



Government of Western Australia
Department of Health

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

Implementation Plan 2



A holistic approach for improving
sexual health and blood-borne virus
outcomes for Aboriginal 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 Policy and Advocacy	1.1 Implement systematic and organisational changes to reduce stigma and discrimination by: - developing inclusive work practices - enhancing services capability to ensure equity - undertaking organisational assessments and cultural audits to identify gaps and inform improvement opportunities - eliminating institutional racism in health services through better informed policy, practice and service delivery decisions.	- 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 go to find more information. - Relevant frontline staff complete stigma and discrimination training. - Ensure that feedback mechanisms are available in multiple formats and feedback received is actioned. - Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs.	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	- Client/patient feedback - Service process and policy audits - SH and BVSTI representation on reference groups, advisory groups and in co-design processes - Audit and review of application of accessibility standards.
EE2 Meaningful Involvement	2.1 Embed community engagement in the planning, implementation and evaluation of programs and services to embed shared decision-making. This includes: - using spaces that are comfortable and safe for Aboriginal people - involving Aboriginal staff - taking part in local Aboriginal community events - engaging with community, leaders and local services such as the ACCHS encouraging and supporting community-based and community-led initiatives.	- Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs. - Maintain and implement collaborative partnerships between priority populations, health services, community organisations and clinical workforce. - Engage with community, leaders, and local services at all stages of program and service delivery. - Attend and support local Aboriginal community events including NAIDOC week, Reconciliation Week, and other local events as appropriate.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Consumer feedback - Evidence of community engagement and co-design processes - Tailored services for priority populations within Aboriginal communities.
	2.2 Prioritise engagement with priority populations within Aboriginal communities when undertaking co-design of services and programs to ensure they meet the needs of the diversity that exists within Aboriginal communities by: - considering the various health services that Aboriginal people use across WA - respecting the expertise that Aboriginal Community Controlled Health Services/Organisations (ACCHS/ACCHOs) provide to Aboriginal health - connecting social and emotional wellbeing (SEWB) services and program in with SH and BBV services.	- Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs. - Continue to work collaboratively with ACCHS sector, especially on services or programs where Aboriginal people are a key audience.	SHBBVP PHUs NGOs ACCHSs	

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EE3 Partnerships	3.1 Foster collaboration between different organisations that enable coordinated service delivery and continuity of care for Aboriginal people.	- Foster collaborations across the sector via the various working groups, committees, forums, workshops, trainings and meetings with a diverse range of organisations. - 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 of Aboriginal people and Aboriginal organisations in reference groups, advisory groups and consultations - Reported/acknowledged collaborations.
	3.2 Strengthen partnerships between government, service providers and community that create efficiencies and improvements for service and program delivery by: - expanding service delivery by creating place-based partnerships - supporting services through shared goals - enabling co-designed programs.	- Explore opportunities for place-based partnerships for BVSTI prevention. - Maintain and implement collaborative partnerships between priority populations, health services, community organisations and clinical workforce. - Continue Co-chair arrangement between PHU and ACCHSs for regional Syphilis Outbreak Response Teams (SORTs). - Collaborate with government, service providers and community to co-design strategies, programs and resources to improve BVSTI outcomes.	SHBBVP SHBBVP PHUs NGOs ACCHSs	
EE4 Cultural responsiveness	4.1 Establish culturally responsive workforce and services by: - ensuring there is an organisational commitment to culture awareness and safety - providing translation of services and resources - demonstrating a visible commitment to a culturally respectful and non-discriminatory service provision - providing appropriate training and workforce development on respecting and understanding Aboriginal culture and people - establishing mechanisms to recognise, address, and prevent racism at the individual and organisational levels.	- Support cultural competency training, including mandating this in organisations where possible. - Implementation of guidelines to ensure cultural awareness and 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 go to find more information.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Consumer feedback - Number of training events and resources - Learning management system/ training audits - Investment into ACCHS for SH and BVSTI healthcare - Audit number of community-controlled services engaged in BVSTI initiatives.

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	4.2 Support a community-controlled response by supporting ACCHS. This may include: - exploring opportunities to transition government sexual and BBV health services to community controlled organisations - increasing investment in SH and BBV initiatives within ACCHS.	- Consider increasing investment in SH and BVSTI initiatives into ACCHS. - Consider redirecting existing funding to ACCHS where they would be best placed to service the community.	SHBBVP	
		- 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	
EE5 Normalising SH and BVSTIs	5.1 Increase understanding of experiences such 'shame' as it relates to SH and BVSTIs (understanding these will vary between communities and individuals) and engage with local Aboriginal communities to implement strategies that normalise SH and BVSTIs.	- Participate in research including the GOANNA Study which seeks to increase understanding of the experiences of Aboriginal young people regarding BVSTIs, including experiences of 'shame'. - Engage with local community leaders, organisations and groups to implement strategies to normalise SH and BVSTIs, including reducing shame, providing discrete options for accessing testing or treatment, etc.	PHUs NGOs ACCHSs Primary Health Care	- Study cohort data (e.g. GOANNA Study) - Consumer feedback - Number of BVSTI tests requested.
	5.2 Create services that are safe spaces that have approachable, non-judgemental staff, that encourage clients to feel comfortable accessing services and discussing SH and BVSTIs.	- Provide friendly services with safe spaces and approachable, non-judgemental staff to ensure clients feel comfortable accessing services and discussing SH and BBVs. - Deliver or facilitate access to education for staff to discuss BVSTIs with Aboriginal people in ways that reduce shame and are respectful of cultural protocols.	SHBBVP AHCWA PHUs NGOs ACCHSs Primary Health Care	
	5.3 Ensure all programs and services are discreet, respect anonymity and provide privacy, to maintain and promote confidentiality for clients and the community.	- As per relevant accreditation status, ensure that patient rights, privacy and confidentiality are upheld. - Consider options such as separate door clinics, or use of wallet cards to request BVSTI testing, to reduce potential for clients to be identified by other community members, including being seen in a waiting room or obviously attending the SH nurse.	PHUs NGOs ACCHSs Primary Health Care	

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PE1 Health Promotion	1.1 Deliver statewide BVSTI prevention campaigns that are developed in collaboration and focus tested with Aboriginal people that: - are responsive, evidence based and address epidemiological trends - focus on communities' strengths and resilience - are in relevant and engaging formats - utilise contemporary mediums that are used by Aboriginal people.	- 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. - Ensure that relevant advisory or consumer groups are focus tested and consulted.	SHBBVP AHCWA PHUs NGOs ACCHSs	- Reporting from key agencies and/or non-government organisations - Campaign/social media metrics - Evaluation (process or impact) - Consumer feedback - Changes in testing, notification, treatment uptake, reduced time to treatment and contact tracing - Audit of health promotion materials - Website analytics (for web-based resources) - Number and type of resources developed.
	1.2 Develop and utilise locally developed resources that are: - age appropriate - culturally responsive - user friendly - accessible to people of all literacy levels - readily available on online platforms.	- Implement or maintain advisory groups for relevant population groups to oversee resource creation to ensure they are tailored to the local community, and fit for purpose. - Create or maintain resources that cater to all literacy levels. - Ensure that locally developed resources are promoted and used across agencies, as appropriate. - Maintain both print and digital version of resources, allowing access both physically and online.	PHUs NGOs ACCHSs Primary Health Care	
PE2 Education	2.1 Deliver ongoing and opportunistic education sessions that are: - age appropriate - culturally responsive - user friendly - accessible to people of all literacy levels - readily available on online platforms.	- Deliver culturally appropriate and accessible community engagement programs across a diverse range of settings tailored to local communities. - Consider venues wider than traditional 'health' settings, and consider partnering with organisations both within and external to the health sector. - Ensure that education programs are engaging in two-way learning, engaging Aboriginal workers in health promotion and learning from cultural experience. - Support staff to deliver opportunistic SH and BVSTI education.	PHUs NGOs ACCHSs RSE Project	- Information from key agencies/ organisations delivering initiatives/ services including number of sessions, target group, participation numbers, content covered etc. - Evaluations of education sessions delivered (e.g. improvement in knowledge, skills, attitude) - Proportion of education sessions delivered by peer educators and/or local workers - Consumer feedback - Number of congenital syphilis cases - Antenatal testing data.

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	2.2 Deliver education sessions delivered by peer educators and influential community members (such as Elders or community leaders/influencers where appropriate) that: - are engaging, innovative, flexible and culturally responsive - provide space for healing and resilience through strengths-based approaches - are delivered in a variety of settings - increase the knowledge, attitudes, and skills.	- Consider venues wider than traditional 'health' settings, and consider partnering with organisations both within and external to the health sector. - Engage in two-way learning, respecting both western and traditional knowledge systems.	PHUs NGOs ACCHSs	
	2.3 Implement education initiatives for pregnant and post-partum women with a focus on the importance of regular BVSTI screening during pregnancy, as well as the use of condoms.	- Consider engagement with parenting classes, mothers groups, and other areas where pregnant and postpartum people are. - Develop or maintain resources that focus on SH and BVSTIs during pregnancy and the postpartum period.	PHUs NGOs ACCHSs	
PE3 Health Hardware	3.1 Provide access to free or affordable condoms and lubricant in a range of settings such as public toilets, hospitals, condom trees, libraries, hostels, tourist venues, TAFEs and other educational settings.	- 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 including number of ACCHS distributing condoms - Number of condoms distributed - Information from key agencies/ organisations delivering initiatives services - Number of ACCHS distributing needles and syringes - Kirby Institute Needle Syringe Program Minimum Data Collection - Needle and syringe distribution data.
		- Ensure access to free or affordable condoms and lubricant, including outreach provision at targeted events, within health services and strategic locations within communities. - Continue to deliver health promotion activities regarding condom use, including events such as National Condom Day and other activities throughout the year.	PHUs NGOs ACCHSs Primary Health Care	
	3.2 Provide access to and distribution of sterile injecting drug equipment and safe disposal options among PWID by increasing: - number of needle and syringe programs (NSPs) - provision in remote based services.	- 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 limited access options. - Advocate for legislative change around peer distribution and other measures that present barriers to access. - Implement stigma reduction training for NSP staff.	SHBBVP PHUs NGOs Local Government Authorities (LGAs)	
	3.3 Increase the promotion of NSPs, safer injecting education and safe disposal options, including at ACCHS.	Continue to promote, update and monitor the use of the ACE app.	SHBBVP	

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		- 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	
PE4 Biomedical Prevention	4.1 Increase access and uptake of PrEP and PEP among at-risk populations within Aboriginal community by: - increasing awareness of biomedical options - ensuring that messaging is relevant for Aboriginal communities.	- Support staff to provide information regarding PrEP and PEP usage for at-risk populations within the Aboriginal community via professional development. - Create or maintain health promotion materials relevant to Aboriginal people regarding PrEP and PEP usage.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Number of people accessing PEP and PrEP through PBS closing the gap co-payment program - Data from vaccination surveillance and reporting system (Australian Immunisation Record).
	4.2 Increase vaccine coverage for vaccine preventable infections (HPV, HBV).	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	
		- 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	
PE 5 Community and culture	5.1 Ensure community control, self-determination, whole of community approach, and connection to culture are built into health promotion and prevention initiatives.	- Implement or maintain advisory groups for relevant population groups to oversee related resources, service planning and programs. - Continue to work collaboratively with ACCHS sector, especially on services or programs where Aboriginal people are a key audience. - Ensure that Aboriginal voice is centred for health promotion and prevention initiatives where Aboriginal people are a key audience.	SHBBVP AHCWA PHUs NGOs ACCHSs	Evidence of services and programs that include community control, self-determination, whole of community approach, and connection to culture.

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IC1 Point-of-Care Testing (PoCT)	1.1 Expand PoCT in services that provide care for Aboriginal people. Priority should be considered for ACCHS and other services that see subpopulations of Aboriginal community who are highly transient across regions in WA.	- 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 or transient populations. - Continue to support the National Australian Hepatitis C Point-of-Care Testing Program. - Monitor emerging PoCT technology, and distribute information via various channels.	SHBBVP	- Number and distribution of PoCT services - Notifications of BVSTI via PoCT - 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	
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 BVSTI tests requested (by type) - Number of notifications (by type) - Test positivity rate (number of notifications / total number of tests) - Number and type of incentives - Number of tests and treatments resulting from incentives - Number of bulk-billed visits offered and utilise.
		- 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 Consider incentives (monetary and non-monetary) for higher risk population groups to test, treat and provide contacts. This may include: - free or subsidised testing options (which may include bulk billing) - vouchers and other novel enticements (e.g. childcare, phone credit, merchandise, entry into a competition).	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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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). - promoting opt-out testing models of health care. - having regular conversations about testing with patients and regularly offering the tests - promoting full BVSTI screenings - implementing community-wide screening programs - collaborating with ACCHS boards and Elders to increase support for SH and BBV healthcare. - Explore partnerships that increase services' ability to provide testing and treatment (e.g. emergency departments, custodial settings).	- 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. - Consider BVSTI screening items within patient information systems which encourage full BVSTI screenings rather than defaulting to disease specific screening. - Treating reinfections as per the WA STI and BBV Guidelines (Silver book). - Create or maintain a whole-of-staff approach SH and BVSTI care within the organisation.	PHUs NGOs ACCHSs Primary Health Care	- Number of unique BVSTI notifying services - Guidelines for opt-out testing models - Number of tests, notifications, and treatments. - Treatment rate (people diagnosed that are treated / people diagnosed).
	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	
	3.3 Increase testing and treatment of Aboriginal men through targeted interventions such as: - men's clinics - men's camps and testing on Country.	Collaborate with the community and community organisations to strengthen SH and BVSTI interventions with Aboriginal men.	PHUs NGOs ACCHSs Primary Health Care	
	3.4 Improve care continuity for Aboriginal people who temporarily relocate to Perth Metropolitan area by promoting relevant metropolitan services improving patient management and handover between Metropolitan based services and regional services.	- Create or strengthen relationships between metropolitan and regional services, including handover processes. - With patient consent, ensure that My Health Record is effectively used.	PHUs NGOs ACCHSs Primary Health Care	

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IC4 Preventing onward transmission	4.1 Improve contact tracing activities by: - increasing service provider collaboration and coordination - improving systems for confidential client information sharing - prioritising rapport and relationship building with local community - implementing innovative methods to provide a private, confidential and comfortable environment for contact tracing to occur (e.g. use of online partner notification or social media) - providing phone credit or phones - providing case management of people with complex psycho-social needs.	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 - Proportion of people diagnosed who do not receive treatment - Median/ mean time from diagnosis to treatment - Number of people trained in contact tracing.
		- Ongoing professional development on rapport building with clients/communities, and contract tracing, including collection of information in sensitive and culturally appropriate ways. - Support staff to undertake community building activities to increase trust in the health service. - Use of existing and novel committees for services providers to identify service gaps and improve contact tracing protocols.	PHUs NGOs ACCHSs Primary Health Care	
	4.2 Decrease time-to-treatment by: - improving active follow-up for disease management and clinical care by using recall systems (e.g. SMS reminders) - increasing service provider collaboration for patient management - ensuring effective treatments are available across the state with priority given to directly observed therapies.	Advocating via appropriate channels to ensure treatment availability across the state, and communicating these outcomes to the sector.	SHBBVP AHCWA PHUs NGOs	
		- 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. - Foster collaborations across the sector via the various working groups, committees, forums, workshops, trainings and meetings with a diverse range of organisations.	PHUs NGOs ACCHSs Primary Health Care	
	4.3 Aboriginal health workforce are engaged in patient recall for treatment and contact tracing.	Continue to involve appropriate staff in contact tracing to ensure cultural safety.	PHUs NGOs ACCHSs Primary Health Care	
		- Ensure that Aboriginal workforce receive ongoing professional development regarding patient recall for treatment and contract tracing for BVSTIs. - Ensure that staff employed are working at their full scope of practice.	PHUs NGOs ACCHSs Primary Health Care	

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IC5 Models of care	5.1 Increase outreach models of care by increasing: - mobile testing and treatment services - place-based testing and treatment services at community events and services - home visits for testing and treatment.	- Consider expansion of outreach models of care to widen the proportion of the population screened, tested and treated for BVSTIs. - Integrate BVSTI care into existing outreach activities.	PHUs NGOs ACCHSs Primary Health Care	- Treatment rate (people diagnosed that are treated / people diagnosed) - Number of 715 health check claims made per year - Number of people maintaining viral suppression due to outreach services - Number and location of mobile and home services - Evaluation of onsite testing initiatives - Antenatal BVSTI testing in accordance with guidelines. - Number of partners tested and treated - Number of people who get re-infected - Number of services offering gender specific services - Audit of services operating hours - Time to linkage into specialist care - Audits and evaluations of patient handover processes - Number of patients with health profiles requiring management plans that have a management plan.
	5.2 Adopt and adapt innovative in-reach models of care to meet the specific SH and BBV needs of Aboriginal people by considering: - nurse-led models of care - Community Controlled co-coordinated models of care e.g. ACCHS providing service delivery for Aboriginal people in justice settings. - the use of visiting specialists - walk-in clinics - gender specific clinics and clinic times - after hour clinic times.	- Continue or expand provision of flexible care. - Ensure that staff employed are working at their full scope of practice. - Strengthen collaborations across health and non-health sectors, including via provision of in-reach care.	PHUs NGOs ACCHSs	
	5.3 Increase access for Aboriginal people to specialist SH and BBV support and services within their region of residence through outreach clinics and telehealth services.	- Continue or expand provision of flexible care. - Ensure that person-centred care is embedded in workplace practices, including receiving care close to home. - Ensure that your organisation is equipped to support telehealth options to enable care close to home.	PHUs NGOs ACCHSs Primary Health Care	
	5.4 Increase BVSTI testing of pregnant people to prevent mother to child transmission by implementing initiatives that increase testing and treatment of Aboriginal men whose partners are pregnant or who are fathers-to-be.	- 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 Develop and maintain consistent clinical guidelines that are adhered to and incorporated into routine practice, ensuring best practice disease management and clinical care.	- 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. - 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 - Conduct regular audits to ensure that SH and BVSTI testing and treatment is following clinical guidelines aligned with best practice.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	- Audit of patient management systems and alignment with guidelines - Number of AMR cases - Number of gonorrhoea samples sent for AMR detection - Analytics for clinical guideline documents.
	6.2 Implement strategies and procedures to ensure adequate monitoring of antimicrobial resistance amongst Aboriginal communities. This may include: - monitoring quality of antimicrobial resistance surveillance to ensure consistency irrespective of remoteness - ensuring surveillance of antimicrobial resistance for cases of gonorrhoea diagnosed through PoC testing.	- 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	
		- 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	

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WD1 Quality standards in education and training	1.1 Expand registered training organisations (RTOs) capacity to deliver SH and BBV units as part of training in Certificate III and IV for Aboriginal and Torres Strait Islander Primary Health Care.	Engage with tertiary institutions and advocate for inclusion of BVSTI content (particularly syphilis outbreak content) Certificate III and IV for Aboriginal and Torres Strait Islander Primary Health Care curricula.	SHBBVP	RTOs in WA offering a unit in SH and BVSTI health.
		- Deliver education on BVSTIs to tertiary students where requested. - Develop and implement work placement opportunities for tertiary students, including for Certificate III and IV for Aboriginal and Torres Strait Islander Primary Health Care.	RSE Project Hospitals PHUs NGOs ACCHSs	
WD2 Workforce Capacity	2.1 Increase dedicated FTE in services to provide SH and BBV services and programs, including: - outreach, community engagement and liaison officers - health promotion officers - clinical staff (nurses, medical practitioners, AHWs and AHPs) - sexual health program coordinators.	- Organisations to work to ensure there is appropriate staff dedicated to SH and BBV services and programs. - 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. - Identify, train, and support staff to lead SH and BBV initiatives within services.	PHUs NGOs ACCHSs Primary Health Care	- Evaluation of initiatives to improve staff retention - Audits of staff turnover rates - Exit interviews and employee feedback - Number of dedicated gendered roles within the sector - Proportion of Aboriginal communities that have access to male and female health workers - Proportion of positions that are 50(d).
	2.2 Improve the gender balance of the health workforce by having male and female workers across a range of health roles, including: - clinical workers (AHWs, AHPs, GPs, nurses) - SSEWB (Social Workers, Community Liaison Officers) - prevention and education (health promotion officers).	Establish and recruit identified positions where appropriate.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	2.3 Increase and sustain the investment of the SH and BBV healthcare workforce in regional and remote areas, especially in response to emerging local issues such as disease outbreaks.	Embed SH and BVSTI into 'business as usual' work to ensure that the investment into SH and BVSTI does not dissipate when outbreaks are resolved.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	2.4 Explore opportunities for longer term health worker contracts (minimum 2 years) to be implemented to enable greater support for staff and to allow for building of rapport within community.	Implement strategies and policies which encourage recruitment and long-term retention e.g. incentives, long-term contracts, wellbeing support and mentoring opportunities.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	

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	2.5 Increase the Aboriginal healthcare workforce by implementing initiatives such as: - providing more Section 50(d) (Equal Opportunity Act 1984) positions - including staff in decision making and consultation processes to improve services and increase community engagement - ensuring there is better utilisation of staff and adequate remuneration.	- Establish and recruit identified positions where appropriate - Ensure that staff employed are working at their full scope of practice.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	2.6 Develop pathways for young Aboriginal people to enter the health workforce, such as: - peer worker opportunities while studying health worker qualifications - the ability to undertake some study on Country - training for year 11's and 12's (Certificate II in Aboriginal health).	Work with secondary and tertiary institutions to expand flexible study opportunities.	SHBBVP NGOs ACCHSs	
	2.7 Provide incentives to attract and retain staff in regional and remote areas to reduce the turnover by providing additional leave and better rotations.	- 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 Primary Health Care	
	2.8 Identify and support SH and BVSTI champions within health services to assist services to maintain SH and BBV services.	- 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 Primary Health Care	

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	2.9 Implement strategies for the Aboriginal health workforce to decrease the risk of burn out resulting from an expectation to take on additional cultural load.	- Ensure that Aboriginal staff members are not the only mechanism for obtaining cultural advice, consider implementing other avenues as well e.g. elders advisory groups, cultural advisory groups, engaging with external agencies. - Consider renumeration staff if requiring them to provide cultural advice in addition to the normal duties expected for the role they are employed for, if it is not included on the JDF. - Allow staff to access appropriate leave, as well as other work management strategies, to ensure they are not risking burn out.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	
	2.10 Enable a responsive workforce that is adequately skilled and can be mobilised to address local emerging issues and outbreaks in regional and remote areas.	- Ensure that the workforce is engaging in regular training in BVSTIs, including outbreak scenarios, to be adequately skilled to address local emerging issues and outbreaks. - Ensure policies include responses for outbreak preparedness, including mobilising of the workforce to respond.	SHBBVP Regional PHUs NGOs ACCHSs	
WD3 Multidisciplinary models of care	3.1 Advocate for increased scope of practice for the Aboriginal health workforce. In addition, consider expanding scope of peer workers to undertake PoCT as a screening tool.	- 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 PHUs NGOs ACCHSs Primary Health Care	- Number of staff trained in PoCT - Feedback from consumers - Number of new services providing testing/ treatment under scope expansion - Health Insurance Act amendments.
WD4 Equitable access	4.1 Health workforce has access to resources that improve and support service and program delivery.	- Maintenance and promotion of the WA STI and BBV Guidelines (Silver book). - Maintenance and promotion of relevant workforce resources, including Quick Guides.	SHBBVP	- 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.
		- Maintenance and promotion of relevant guides, policies and guidelines to workforce. - Encourage and support staff to attend professional development days and conferences.	SHBBVP PHUs NGOs ACCHSs Primary Health Care	

Priority action	Priority activities	Strategies	Agency	Monitoring
	4.2 Explore opportunities for resources to be tailored for individual regions and needs.	Work collaboratively to adapt resources to suit local needs.	SHBBVP AHCWA PHUs NGOs ACCHSs	
	4.3 Develop and maintain a statewide resource database.	- Share and collate resources to enable the creation of a statewide resource database. - Establish a statewide resource database.	SHBBVP	
	4.4 Provide innovative and tailored training for the regional and remote workforce via: - utilising expertise within the region and ensuring staff have access to training without having to leave the region - providing funding for attendance at training - customising training for specialties and skills - considering train-the-trainer models.	- 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, LGBTIQ+SB 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	

Priority action	Priority activities	Strategies	Agency	Monitoring
WD5 Culturally safe and responsive practice	5.1 Support the Aboriginal health workforce to complete clinical SH and BBV training.	- Facilitate access to SH and BVSTI training for the Aboriginal health workforce, 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, AHWs and other members of the Aboriginal health workforce in applying training within clinical and outreach settings. - Provide or facilitate access to ongoing training and education to the Aboriginal health workforce throughout WA. - Establish methods to fund members of the Aboriginal health workforce wanting to upskill via appropriate and relevant training providers where appropriate.	SHBBVP AHCWA PHUs NGOs ACCHSs	- Number of Aboriginal health staff completing training - Number of Aboriginal people undertaking 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.
	5.2 Increase knowledge and confidence of health workers to provide culturally responsive SH and BBV healthcare. This can be achieved through access to specialised SH and BBV trainings that address culturally responsive practice.	Facilitate access to education regarding culturally responsive SH and BBV practice.	SHBBVP AHCWA PHUs NGOs ACCHSs Primary Health Care	

Priority action	Priority activities	Strategies	Agency	Monitoring
	5.3 Enhance staff induction for SH and BBVs, with a focus on locum staff, by ensuring consistent key information, with localised guidance included.	• 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. • 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 strategies and WA SORG • utilising appropriate local community leaders and peer educators.	PHUs NGOs ACCHSs Primary Health Care	
	5.4 Involve local community leaders in the orientation of new staff to increase familiarisation with local community priorities, cultural practices and to develop relationships.	• Incorporate local community leaders into orientations. • Ensure that orientations provide key information about local community priorities, cultural practices, and organisations. • Embed relationship building as a key priority in orientation activities.	PHUs NGOs ACCHSs Primary Health Care	
	5.5 Improve community engagement and building of trust within community by: • building engagement into work responsibilities • supporting staff to invest time in community engagement.	• Attend and support local Aboriginal community events including NAIDOC week, Reconciliation week, and other local events as appropriate. • Embed relationship building as a key priority in staff's work responsibilities.	PHUs NGOs ACCHSs	

Priority action	Priority activities	Strategies	Agency	Monitoring
WD6 Partnerships and collaboration	6.1 Create meaningful partnerships and professional networks that provide support to each other and opportunity for knowledge sharing by: - communicate regularly - connect staff who may not have SH and BBV staff within their own service - connect staff who may be working in remote settings - foster sharing of successful programs and interventions to facilitate program expansion to other communities.	- Foster collaborations across the sector via the 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. . - 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	- Evidence of meaningful partnerships - Number and location of regional networks.

Priority action	Priority activities	Strategies	Agency	Monitoring
DR1 Data/ information processes and systems	1.1 Develop or strengthen systems that accurately incorporate BVSTI clinical items in Patient Information Systems (PISs) in health care settings and encourage staff to correctly record data to facilitate accurate auditing and data extraction.	- Continually review existing BVSTI data platforms and PISs to identify opportunities for improved data recording, 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	- Audit of patient management systems within services - Number of regions using syphilis management system - Number of ACCHS accessing syphilis management system.
	1.2 Develop autogenerated pathology requests within PIS and ensure they are kept current and aligned to clinical guidelines.	Conduct regular audits of PISs to ensure they are aligned with clinical guidelines.	PHUs NGOs ACCHSs Primary Health Care	
	1.3 Develop a digital solution that provides real-time access to relevant state-wide patient records that improve patient management, particularly the management of syphilis. Solutions need to be accessible for staff within ACCHS.	- 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. - Identify digital solutions that work for both government and non-government organisations.	SHBBVP SDC PHUs NGOs ACCHSs	
DR2 Reporting on data to inform action	2.1 Data reporting utilises a strengths-based approach. Reports should provide contextual and disaggregated data that is relevant, protects and respects Aboriginal people and communities.	- Ensure that data is reported in-line with principles of Aboriginal Data Sovereignty. - Ensure that relevant staff complete Aboriginal Data Governance Training, or facilitate similar trainings to increase staff capacity in strengths-based approaches.	SHBBVP SDC PHUs NGOs ACCHSs	- Laboratory, notification and clinic data - Site-based data (e.g. ACCESS, ATLAS) - Study cohort data (e.g. GOANNA Study).
	2.2 Increase accessibility to relevant notification and testing data for Aboriginal people that is available at a regional level and in user-friendly formats. This may include: - creating live and accessible dashboards - embedding BVSTI data within datasets and platforms already being utilised.	- Continue to maintain the WA Notifiable Infectious Disease Dashboard as a live and accessible database which can be viewed at regional levels and by Aboriginal status, 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	
		Share BVSTI updates and data insights regularly to allow for timely decision making.	SHBBVP PHUs	

Priority action	Priority activities	Strategies	Agency	Monitoring
DR3 Research and evaluation to inform action	3.1 Conduct co-designed and ethical research in partnership with relevant organisations and Aboriginal people using culturally responsive methodology.	Engage with SiREN and the WA Aboriginal Health Ethics Committee (WAAHEC), as well as relevant organisations and community members to ensure culturally responsive methodology.	SiREN WAAHEC PHUs NGOs ACCHSs	- Number of Western Australian Aboriginal Health Ethics Committee approvals granted for SH and BVSTI research projects - Platforms/initiatives for sharing findings - Promotion and uptake of planning tools and frameworks - Acknowledgement by services/ organisations of uptake/use of Action Plan.
	3.2 Support interested ACCHS to participate in SH and BBV health research.	Reach out to SiREN as an available support for research initiatives within the sector.	SiREN ACCHSs	
	3.3 Ensure Aboriginal communities in WA have data sovereignty by supporting data ownership and provision of data that is of value to the community.	Engage with relevant organisations, including SiREN and WAAHEC, to obtain guidance on how to best support data sovereignty in research with Aboriginal communities.	SiREN WAAHEC	
	3.4 Utilise health promotion planning tools and evaluation frameworks to conduct regular and well-structured evaluations that address cultural responsiveness and are guided by state-wide or regional strategic plans.	- 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	
	3.5 Foster community buy-in and ownership by communicating the findings back to the involved communities and people.	In line with the principles of Data Sovereignty, ensure that research and evaluation findings are communicated back via various mediums including at community events, via social media and newsletters if appropriate.	PHUs NGOs ACCHSs	
DR4 Identification of Aboriginal people	4.1 Implement strategies to increase the accurate identification of Aboriginal people in services using the National best practice guidelines for collecting Indigenous status in health data sets collection forms and information systems.	- Conduct regular audits to ensure collection of information is in line with best practice guidelines. - Ensure that frontline staff receive training to increase the accurate identification of Aboriginal people in services as per best practice guidelines.	PHUs NGOs ACCHSs Primary Health Care	- Proportion of BVSTI notifications that have Indigenous status field completed - Site-based data (e.g. ACCESS, ATLAS).

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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