (such as effectiveness of social media campaigns/messages from influencers through to uptake of testing) - evaluations with a focus on cost effectiveness and affordability of current and future BVSTI initiatives.	- Reach out to SiREN as an available support for research initiatives within the sector. - Work within a continuous quality improvement framework, and ensure that evaluation is a key principle of any project. - Contribute to sector research by supporting project advisory groups where the project aligns with organisational purpose and key priorities. - Lead or contribute to research as appropriate.	SiREN SHBBVP PHUs NGOs ACCHSs	- Research/project dependent - Platforms/initiatives for sharing findings - Promotion and uptake of planning tools and frameworks - Acknowledgement by services/organisations of uptake/use of Action Plan.
	5.2 Implement ways to share research and information from successful programs to enable replication and implementation in local areas. This may include: - establishment of a platform to share success stories and challenges of research and program - research translation - implementation methods to disseminate knowledge.	Continue to facilitate platforms and provide funding for knowledge sharing and research dissemination to occur within the sector e.g. sector forums, Sexual Health Teams Workshops, Syphilis VCs, SiREN.	SHBBVP	
		- Share program learnings and evaluation outcomes at appropriate forums, conferences and in peer-reviewed journals. - Promote replication of successful models in other services. - Advocate for translation of research into practical tools or program changes.	SHBBVP PHUs NGOs ACCHSs	
	5.3 Promote and utilise health promotion planning tools and evaluation frameworks to conduct regular and evidence-based evaluations.	- Promote and use the health promotion planning and evaluation toolkits SiREN has developed for use by the sector. - Ensure that planning and evaluation are underpinned by evidence-based frameworks.	SiREN SHBBVP PHUs NGOs ACCHSs	

List of acronyms

AHCWA	Aboriginal Health Council of Western Australia
ACCHS	Aboriginal Community Controlled Health Services
AMR	Antimicrobial resistant
ART	Antiretroviral treatment
ATAGI	Australian Technical Advisory Group on Immunisation
AOD	Alcohol and other drug
BBV	Blood-borne virus
BVSTI	Blood-borne viruses and sexually transmissible infections (when referred to collectively)
CIS	Clinical information systems
CDCD	Communicable Disease Control Directorate
DIDO	Drive-in drive-out
EHR	Electronic health record
FIFO	Fly-in fly-out
GBMSM	Gay and bisexual men who have sex with men
GIPA	Greater involvement of PLWH
GP	General practitioner
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
LGBTIQA+SB	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning, Asexual, Sistergirls and Brotherboys
MBS	Medicare Benefits Schedule
MIPA	Meaningful involvement of PLWH
MSM	Men who have sex with men

NGO	Non-government organisation
PEP	Post exposure prophylaxis
PHA	Public Health Act
PHU	Public Health Unit
PLWH	People living with HIV
PoC	Point-of-care
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
RNA	Ribonucleic acid
RSE	Relationship and sexuality education
SASA	Structured Administration and Supply Arrangement
SDC	Surveillance and Disease Control Program
SH	Sexual Health
SHBBVP	Sexual Health and Blood-borne Virus Program
SiREN	WA Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network
STI	Sexually transmissible infection
s100	Section 100
TAFE	Technical and further education
TasP	Treatment as prevention
TGA	Therapeutic Goods Administration
VL	Viral load
WA	Western Australia
WAIDD	WA Notifiable Infection Disease Database
WHO	World Health Organization
WA BVSTIAC	WA Blood-borne Virus and Sexually Transmissible Infections Advisory Committee





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