Government of **Western Australia**
Department of **Health**

Western Australian Sexual Health and Blood-borne Virus Strategies 2019-2023

Implementation Progress Report 2022

Reporting period January 2021 – December 2021

Contents

Executive summary

In 2021, the sexual health and blood-borne virus sector continued to be impacted by COVID with staffing shortages across the state and competing health priorities. Despite these challenges, progress towards meeting key actions and targets was maintained.

Progress against key action areas for each strategy at a glance

Key: Significant coverage | Some room for improvement | Significant room for improvement

	Prevention and education (P&E)								Testing and diagnosis (T&D)							Disease management and clinical care (DM&CC)						
STI	1	2	3	4	5	6			1	2	3	4	5	6		1	2	3	4	5	6	
HIV	1	2	3	4	5	6			1	2	3	4	5			1	2	3	4	5	6	7
Hepatitis B	1	2	3						1	2						1	2					
Hepatitis C	1	2	3	4	5				1	2	3	4	5			1	2	3	4	5	6	
Aboriginal	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	1	2	3	4	5	6	7

	Workforce development (WD)									Enabling environment (EE)								Data collection, research and evaluation (DC,R&E)						
STI	1	2	3	4	5	6				1	2	3	4	5	6	7		1	2	3	4	5	6	
HIV	1	2	3	4	5	6	7			1	2	3	4	5				1	2	3	4	5		
Hepatitis B	1	2								1	2	3						1	2	3	4			
Hepatitis C	1	2	3	4	5					1	2	3	4					1	2	3	4	5	6	7
Aboriginal	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7

Addressing areas for improvement

In order to address key action areas that require significant improvement, the following areas will be the focus for 2022 and 2023:

- Secure funding to sustain the syphilis outbreak response past 2023/24 which will allow the continuation of syphilis grants to improve retention of staff in regional and remote areas (STI WD6).
- Investigate a model of satellite sexual health clinics in outer metropolitan areas to train GPs to build capacity to increase testing rates in high need areas (STI WD6).
- Prioritise the implementation of the syphilis register to improve the early detection and treatment of syphilis (STI DC, R&E2, Aboriginal DC,R&E5).
- Sustaining progress of HIV tertiary clinics to maintain progress towards elimination targets (HIV DM&CC 4, HIV DM&CC 5)

- Complete a needs analysis among healthcare workers to address gaps in knowledge among healthcare workforce and priority populations relating to hepatitis B prevention, testing, treatment and care (Hep B DC, R&E3, Hep B DC, R&E4).
- Supporting GPs to prescribe HIV, hepatitis B and hepatitis C treatment, and for community-based clinics to enhance treatment access for priority populations priority populations (HIV DM&CC 5).
- Increase the provision and promotion of needle and syringe programs (NSPs) and safe disposal options, especially in local Aboriginal Health Services (AHSs), to provide access to clean injecting equipment and places to discard used equipment (Aboriginal P&E2).
- Continuing to address stigma and discrimination related to blood-borne viruses and sexually transmissible infections by implementing systemic changes at organisational and policy level (STI EE2, Hep B DC, R&E2).
- Investigate issues with hepatitis C data completeness to assist progressing data linkage project to further explore prevalence, incidence, reinfection and treatment rates of hepatitis C (Hep C DC, R&E1, Hep C DC,R&E6).
- Explore options to improve active follow-up for disease management and clinical care to ensure those diagnosed with an STI or BBV receive appropriate and timely treatment (Aboriginal DM&CC1).
- Exploring options to expand the relationships and sexuality education schools program to cater for the increased demand anticipated with the introduction of the new mandated consent curriculum (STI P&E1).

1. Introduction

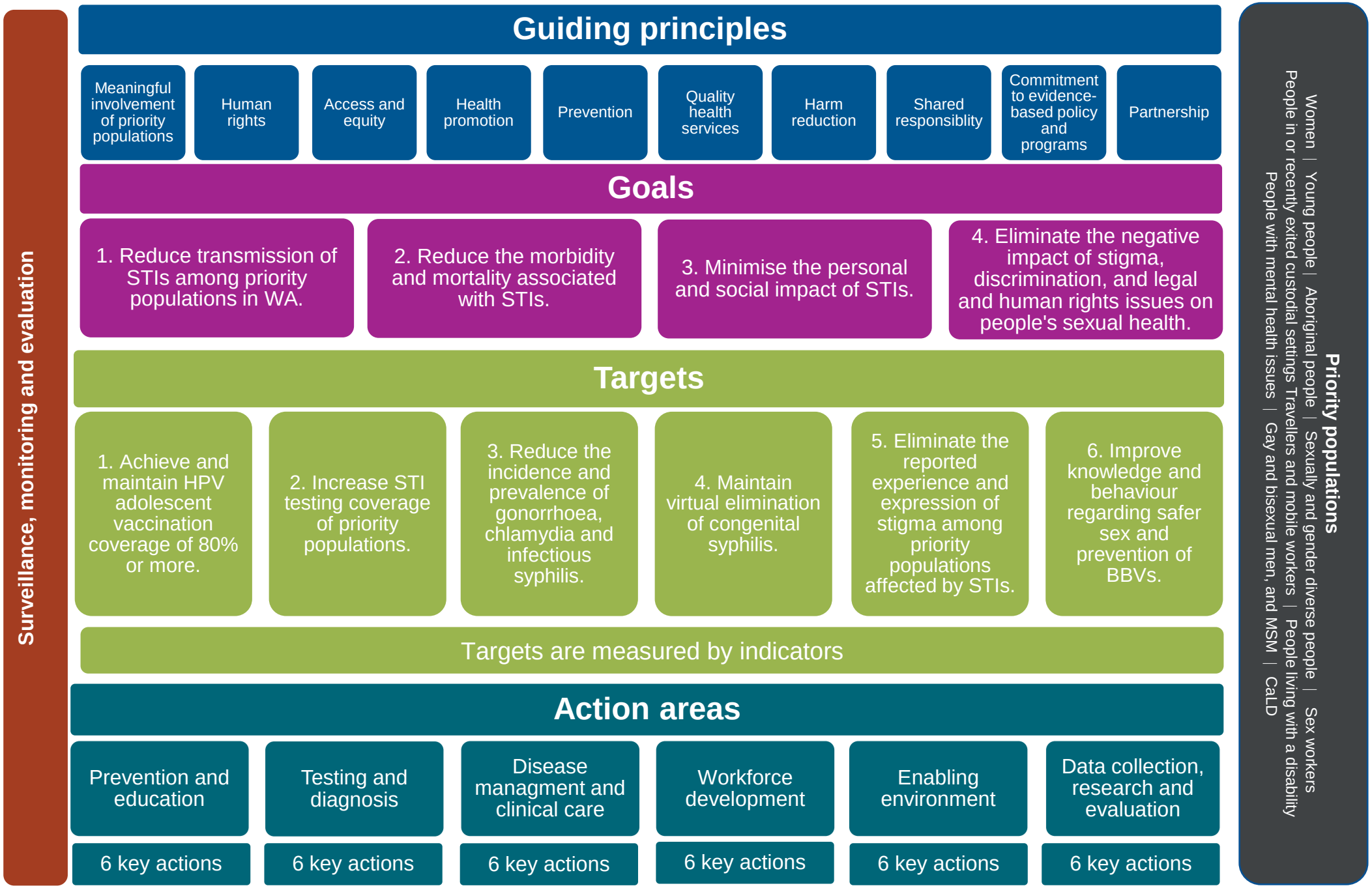
Timeline of the five *WA Sexual Health and Blood-borne Virus Strategies 2019–2023* (*WA Strategies*):

- 2019 – sector consultation for development of *WA Strategies*.
- 2019 – development of the *WA Strategies* was led by WA Department of Health (WA DoH) with significant contribution from state government and non-government clinical, community and workforce organisations.
- July 2019 - the Western Australian (WA) Sexual Health and Blood-borne Virus Advisory Committee (WA SHaBBVAC) endorsed the five *WA Strategies*.
- March 2020 - baseline *Implementation Report 2020* developed following comprehensive consultation with key stakeholders
- June 2021 – Implementation Progress report for activities delivered in 2020.
- February 2023 – Implementation Progress report for activities delivered in 2021 (delayed due to mpox outbreak response).

2. *WA STI Strategy*

Implementation Progress Report 2021

2.1 *WA STI Strategy* – At a glance



2.2 *WA STI Strategy* – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: Significant coverage | Some room for improvement | Significant room for improvement

Prevention and education

Prevention and education strategies are essential to reduce the transmission of STIs through improving knowledge, changing behaviours, increasing uptake of vaccinations and the provision of health hardware.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase the capacity of schools, including Education Support Centres, to deliver comprehensive Relationships and Sexuality Education (RSE) in a safe, non-judgemental and supportive environment by using a whole school approach. **Recommendations:** 1.1 Continue capacity building teachers and schools through the pre-service and in-service teacher training. 1.2 Continue consumer engagement and workforce capacity building with current practising teachers on the Panel of Writers. 1.3 Continue to progress the action plan from the Growing and Developing Healthy Relationships (GDHR) Impact Evaluation. 1.4 Continue to implement GDHR improvements recommended from lesson plan trials by the Panel of Reviewers/Writers.	1.1 5-year contract awarded to Curtin University to deliver teacher training (Jan 2022 – Jan 2027) • 34 school staff trained in Perth, 2021. • 17 school staff trained Bunbury, 2021. • Albany event cancelled due to low numbers. • Symposium - 195 delegates (44 teachers, 5 preservice teachers, 29 presenters, 13 volunteers, 14 special guests, 4 event staff; 51 attended online). • 3 webinars held with a total of 67 attendees. • 13 undergraduate teachers trained. • Online version of undergraduate unit created (will be offered from 2023). • Parent survey conducted. 1.2 Engagement with current practising teachers was largely on hold in 2021 due to COVID. 1.3 GDHR improvements • New lesson plans updated in collaboration with CAHS – puberty changes, menstruation, hygiene. • 22,837 updated Puberty booklets distributed. • 4,278 updated Relationships booklets distributed.					

Prevention and education						
1.5 Continue to use the data from the WA Survey of Secondary Students and Sexual Health (WA SSSASH) to inform improvements to the GDHR website. 1.6 Map the GDHR website to the International Technical Guidance of Sexuality Education and conduct a gaps analysis. 1.7 Continue maintaining strong sector relationships (e.g. Department of Education (DoE), School Drug Education and Road Aware (SDERA)) 1.8 Continue systematic review of GDHR content to ensure content is current, accurate and comprehensive (i.e. offers education in real life contexts that include such things as alcohol and other drug use and the associated risks). 1.9 Explore professional development collaborations with SDERA to establish better links between RSE and drug education.	• 14,214 Talk soon. Talk often (TSTO) books distributed. 1.4 GDHR user experience improvements • 239,455 users (20,143 WA users) in 2021 with 474,826 pageviews • Resource section fully tagged and categorised. 1.5 WA SSSASH • Data from 2018 survey included throughout GDHR and TSTO websites. • New SSSASH survey conducted in 2021. WA and national reports due 2022. 1.6 Gaps analysis and offline mapping conducted with plans to implement improvements in 2022. 1.7 Consent education roundtable conducted creating very strong cross sectoral relationships, particularly with SCSA. 1.8 The systematic review of GDHR content has continued throughout 2021. 1.9 Two co-facilitated workshops with SDERA. 40 teachers trained.					
2. Support further increases in the number of adolescents including Aboriginal adolescents completing the HPV vaccination series as per the National Immunisation Strategy and the Western Australian Immunisation Strategy 2016–2020. **Recommendations:** 2.1 Work with Immunisation, Surveillance and Disease Control (ISDC) team to plan strategies to increase uptake of vaccines.	2.1 Targeted intervention projects were put on hold to prioritise vaccination for COVID. 2.2 The school-based vaccination program was heavily impacted due to the addition of COVID vaccines and catch-up programs due to school closures in 2020. 2.3 Upgrades to the vaccination surveillance and reporting system, Australian Immunisation Record (AIR) now better identifies vaccination rates of Aboriginal adolescents.					

Prevention and education						
2.2 Continue to support ISDC with the development of the school-based vaccination education program. 2.3 Identify areas with low vaccination rates for targeted intervention.						
3. Increase use of and access to peer-based and outreach STI prevention and education services for priority populations by increasing opportunities for people to undertake peer training and enhancing service linkage with peer-based services or programs. **Recommendation:** 3.1 Explore opportunities to engage peers in STI projects and support community organisations to respond to needs of priority populations.	3.1 Youth Educating Peers (YEP) Project • 271 young people engaged across 26 events. • 283 professionals who work with young people engaged in 15 professional development events. ○ Topics included: consent, healthy relationships, safer sex, STI & BBV testing, porn, bodies and pleasure, syphilis, and LGBTIQA+ 101. • Quarterly YEP Youth Reference Group sessions. This group guides projects, campaigns and resource development and has participant quotas and recruitment strategies for young people. • Increased online presence in 2021, with high levels of engagement on Instagram, Facebook and TikTok. Magenta • Peer-led STI education, support, harm minimisation information and prevention services for sex workers in WA. • 2070 outreach sessions to brothels/parlours and private premises. • 43 outreach sessions to street-based sex workers. • 402 STI tests performed at onsite sex worker clinic. M-Clinic • Peer-led STI sexual health clinic in WA for men who have sex with men (MSM), trans people and non-binary people. • One outreach clinic offering free weekly HIV/STI testing for MSM.					
4. Promote consistent and effective use of safer sex hardware including condoms and other barrier methods by increasing discreet access to free or affordable	4. Condom distribution • 51 condom dispensers funded in 13 locations across Midwest, Pilbara, Goldfields, Great Southern and the metro area (over 80% provided to regional or remote sites). • 143,902 free safer sex packs distributed by WAAC.					

Prevention and education						
condoms and increasing acceptability of condom use among priority populations. **Recommendation:** 4.1 Emphasis of role in condom in reducing STIs. Address misconceptions among young people around condoms and other contraceptives (e.g. that condoms are not needed if on the Pill).	4.1 YEP project • Delivered education on safer sex to prevent STIs, including using condoms and other contraceptive methods. • National Condom Day campaign with 6 resources shared across Facebook, Instagram and TikTok totally 2,146 views. SHQ • 12,180 free condoms distributed. • 114 educations sessions delivered to young people. • National Condom Day (NCD) campaign and resources – reach of over 13,000 across Facebook and Instagram and over 2,300 visits to the NCD website pages. Magenta • 337,649 pieces of safer sex hardware. GDHR website for schools • GDHR includes lesson plans, background teacher notes and frequently asked questions to assist in the role of educating young people about condoms and contraception in school-based settings. Get the Facts website for teens • Includes pages on condoms, contraception and STIs. • 98,148 views of FAQ: Do condoms protect against all STIs? • 886 questions answered on 'Ask a question' feature – topics including: pregnancy, STI transmission/risk, condoms, contraceptives, STI testing and treatment.					
5. Implement targeted age appropriate and culturally secure STI prevention education initiatives and resources for priority populations via a range of channels including digital platforms and social	5.1 HealthySexual campaign • Sex positive campaign that highlights sexual health as part of general wellbeing for all people and encourages people to Talk. Test. Protect. • Includes diverse populations including Aboriginal, young people, women of childbearing age (including pregnancy), MSM and CaLD.					

Prevention and education						
media to enhance accessibility of STI prevention messages. **Recommendations:** 5.1 Increase commitment to ensuring that campaigns and STI prevention education is inclusive of minority priority groups to expand and enhance the acceptance of key sexual health messages. 5.2 Map prevention and education initiatives and resources for priority populations that are currently funded and provided and complete a gap analysis to guide future interventions.	• Launched February 2021 on social media platforms - overall reach over 680,000. • Utilised blog style posts ('Pedestrian') on websites with high usage by young people. 5.2 A mapping document was created by DoH for the Metropolitan Prevention Education and Community Engagement (MPECE) syphilis group to contribute to. This failed to get traction due to competing priorities.					
6. Ensure STI prevention education, access to condoms and recommended regular STI testing is promoted alongside Pre-exposure prophylaxis (PrEP) for HIV prevention to minimise the risk of increased STI transmission in those using PrEP, and to ensure timely treatment of STIs. **Recommendation:** 6.1 Continue to support workforce development in prescribers of PrEP to ensure best practice STI prevention education, testing and disease management occurs for consumers of PrEP.	6.1 ASHM training • ASHM continue to support HIV s100 prescribers in WA and deliver the HIV s100 prescriber training course for GPs. • ASHM continue to be supported to provide training for health professionals on the Clinical Foundations of HIV, STIs and BBVs for Nurses and Midwives; and PrEP.					

Testing and diagnosis

Early detection and intervention can have significant effects on reducing the transmission of STIs by ensuring the community receive the treatment and follow-up that they require.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Ensure antenatal syphilis testing is conducted as a priority in all public and private sector health services in metropolitan, regional and rural WA. This includes ensuring the testing and diagnosis of all STIs including syphilis is conducted as part of routine antenatal care to minimise the risk of mother-to-child transmission and adverse health outcomes for infants. **Recommendation:** 1.1 Continue to raise awareness of syphilis antenatal testing in health professionals and the community through multifaceted channels including social marketing, provision of clinical guidelines and workforce development.	1. Antenatal syphilis testing guidelines • Reviewed and updated to recommend 3 syphilis tests during pregnancy for all women (at initial visit, 28 weeks and 36 weeks). • Guidelines updated on Silver book and hosted on new webpage STI screening recommendations in pregnant and post-partum women. Surveillance and reporting • STORK system captures number of syphilis tests during pregnancy and data for the Kimberley, Pilbara and Goldfields is provided to enable auditing of adherence to syphilis testing guidelines. 1.1 Mail outs and alerts • Mailout of new guidelines to all maternity services, obstetricians and GPs in WA. Campaigns • HealthySexual campaign included assets targeting pregnant women with burst running February to June 2021 – digital, social media, posters and radio. • Posters and letters sent to public health units, antenatal clinics, sexual health clinics, obstetricians, gynaecologists, midwives and NGOs.					

Testing and diagnosis						
2. Use novel approaches to increase acceptability, accessibility and uptake of STI testing in priority populations, with a focus on regional and remote areas. **Recommendations:** 2.1 Encourage sharing of information between regional and remote areas, community services, and government organisations to ensure that innovative programs can be adapted to reach multiple priority populations. (DM&CC 3.1) 2.2 Explore options for SMS results notifications.	2. Emergency department (ED) opportunistic testing • Karratha Health Campus piloted a project to test asymptomatic ED patients for STIs and BBVs. • Pilot has resulted in improved confidence of staff to test and treat, increased testing amongst populations who have not been previously seen, and STI case detections. 2.1 Quarterly STI and BBV forums • 4 forums – 21 presentations and 1 panel discussion from 13 different organisations. • Attendees from a wide range of government, NGOs and private organisations. • Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the DoH Corporate website. 2.2 Some NGOs funded for testing and diagnosis can offer patients the ability to notified via SMS.					
3. Promote and maintain the use of regularly updated evidence-based clinical guidelines and resources for accurate STI testing and diagnosis. **Recommendation:** Nil	3. Silver book and Quick guides frequently reviewed and updated.					
4. Identify strategies to normalise STI and BBV testing and incorporate into routine practice. **Recommendation:** 4.1 Provide guidance to primary health care professionals on how to incorporate opportunistic STI and BBV testing into service delivery.	4.1 Syphilis video conference • AMA sexual health interest group presented and proposed a list of strategies to assist GPs build sexual health into routine practice. SHQ syphilis resources • SHQ received a grant to create a video and poster to support primary health care professionals to encourage and incorporate syphilis testing into service delivery.					
5. Enhance evidence-based guidance and stewardship on antimicrobial resistance (AMR)	5. Western Australian Gonococcal Surveillance Programme • DoH continues to support and monitor this programme. • Quarterly reports allow for clinical alerts to be disseminated as required.					

Testing and diagnosis

and utilise best practice testing procedures to enable appropriate antibiotic prescribing. **Recommendation:** 5.1 AMR education to be included in education of priority populations.	5.1 Closed borders reduced the risk of AMR STIs, priority was redirected to other sexual health concerns.					
6. Develop the capacity of health infrastructure in regional and remote areas to increase testing and diagnosis during STI outbreaks and epidemics. **Recommendation:** 6.1 Continue to support the enhancement of the regional and remote services to be mobilised and responsive to outbreaks and epidemics through networking and capacity building. (DM&CC 4.1)	6.1 Syphilis grants • Grants provided to ACCHOs and NGOs across the Kimberley, Pilbara, Goldfields, Midwest, South West and Perth Metropolitan to increase staffing capacity for the syphilis response. • Funding was used to increase clinical capacity, community engagement, provision of workforce development or health promotion. Regional sexual health teams • All regions public health units are represented in membership. • Quarterly meetings held.					

Disease management and clinical care

Timely and effective treatment, clinical care and contact tracing using innovative models and specialist support play an important role in preventing the transmission of STIs and reducing the long-term harm and burden of disease.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Identify and implement evidence-informed approaches for improving partner notification systems and contact tracing activities and efforts, particularly in regional and remote areas, to enhance the diagnosis and treatment of people who may not otherwise realise they have been	1.1 REDCap syphilis database • Systems were activated by Metropolitan Communicable Disease Control Directorate and the Kimberley Public Health Unit. These systems allow for better capture of contacts, testing and treatment information. 1.2 SMS partner notification websites					

Disease management and clinical care						
exposed to an STI and reduce the rates of onward transmission and reinfection with STIs. **Recommendations:** 1.1 Expand current data collection tools to ensure that systems allow evaluation of how effectively contact tracing is occurring in health services and appropriately monitor time to testing and time to treatment of known contacts. 1.2 Explore options to implement SMS partner notification systems.	• There are two websites in Australia that allow for partner notification through email, post or SMS. These services are provided external to WA Health. *Change to Recommendation 1.2:* *Explore how frequently SMS notification services are utilised.*					
2. Promote and maintain the use of regularly updated evidence-based clinical guidelines and resources for STI treatment and management to ensure high quality, appropriate and consistent disease management and clinical care. **Recommendation:** Nil	2. Silver book and Quick guides • Provides best practice guidance on the diagnosis, treatment and management of STIs and BBVs in WA. • Frequently reviewed and updated.					
3. Utilise innovative models of care for disease management and clinical care such as nurse-led models of care and outreach clinics. **Recommendations:** 3.1 Encourage sharing of information between regional and remote areas, community services, and government organisations to ensure that innovative programs can be adapted to reach multiple priority populations. (T&D 2.1) 3.2 Explore telehealth options for rural, regional and remote patients to increase access.	3.1 Captured in T&D 2.1 3.2 Telehealth • Telehealth options that were expanded during 2020 for COVID have become permanent. • SHBBVP and some sexual health services advocated for the 'existing relationship with a GP' rule to be exempt for sexual health consults to provide safer and more equitable access for all people in WA.					
4. Develop the capacity of health infrastructure in regional and remote areas to enhance the delivery	4.1 Captured in T&D 6.1					

Disease management and clinical care						
of disease management and clinical care during STI outbreaks and epidemics. **Recommendation:** 4.1 Continue to support the enhancement of the regional and remote services to be mobilised and responsive to outbreaks and epidemics through networking and capacity building. (T&D 6.1)						
5. Improve active follow-up for disease management and clinical care using methods such as SMS reminders for treatment and recall systems to ensure those diagnosed with an STI receive appropriate and timely treatment. **Recommendation:** 5.1 Continue to explore and implement strategies, such as point-care (PoC) testing, that remove barriers for follow up to treatment.	5.1 WA Syphilis PoC testing • 24 services registered. • 71* staff trained as advanced trainers (train-the-trainers). • 152* staff have been trained as basic operators. • 767 PoC tests performed – 47 reactive tests, 32 from male patients. *Due to reporting, totals include staff trained in December 2020					
6. Ensure best practice and timely treatment of STIs to reduce likelihood of complications and adverse outcomes, especially in pregnant women and their infants. **Recommendation:** 6.1 Maintain and expand on access to up-to-date clinical guidance for healthcare workers particularly for those who work closely with sub-populations that are particularly vulnerable or at risk such as pregnant women and their infants.	6.1 Public health reviews congenital syphilis cases • 5 reviews of congenital syphilis conducted adhering the recommendation of the WA SORG. • Public health reviews offered opportunities to explore systemic changes and improvements to prevent further congenital syphilis. • A Summary Report was drafted to disseminate the findings of the reviews. Antenatal syphilis testing guidelines • Reviewed and updated Structured Administration Supply Arrangement (SASA) • Activated SASA that enables midwives to provide treatment for syphilis infections.					

Workforce development

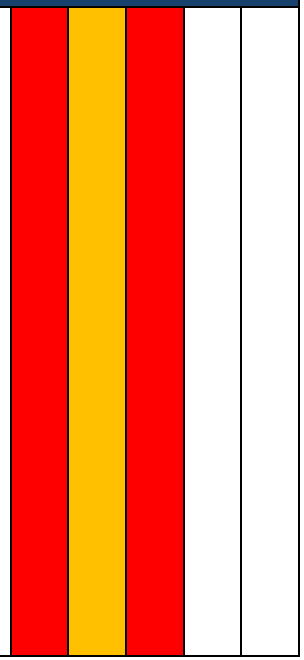
The facilitation of appropriate and successful prevention, testing and treatment initiatives will continue to rely on a highly skilled and adequately trained healthcare workforce. Support and education for staff and volunteers working with people at risk of or affected by STIs, in a variety of settings, is central to the response to STIs in WA.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase accessibility of training and professional development opportunities for healthcare staff in rural and regional areas by using digital platforms for local organisations to leverage. **Recommendation:** 1.1 Continue to explore digital solutions for training such as online training modules, videos, video conferencing and recordings.	1.1 ASHM workforce development • Continued funding to provide workforce development across a variety of mediums including online learning modules (OLM) and webinars. • In response to COVID, adapted all face-to-face courses for delivery online. • Delivered the following training in 2021: ○ *STI and BBV Nursing: An Introduction* course for nurses/midwives – 2 sessions (1 course), 19 WA participants. ○ *Sexual and reproductive health in primary care* – 2 online sessions, 3 WA participants. ○ *STI and BBV diagnostic testing in primary health care* – 2 sessions (1 course), 12 WA participants. ○ *Syphilis for midwives* – 1 session, 35 WA participants. ○ *Sexual Health Webinar Updates: Clinical and Public Management of Syphilis in Western Australia* – 2 sessions, 55 WA participants (34 nurses/midwives, 5 GPs, 4 Health Promotion Officers, 4 other health professionals and 7 other workers. 58% practice in metropolitan locations, 42% practice in regional or remote locations). ○ *Sexual Health in Primary Care online update for primary care practitioners* – 2 sessions, 15 participants (9 GPs, 6 nurses). • *Introduction to Syphilis to Midwives: Western Australia* OLM was launched.					

Workforce development						
	Syphilis Videoconferences (VCs) • SHBBVP facilitated 9 syphilis VCs, all sessions were recorded and are available online. • Topics and presenters included: ○ *Syphilis testing at Ngaanyatjarra Health Service* – Ngaanyatjarra Health Service ○ *Community based education* – AHCWA ○ *Surveillance and reporting update* – CDCD ○ *Syphilis and at-risk populations* – Peer Based Harm Reduction & Homeless Healthcare ○ *Congenital syphilis case investigations* – CDCD ○ *Asymptomatic STI testing in ED* – Broome Regional Hospital and Hedland Health Campus ○ *Improving maternal and child health outcomes* – Molly Wardaguga Research Centre ○ *Congenital syphilis reviews summary report findings* – CDCD ○ *Syphilis in primary healthcare* - RACGP					

Workforce development							
2. Encourage collaboration and capacity building between health services, community organisations and the government sector, including between different government departments, in relation to and for the purpose of improving prevention and education programs in schools and in the community health service delivery, and in relation to policies that impact priority populations. **Recommendation:** 2.1 Continue to create spaces that bring community health workers, primary health workers and government agencies together to encourage collaboration to reach priority populations.	2.1 Quarterly STI and BBV forums • Four forums - 21 presentations and 1 panel discussion from 13 different organisations. • Attendees from a wide range of government, NGOs, and private organisations. • Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the DoH Corporate website. SHQ – SHARE Network • 3 SHARE network forums were coordinated. Topics were the HERS Project, consent and periods. • 79 attendees in total. • Get the Facts question trends now a regular part of SHARE. Sexual Health Teams Workshop • 47 attendees from 24 organisations. • Representation from all regions with majority of attendees from WACHS and ACCHSs. WA Sexual Health and Blood-borne Viruses Advisory Committee (WA SHaBBVAC) • Members include NGOs, HSPs, researchers, policy-makers and consumer representatives from affected communities. WA Syphilis Outbreak Response Group (WA SORG) • Brings together the NGOs, ACCHOs and government (HSPs and system managers) to respond to infectious syphilis in WA.						

Workforce development						
3. Ensure healthcare professionals, including General Practitioners (GPs), are well informed and are aware of and have access to appropriate and current guidelines on testing and treatment so as to provide optimal information and support to patients. **Recommendation:** Nil	3. Silver book clinical guidelines website • 17,383 sessions from WA users. In total there were 25,043 users, ~45% are returning users. *New recommendation:* *SHBBVP to commence regular correspondence to primary healthcare providers using various mediums to reach the diverse people that work in the profession.*					
4. Support the capacity and role of community and peer-based organisations to provide appropriate prevention, education, advocacy and other care services to priority populations so as to enhance service access and equity for priority populations. **Recommendation:** 4.1 Conduct an audit and gap analysis of current peer-based programs to ensure coverage to priority populations.	4. SHBBVP continues to fund community and peer-based organisations. 4.1 Metropolitan Prevention, Education and Community Education (MPECE) syphilis working group • Report on peer-based programs. • Trialled a system to audit current programs and priority populations to identify gaps and possible collaborations.					
5. Explore multidisciplinary models for STI prevention, testing and treatment. **Recommendations:** 5.1 Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies. 5.2 Conduct a systematic review of evidence for multidisciplinary models for STI prevention, testing and treatment.	5.1 Syphilis Outbreak Response Teams (SORTs) • Continued to meet in Kimberley, Pilbara, Goldfields, South West and Metropolitan Perth. • The SORTs provided space for services to collaborate, share information and discuss concerns in the region between government and non-government services. Syphilis grants – See T&D 6.1 5.2 To be progressed.					

Workforce development		
6. Improve the recruitment and retention of staff, particularly in regional and remote areas, to ensure a high level of expertise and workforce capacity exists across all areas by providing incentives. **Recommendation:** 6.1 Support service providers to develop and implement strategies to attract and retain staff working in sexual health and BBVs.	6. SHBBVP coordinated the authoring of a business case, in collaboration with WACHS and MCDC, to Treasury to secure ongoing funding for the syphilis response. The business case was authored requesting funds for five years. 6.1 Syphilis grants – See T&D 6.1 • Although the grants do not assist in retaining staff, particularly as they are short term, they provide opportunity for additional staff in the sexual health sector. DoH working closely with WACHS and AHCWA • Provide support to the regional sexual health workforce by coordinating networks, providing orientation support and regional visits. WA SORG • A workforce development working group was established to discuss issues such as staffing and retention of the sexual health workforce.	

Enabling environment

To ensure health and community care in WA is accessible to all, supportive and enabling environments that are culturally secure must be provided to anyone living with or at risk of STIs. This will include participation of priority populations in service design and implementation, addressing stigma and discrimination within the healthcare workforce, upholding client rights and responsibilities, and addressing regulatory health and systemic barriers to service access.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Enhance STI education, prevention, testing and treatment initiatives to ensure they support efforts to reduce STI-related stigma. **Recommendations:** 1.1 Share best practice initiatives throughout the sector (e.g. at Quarterly forums). 1.2 SiREN to share and disseminate best practice initiatives through its website, social media handles and e-news.	1.1 Quarterly STI and BBV forums, SHQ Share Network and Sexual Health Teams Workshop - See WD 2.1 1.2 Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) • SiREN produce and share a broad suite of publications, tools and resources on their website to support organisations with research and evaluation strategies.					

Enabling environment						
2. Implement systematic changes at the organisational and policy level to reduce stigma and discrimination by developing inclusive work practices, building system capability to ensure equity and undertaking routine organisational assessment to identify gaps and inform opportunities for improvement. **Recommendations:** 2.1 Review current national and state policies, guidelines and resources. Update state policies, guidelines and resources to include information and guidance on stigma and discrimination. 2.2 Periodically assess levels of workforce stigma. 2.3 Share best practice from sector.	2. DoH require a Disability Access Inclusion Plan (DAIP) for all community services provider contracts, with reviews required on an annual basis. 2.1 Rainbow tick • Organisations are encouraged to apply for 'Rainbow Tick' accreditation to align with best practice. https://www.qip.com.au/standards/rainbow-tick-standards • The Sexual Health Teams workshop included a session facilitated by an organisation who outlined the process of becoming rainbow tick approved. Advocacy • Ongoing advocacy and support regarding access to abortion and access to sexual health telehealth (COVID). 2.2 Stigma Indicators Project • WA jurisdiction Stigma Indicators Project monitoring reports received include general public, health care workers and MSM to better monitor stigma and discrimination progress. • Other populations that will be reported include people who inject drugs, people living with hepatitis C, sex workers, people living with HIV, and young people and STIs. 2.3 Quarterly STI and BBV forums, SHQ Share Network and Sexual Health Teams Workshop - See WD 2.1 *Change to Recommendation 2.3:* *Share best practice procedure and policy from the sector that improve access and inclusion, and decrease stigma associated with STIs and populations at increased risk of STIs*					

Enabling environment						
3. Review and address legal, institutional and regulatory frameworks and system policies that may perpetuate discrimination or serve to create barriers to health access and equity for priority populations, and work to ameliorate legal and regulatory barriers to an appropriate and evidence-based response. **Recommendation:** 3.1 Support initiatives that advocate or support the health of priority populations and remove social, legal or institutional barriers that prevent priority groups from accessing health services and appropriate healthcare. Support the generation of research evidence (e.g. Law and Sex worker Health study).	3.1 Unique provider numbers • SHBBVP continued to explore solutions to ongoing issues associated with registered nurses, Aboriginal Health Workers and Aboriginal Health Practitioners lacking access to unique provider numbers that can be used to request pathology for STIs and BBVs. • DoH received endorsement to prepare an options paper that will be tabled with the Commonwealth for consideration.					
4. Support the healthcare workforce in providing non-discriminatory and non-stigmatising care to improve the quality of interactions with clients and encourage health service access by providing attitudes and values training to all specialists, primary healthcare workers and community-based service providers interacting with clients or consumers. **Recommendation:** 4.1 Advocate and support improvements of non-discriminatory and non-stigmatising care for trans people and sex workers.	4.1 EmbraceU – a resource for trans and gender diverse populations • SHQ and WAAC were supported to develop a resource to increase blood-borne virus and sexual health knowledge and awareness among trans and gender diverse populations in WA. • Community members were consulted throughout the process. • EmbraceU resources were launched in October 2021. Syphilis Enhanced Surveillance Form (ESF) • Reviewed and proposals made to better capture sex, gender and sexuality. • WA Notifiable Infectious Disease Database system updates required to implement ESF changes. To be progressed. • Improved data collection will support targeted advocacy and improved strategies to improve sexual health outcomes for community.					
5. Collaborate across community organisations, health services and government departments to	5. WA Sexual Health and Blood-borne Viruses Advisory Committee (WA SHaBBVAC)					

Enabling environment						
establish a dialogue and address social determinants that may hinder positive health behaviours and access to services, including stigma, discrimination, isolation, low socio-economic status, STI status and incarceration history. **Recommendation:** Nil	• SHBBVP continues to provide secretariat support. • Members include NGOs, HSPs, researchers, policy-makers and consumer representatives from affected communities. WA Syphilis Outbreak Response Group (WA SORG) • SHBBVP provides co-chair and secretariat support. • Brings together the NGOs, ACCHOs and government (HSPs and system managers) to respond to infectious syphilis in WA.					
6. Implement education and health promotion initiatives using a range of platforms, including social media messaging, to address STI-related stigma and discrimination expressed in community and healthcare settings **Recommendation:** 6.1 Continue to monitor reach and effectiveness of social marketing campaigns and support organisations to implement social marketing into service delivery.	6. HealthySexual campaign • Sex positive campaign that highlights sexual health as part of general wellbeing for all people and encourages people to Talk. Test. Protect. • Includes diverse populations, including Aboriginal, young people, women of childbearing age (including pregnancy), GBMSM and CaLD. • Launched February 2021 on social media platforms Facebook, Snapchat, YouTube and Instagram - overall reach over 680,000. 6.1 The YEP Project • Significantly increased their online presence in 2021 including 135,450 TikTok page views. • Continued high engagement of TikTok, Instagram and Facebook to increase engagement with young people. • Content included information about syphilis and the syphilis outbreak in WA, testing and treatment, and using condoms. E-learning modules (Understanding and Reducing Blood-borne Virus Stigma and Discrimination) – See EE 4.1					
7. Address the political, administrative and community context in which sexual health education and promotion in schools is situated, including issues such as stigma and	7.1 GDHR Advisory Group • On hold in 2021 due to COVID. DoE will continue to be a member when re activated. 7.2 WA SSSASH • Data from 2018 survey included throughout GDHR and TSTO websites.					

Enabling environment

misunderstanding, to enhance support for comprehensive and inclusive schools-based RSE.

Recommendations:

7.1 Continue to strengthen relationships with Department of Education.

7.2 Continue to monitor and review national and international developments in this space. Collaborate with key stakeholders to strengthen advocacy.

7.3 Continue to update resources and tools for schools on the GDHR website to strengthen advocacy in this space.

7.4 Utilise current data and research to support advocacy.

- DoH is a representative on the SSSASH Reference Group for the 7th school survey.
- 7th SSSASH survey conducted in 2021. WA and national reports due 2022.

Curtin University RSE Project

- The RSE Project team were cited in more than 200 media publication.
- Presented at two Australian Council for Health, Physical Education and Recreation conferences
- Delivered five presentations at national and international conferences.

Consent roundtable

- Conducted by SHBBVP.
- Created very strong cross sectoral relationships, particularly with SCSA.

7.3 GDHR resource

- Undergoes a continual process of improvement and update in line with the GDHR Impact Evaluation, and recommendations and contributions from content experts and key stakeholders.

School RSE Grants

- 13 schools were successful.
- Grants aim to provide resources that will assist in the provision of effective, comprehensive RSE.

7.4 WA Survey of Australian Secondary Students and Sexual Health (WA SASSH)

- Data and research is and will continue to be used to determine priority areas for improvement on the GDHR website and suite of school resources.

Parent survey on school-based RSE

Enabling environment						
	• The RSE Project was funded to conduct a research project to investigate parental support for school-based RSE via an online survey. Reports will be available in 2022.					

Data collection, research and evaluation						
To fully understand the burden of STIs among priority populations and guide further action, collection of enhanced behavioural data and relevant research and evaluation, including on the impact of stigma and discrimination, is essential.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Increase research efforts, utilising peer researchers where appropriate, in relation to STI prevalence and sexual health outcomes of priority populations for which there is a paucity of data, including transgender people and people who are currently in or have recently exited custodial settings, so as to inform and enhance programs and policies affecting these populations. **Recommendations:** 1.1 Liaise with universities to collaborate with relevant PhD and Masters students to fill potential gaps in current research. 1.2 Liaise with other sectors to investigate opportunities for collaborative research projects.	1.1 Student placements • SHBBVP supervised 2 university students on their practicum, for a post-graduate degree in sexology or health promotion. 1.2 Aboriginal women and women who have complex social needs research project • A collaboration with the Office of the Chief Nursing and Midwifery Officer was formalised for this project to be rolled out in 2022.					
2. Develop a digital solution that provides real-time access to state-wide patient records to improve the early detection and treatment of syphilis. **Recommendation:**	2.1 Syphilis register • COVID greatly impacted the rollout of a syphilis management system. Competing priorities and the required system					

Data collection, research and evaluation							
2.1 Continue to scope the development of a syphilis register. Source options based on scoping.	improvements to WA Health ICT for COVID-19 management resulted in delays. • Advocacy for the system to prioritised continued in 2021 and alternative interim solutions explored.						
3. Investigate and monitor trends in the knowledge, attitudes, behaviours and experiences of priority populations in relation to their sexual health, including stigma and discrimination, and identify opportunities to expand this data and strengthen collaborative efforts so as to inform and improve the development and delivery of programs, policies and services. **Recommendation:** 3.1 Continue to support research efforts that examine the sexual health of priority populations and ensure findings are disseminated to relevant organisations.	3. The YEP Project • Promoted the findings and recommendations from both the 2020 YEP Youth Survey and Youth Sector Survey using multiple methods including Facebook, Instagram, the YEP website, and direct email to YEP's practice network (1,500+ inboxes). • Conducted the 2021 surveys (103 young people; 99 professionals). 3.1 The Stigma Indicators project • with Centre for Social Research in Health (UNSW) continued to be supported. • Centre for Social Research in Health (UNSW) provided reports on general public, health care workers and MSM. • This data is used in the infographic progress reports of this report. The Gay and Bisexual Community Periodic Survey • Continued to be supported. Survey of Australian Secondary Students and Sexual Health (WA SASSH) • WA report commissioned in 2018 provided baseline data for the 3 yearly reports moving forward. • Data is used to inform resource development and priorities for contract deliverables.						
4. Enhance state-wide capacity to respond to current and emerging trends in STIs	4.1 Expanded PathWest data • PathWest expanded data provided to CDCD to include STI testing data disaggregated by Aboriginality.						

Data collection, research and evaluation						
Recommendation: 4.1 Identify resources that promotes the identification of Aboriginal people and importance of correct data collection on forms and in information systems.	• This data better supports SHBBVP to monitor the success of various initiatives to improve sexual health outcomes for Aboriginal people in WA.					
5. Strengthen initiatives for monitoring, identifying and collaboratively addressing new and emerging issues in STIs, including AMR, Mycoplasma genitalium and the implications of STIs in Pelvic Inflammatory Disease (PID) and other associated morbidities, to inform and enhance best practice testing, diagnosis, disease management and clinical care. **Recommendations:** 5.1 Continue to support spaces that allow sharing of information particularly spaces that share research on upcoming sexual health trends and concerns to ensure WA remains responsive to emerging issues. 5.2 As emerging sexual health issues arise ensure that literature reviews occur to enable a critical view of the risk, from a WA context, those health issues pose to the health of the Western Australian community.	5.1 WA Sexual Health and Blood-borne Viruses Advisory Committee (WA SHaBBVAC) • SHBBVP continues to provide secretariat support. • Members include NGOs, HSPs, researchers, policy-makers and consumer representatives from affected communities. 5.2 Shigella testing and treatment guidelines • CDCD reviewed and updated testing and treatment guidelines in response to emerging cases of Shigella (shigellosis), particularly multidrug resistant cases. Western Australian Gonococcal Surveillance Programme • DoH continues to support and monitor this programme. • Quarterly reports allow for clinical alerts to be disseminated as required.					
6. Build on the existing evidence base and address data gaps to ensure the maintenance of a current and evolving body of research by identifying new opportunities for meaningful research and supporting research across disciplines. **Recommendation:** 6.1 Continue to support research efforts that examine the sexual health of priority populations and ensure findings are disseminated to relevant organisations.	6.1 SiREN – Aboriginal antenatal syphilis research project • SHBBVP provided funding to SiREN to undertake research regarding exploring enablers for Aboriginal women accessing STI and BBV testing early and throughout pregnancy. The Stigma Indicators project • Centre for Social Research in Health (UNSW) provided reports on general public, health care workers and MSM. • This data is used in the infographic progress reports of this report.					

2.3 WA STI Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: Target met | Tracking to meet target by 2023 | Progress made towards target | Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
1. Achieve and maintain HPV adolescent vaccination coverage of 80% or more	Complete HPV vaccination series for 15-year-old males and females	NHVPR/AIR and Rates Calculator	Males	65.7%	79.8%	81.2%	79.2%	79.4%
			Females	76.5%	81.3%	81.8%	80.5%	81.1%
	Numerator: Number of males and females turning 15 years reported to the National Human Papillomavirus Vaccination Program Register (NHVPR)/Australian Immunisation Register (AIR) that comply with the recommended vaccine dosage and administration as per the Australian Immunisation Handbook		Note: The HPVR ceased operating on 31 December 2018. All HPV vaccinations are now be recorded on the Australian Immunisation Register (AIR).					
	Denominator: Number of males and females turning 15 years in reporting year and registered in the Australian Immunisation Register							
2. Increase STI testing coverage of priority populations	Proportion of 15–24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months	Testing data and Rates Calculator	Proportion (15–24yrs)	31%	34%	36%	34%	37%
	Numerator: Number of individuals aged 15–24 years tested at least once in the previous 12 months							

Targets by the end of 2023	Indicators	Sources	Outcome		Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, 15–24 year age group								
3. **Reduce the incidence and prevalence of gonorrhoea, chlamydia and infectious syphilis**	Annual rate of gonorrhoea, chlamydia and infectious syphilis notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Chlamydia	Number	11,503.8	11,519	11,582	10,787	10,945
				ASR/100,000 pop.	454.1	465.4	470.7	443.6	455.9
	Numerator: Number of gonorrhoea, chlamydia and infectious syphilis notifications by sex		Gonorrhoea	Number	2,627.6	3,416	3,929	3,570	2,915
				ASR/100,000 pop.	104.2	136.2	157.0	145.0	119.0
	Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, by sex		Infectious syphilis	Number	200.0	431	573	722	844
				ASR/100,000 pop.	7.9	17.1	22.8	28.9	34.3
			Note: The increase in infectious syphilis was the result of an increase in the metropolitan area among men-who-have-sex-with men (MSM), and an infectious syphilis outbreak among Aboriginal people across northern Australia that reached WA in mid-2014 (National response to syphilis | Australian Government Department of Health and Aged Care)						
4. **Maintain virtual elimination of congenital syphilis**	Number of congenital syphilis notifications	WANIDD	Number		0.4	1	1	4	4

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
5. **Eliminate the reported experience and expression of stigma among priority populations affected by STIs**	1. Proportion of people who report experiencing stigma and discrimination in respect to STI status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Data not available at time of report					
	2. Proportion of the general public who report feelings of stigma and discrimination towards people with an STI		2. Proportion	2016: -	58%	-	43%	61%
			Note: National data, not WA specific (Stigma Indicators Monitoring Project | Centre for Social Research in Health - UNSW Sydney) Survey not conducted in 2019.					
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people with an STI		3. Proportion	2016: -	25%	-	43%	43%
			Note: National data, not WA specific (Stigma Indicators Monitoring Project | Centre for Social Research in Health - UNSW Sydney) Survey not conducted in 2019.					
6. **Improve knowledge and behaviour regarding safer sex and prevention of BBVs**	Increased knowledge of STIs and BBVs	Secondary Schools Survey, La Trobe University	Proportion of knowledge questions correctly answered	-	62.5%	-	-	50.8%
	Improved harm minimisation behaviours to prevent STIs and BBVs		Proportion of sexually active students reporting always or often using condoms in the past year	-	45.8%	-	-	54.4%
			Note: WA specific data not available prior to 2018 (SSASH 2018 WA Report.pdf (teenhealth.org.au). As the survey is conducted every three years, no data is available for 2019 and 2020.					

Government of Western Australia
Department of Health

STIs

2019–2023 progress report

WA Sexual health and blood-borne virus strategies 2019–2023

The big picture in 2021

- The notification rate for chlamydia was comparable to the 2013–2017 baseline but gonorrhoea, infectious syphilis and congenital syphilis increased.

Prevention and education

- The HPV vaccination rate among adolescent females was above the 2023 target of 80%.
- Sexual health knowledge among secondary school students was high but consistent condom use was low.

Testing

- The proportion of 15 to 24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months increased.

Stigma and discrimination

- Feelings of stigma and discrimination towards people with an STI were high.

Notification rate per 100,000 population	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
Chlamydia	454.1	465.4	470.7	443.6	455.9	Stable
Gonorrhoea	104.2	136.2	157.0	145.0	119.0	↑ 14%
Infectious syphilis	7.9	17.1	22.8	28.9	34.3	↑ 334%
Number of congenital syphilis notifications	0.4	1	1	4	4	↑ 900%
HPV three-dose vaccination coverage for 15-year-olds **Males**	65.7%	79.8%	81.2%	79.2%	79.4%	↑ 14%
Females	76.5%	81.3%	81.8%	80.5%	81.1%	↑ 5%
Proportion of knowledge questions correctly answered by secondary school students	-	62.5%	-	-	-	-
Proportion of sexually active students reporting always or often using condoms in the past year	-	45.8%	-	-	-	-
Proportion of 15–24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months	31%	34%	36%	34%	37%	↑ 6%
Proportion of the general public who report feelings of stigma and discrimination towards people with an STI	-	58%	-	43%	61%	Stable
Proportion of health professionals who report feelings of stigma and discrimination towards people with an STI	-	25%	-	43%	43%	Increase

SHP-013953 DEC'22

3. WA HIV strategy

Implementation Progress Report 2021

- Data not available at time of report

3.1 *WA HIV Strategy* – At a glance

Surveillance, monitoring and evaluation

Guiding principles

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsiblity
- Commitment to evidence-based policy and programs
- Partnership

Goals

1. Virtually eliminate HIV transmission in Australia within the life of this strategy.
2. Maintain the virtual elimination of HIV transmission among PWID, sex workers and from mother to child.
3. Reduce mortality and morbidity related to HIV.
4. Minimise the personal and social impact of HIV.
5. Eliminate HIV-related stigma, discrimination, and legal and human rights issues on people's health.

Targets

1. Increase the proportion of people with HIV (in all priority populations) who know their HIV status to 95%.
2. Increase the proportion of people diagnosed with HIV on treatment to 95% within six weeks of diagnosis for those newly diagnosed, reducing this timeframe further over the life of the strategy.
3. Increase the proportion of people on treatment with an undetectable viral load to 95%.
4. Reduce the incidence of HIV transmission in men who have sex with men (MSM).
5. Reduce the incidence of HIV transmission in other priority populations other than MSM - people living with HIV; Aboriginal people; culturally and linguistically diverse (CALD) people from high HIV prevalence countries; people who travel to high prevalence countries; sex workers; PWID; people in custodial settings; and sexually and gender diverse people.
6. Maintain the virtual elimination of HIV among sex workers, PWID and from mother to child through the maintenance of effective prevention programs.
7. Ensure all people attending public sexual health services and general practices are assessed for pre-exposure prophylaxis (PrEP) eligibility.
8. Ensure at least 75% of people living with HIV report good quality of life.
9. Reduce the reported experience of stigma among people living with HIV, and the expression of stigma, in respect to HIV status.

Targets are measured by indicators

Action areas

Prevention and education	Testing and diagnosis	Disease managment and clinical care	Workforce development	Enabling environment	Data collection, research and evaluation
6 key actions	5 key actions	7 key actions	7 key actions	5 key actions	5 key actions

Priority populations

People living with HIV | Gay and bisexual men, and men who have sex with men | Aboriginal people
Culturally and linguistically diverse people from high prevalence countries | People who travel to high prevalence countries
Sex workers | People who inject drugs | People in custodial settings | Sexually and gender diverse people

3.2 WA HIV Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: Significant coverage Some room for improvement Significant room for improvement

Prevention and education

Approaches to HIV prevention and education should combine community mobilisation, behavioural strategies, biomedical interventions and harm reduction initiatives in an organised effort to reduce the transmission of HIV. Further, a strong enabling environment can support the access and reach of combination HIV prevention initiatives. Biomedical approaches to HIV prevention such as pre-exposure prophylaxis (PrEP), treatment as prevention (TasP) and achieving an undetectable VL have revolutionised the HIV prevention toolbox. These biomedical interventions have also instigated a movement that aims to eradicate HIV-related stigma and discrimination through providing accurate and meaningful information based on a solid foundation of scientific evidence.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Review and revitalise generalised (wider community) and targeted (priority population) health promotion initiatives for HIV, ensuring that contemporary evidence is embedded within relevant, clear and consistent messaging, communicated through innovative mixed media channels. **Recommendation:** 1.1 In consultation with key stakeholders, review existing messaging and assess whether dissemination initiatives are addressing gaps. Develop a plan for the renewal and dissemination of appropriate targeted messaging.	1.1 Steering Group • Government and non-government stakeholders convened to review the existing SHBBVP multicultural factsheets and develop new resources, including HIV. • These resources began development with a focus group held in December 2021.					
2. Sustain effective HIV programs that encompass community-led and peer-based approaches for engaging with priority populations on strategies for safer sex, STI and HIV testing, and harm reduction.	2.1 EmbraceU – resource for trans and gender diverse populations • SHQ and WAAC were supported to develop a resource to increase sexual health knowledge and awareness among trans and gender diverse populations in WA. • Community members were consulted throughout the process. • EmbraceU resources were launched in October 2021.					

Prevention and education						
Recommendation: 2.1 Continue to evaluate and support programs which are community-led and peer-based, ensuring that programs are effective in reaching priority populations.						
3. Provide contemporary HIV prevention and education programs in a range of settings, including community health services, schools and organisations or services that interact with priority populations. **Recommendation:** 3.1 Identify settings where programs are not being provided and develop strategies to address this.	3.1 HIV prevention and education programs • Organisations such as WAAC are funded to provide contemporary HIV prevention and education programs. • An assessment of settings where contemporary HIV prevention and education strategies was conducted as part of the WAAC tender process and factored into their targets.					
4. Improve access to PrEP and post exposure prophylaxis (PEP) by identifying gaps where knowledge among priority populations is low, or where healthcare provider options for PrEP and PEP is limited, and by introducing initiatives to mitigate these gaps. **Recommendation:** 4.1 Identify where gaps exist in knowledge among priority populations and access; and develop strategies to increased access (e.g. GP training, outreach clinics, Telehealth for rural and remote settings).	4.1 Decision making in PrEP tool • ASHM's 2-page Decision Making in PrEP tool describes the prescribing pathway for PrEP in WA, summarises the key eligibility and recommended assessment criteria for primary care providers in WA who wish to prescribe PrEP, as well as outlining ongoing patient education and monitoring requirements. • The PrEP guidelines have been updated to reflect changes to the PBS restrictions on prescribing PrEP, which has adjusted the National PrEP decision making tool. • Both the National and WA decision making tools have been updated and published on the ASHM website. NPEP Guidelines review • The Department of Health guidelines for the provision and access of Non-Occupational Post-Exposure Prophylaxis (NPEP) to Prevent HIV in Western Australia were reviewed and disseminated to stakeholders for consultation. • This included a review of access to PEP in the regions, and consultations with stakeholders on increasing access. WAAC PrEP webpage					

Prevention and education						
	• WAAC developed a dedicated webpage on PrEP, to increase awareness of PrEP and promote PrEP amongst priority populations.					
5. Seek to improve the health outcomes for people living with HIV (PLWH). **Recommendation:** Nil	Nil recommendations.					
6. Ensure the wide distribution and availability of sterile injecting equipment, safer injecting education and other drug harm reduction education among people who inject drugs (PWID), including a focus on people living in regional, rural and remote areas. **Recommendation:** 6.1 Explore options to improve availability of sterile injecting equipment out of hours, in regional areas and in prison settings. Identify and implement ways to reduce stigma experienced by some PWID from hospital-based health workforce.	6.1 SiREN project – Increasing availability of NSP for Aboriginal PWID • Funding from Healthway was awarded to a project led by SiREN, that includes an intervention to explore increasing availabilities of needle and syringe programs (NSP) for Aboriginal PWID. • SHBBVP and other agencies are collaborators on this project. NSP dispenser – Carnarvon Hospital • A new needle and syringe dispensing machine offering free access to sterile injecting equipment/disposal devices was installed at Carnarvon Hospital in July 2021. Sterile injecting equipment in prison • Exploration of availability of sterile injecting equipment in prison settings is still to be progressed.					

Testing and diagnosis

HIV testing is the gateway to HIV prevention, treatment, care and other support services. Testing that is conducted based on risk and in accordance with principles of informed consent, confidentiality, counselling and connection to appropriate services enables people to know their HIV status and adopt safer behaviours. Efforts to increase access to testing should be underpinned by community education and linkages to clinical services, particularly for home-based and point-of-care testing (POCT). Effectively directed HIV testing can support early diagnosis and in combination with rapid linkage into specialist care can ensure the newly diagnosed person receives relevant support and guidance on initiating ART and managing their health.

Testing and diagnosis						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Expand the use and accessibility of a range of HIV and STI testing options, that incorporate new testing technologies (such as home-based and point of care testing (POCT) with proven modalities for facilitating testing (such as peer-based and community-based initiatives) to improve rates of early diagnosis, and to reduce the structural, social and community barriers to testing faced by priority populations. **Recommendation:** 1.1 Using an evidence base and co-design methodologies, develop strategies to expand options for HIV and STI testing that incorporate new testing technologies.	1.1 Self-test kits • Atomo HIV self-test kits began to be sold in pharmacies. • WAAC supported this initiative including providing an updated resource on Atomo HIV self-test kits.					
2. Improve the capacity of GPs, primary and community healthcare professionals to diagnose HIV **Recommendation:** 2.1 Continue to support and promote workforce development opportunities provided by ASHM and other relevant providers which strengthen WA's GPs, primary and community healthcare professionals to diagnose HIV at earlier stages and to communicate best practice information to patients.	2.1 HIV s100 prescribers • ASHM continue to support HIV s100 prescribers in WA and deliver the HIV s100 prescriber training course for GPs. • Prescribers are informed of CPD activities, sector news and up to date research through the quarterly prescriber bulletins. • As of 30 August 2021, there were 24 authorised HIV community prescribers in WA, (including 2 in regional WA).					
3. **Ensure that all people diagnosed with HIV are linked to specialist care and offered referrals to relevant support services as soon as possible following diagnosis.** **Recommendation:** 3.1 Conduct a gap analysis to identify areas/or priority populations where there are no relevant support services available.	3.1 To be progressed.					

Testing and diagnosis

4. **Continue to promote the use of evidence based clinical guidelines and resources in both training and clinical service delivery settings.** **Recommendation:** 4.1 Identify where gaps exist in knowledge among priority populations and access; and develop strategies to increased access (e.g. GP training, outreach clinics, Telehealth for rural and remote settings).	4.1 ASHM training • ASHM continue to be supported to provide training for health professionals on the Clinical Foundations of HIV, STIs and BBVs for Nurses and Midwives; and PrEP. • Further identification of where gaps exist in knowledge needs to be progressed.					
5. Continue to identify efficiencies in the HIV cascade of care that will improve individual and public health outcomes. **Recommendation:** 5.1 Recognising that the HIV cascade of care involves multiple providers, key agencies/organisations need to ensure strong communication protocols exist so that the patient pathway through the health system and system of social support is facilitated at points of need. Advocate for and support the inclusion of Aboriginal Liaison Officers, PLWH and other individuals from priority populations to assist in helping patients to navigate health systems.	5.1 WAAC - case management for PLWH • WAAC is funded to provide case management services for PLWH. This includes support in navigating health systems. • WAAC are also funded to employ peer workers from the PLWH community to assist as peer support workers and support PLWH throughout the HIV cascade of care. DoH Integrated Case Management Program (ICMP) • Provides individualised support for PLWH experiencing complex psycho-social issues. • The core objective of ICMP is to support clients in managing their HIV through sustaining linkages to HIV clinical care, adherence to antiretroviral treatment and achieving an undetectable viral load.					

Disease management and clinical care

The lifelong management of PLWH requires a multidisciplinary approach to supporting disease management and clinical care in order to meet the varying needs of the individual. The ongoing clinical management for PLWH needs to factor in the management of HIV along with supported pathways for referral to manage any other health issues, encompassing models of shared care with GPs and communication protocols with other clinical specialists. Approaches to onwards referral for PLWH should consider any geographical, social, cultural and gender barriers with regards to accessing other services. As HIV treatment options evolve and newer simplified regimens become available, clinical monitoring of both the patient and emerging evidence on newer treatments should be integral to decision making. PLWH have a unique

Disease management and clinical care						
knowledge of their own treatment and management and need to be actively engaged as equal participants in the planning and delivery of their own care.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. As a priority, ensure that people newly diagnosed with HIV receive evidence-informed counselling and support on living with HIV, the benefits of rapid ART commencement and preventing onwards transmission. **Recommendation:** 1.1 Using an evidence base and co-design methodologies, develop strategies to expand options for HIV and STI testing that incorporate new testing technologies.	1.1 WAAC contract • WAAC provide holistic care for people newly diagnosed with HIV including peer support, counselling, and referrals to s100 prescribers/tertiary health services.					
2. Improve the health care provided to PLWH across WA, including regional and remote locations, by strengthening and coordinating linkages **Recommendation:** Nil	Nil recommendations.					
3. Strengthen models of care to holistically meet the needs of PLWH who have more complex psychosocial needs by facilitating supported linkages to relevant services. **Recommendation:** 3.1 Conduct a gap analysis to determine if the needs of PLWH from smaller populations (e.g. heterosexual men and women, CALD PLWH) have access to the supports they need.	3.1 WAAC contract • WAAC provides a holistic service to meet the needs of PLWH who have more complex psycho-social needs. • A gap analysis to determine the needs of smaller populations needs to be progressed. DoH Integrated Case Management Program (ICMP) • Provides individualised support for PLWH experiencing complex psycho-social issues.					
4. Monitor and evaluate the quality standards within models of aged care, ensuring that they are inclusive, respectful and meet the needs of PLWH. **Recommendation:**	4.1 Consumer groups • WAAC discussed HIV and ageing at two consumer group meetings, however, this requires further progression.					

Disease management and clinical care						
4.1 Building on the work and evidence base developed within WA and nationally, there is a need for coordinated advocacy to push the agenda for quality aged care which meets the need of the ageing population of PLWH.						
5. Increase options to facilitate access to HIV treatment and care in those health services providing culturally relevant care to Aboriginal people and culturally and linguistically diverse (CALD) populations. **Recommendation:** 5.1 In consultation with AHCWA and agencies working with Aboriginal people, consider developing targeted workforce development initiatives.	5.1 Consultation • Consultation with AHCWA and other agencies working with Aboriginal people to consider developing targeted workforce development initiatives has yet to be progressed. Case Management Programs • DoH ICMP and the WAAC INTESS program provide culturally relevant care to Aboriginal people and CALD populations.					
6. Ensure that PLWH receive the necessary support for developing health literacy on understanding life with HIV and sustained ART adherence, with support options that include community-based and peer-led approaches. **Recommendation:** 6.1 Continue to support agencies and programs providing support to PLWH.	6.1 Case management programs • WAAC and DoH operated HIV Case Management Programs in 2021.					
7. Facilitate options for PLWH that aim to improve mental health, resilience and social connectedness. **Recommendation:** 7.1 Continue to support agencies and programs providing support to PLWH.	7.1 WAAC Contract • WAAC continued to be supported by SHBBVP in 2021.					

Workforce development

The delivery of high-quality services that understand and respond to the needs of priority populations requires a multidisciplinary workforce of trained healthcare professionals and peer-based workers established in community and public health, aged care, sexual health clinics, general practices, Aboriginal Health Services (AHSs), AOD and mental health services. The development and promotion of up-to-date evidence-based clinical guidelines and training modules should be accessible to WA's healthcare workforce to support the delivery of best practice health care. Education on current scientific evidence on the prevention and management of HIV, and methods to address HIV or priority population related stigma and discrimination should be included in all STI and BBV training programs for community service providers and primary healthcare and specialist services.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Facilitate innovative workforce development initiatives that include multiple options for education and training, which include online learning, videoconference/ teleconference, information sharing platforms and face-to-face learning opportunities. **Recommendation:** Nil	Nil recommendations.					
2. Develop the awareness of the mainstream healthcare workforce on identifying stigma and discrimination related to HIV or priority populations, alongside methods for addressing these identified forms of stigma and discrimination. **Recommendation:** 2.1 Support the development of appropriate training, which may include online training to increase awareness of, and address, stigma and discrimination.	2.1 E-Learning module • Project planning of an e-learning module for all WA Health staff on Understanding and Reducing Blood-borne Virus Stigma and Discrimination commenced. • This included the standing of a steering group with members of lived and learned experience. The steering group met three times to plan the modules including the content. ASHM online training options • ASHM investigated, developed and implemented online training options in response to the COVID-19 pandemic. • ASHM rapidly adapted all face-to-face courses for delivery online, so that clinicians and healthcare workers can continue to access training. • ASHM delivered the following: ○ *HIV s100 community prescriber course* (online) – 2 courses with a total of 32 attendees.					

Workforce development						
	○ *PrEP update* 90-minute webinar – 1 course, 14 participants.					
3 Target training for identified healthcare workforce sectors engaging with priority populations to ensure that high-quality professional development and support is provided. **Recommendations:** 3.1 In consultation with relevant stakeholders, consider developing targeted workforce development initiatives. 3.2 Conduct a gap analysis to determine if workforce training is addressing the needs of specific groups less likely to be associated with HIV (e.g. women).	3.1 Steering group • A steering group consisting of people with lived and learned experiences of BBVs assisted in the development of a training module for the WA Health workforce, addressing stigma and discrimination towards people living with BBVs. 3.2 To be progressed.					
4 Continue to regularly update and strategically promote accessible evidence-based clinical guidelines and tools covering the HIV cascade of care to enable the professional development of healthcare workforce sectors, particularly general practices, delivering services to priority populations. **Recommendation:** 4.1 Review existing guidelines and update as relevant to WA and disseminate as required.	4.1 NPEP Guidelines • The Department of Health guidelines for the provision and access of Non-Occupational Post-Exposure Prophylaxis (NPEP) to Prevent HIV in Western Australia were reviewed and disseminated to stakeholders for consultation. PrEP decision making tool • ASHM's 2-page Decision Making in PrEP tool describes the prescribing pathway for PrEP in WA, summarises the key eligibility and recommended assessment criteria for primary care providers in WA who wish to prescribe PrEP, as well as outlining ongoing patient education and monitoring requirements. • The PrEP guidelines have been updated to reflect changes to the PBS restrictions on prescribing PrEP, which has adjusted the National PrEP decision making tool. • This will require the WA PrEP tool to be reviewed and updated also. • Both the National and WA decision making tools have been updated and published on the ASHM website.					
5 Continue to explore and share experiences of innovative multidisciplinary models of care for HIV	Nil recommendations.					

Workforce development

prevention and management, particularly models such as telehealth for rural and remote areas. **Recommendation:** Nil						
6 Continue to support and promote s100 prescriber training and accreditation, particularly in areas of need, alongside the promotion of HIV shared care protocols. **Recommendation:** Nil	Nil recommendations.					
7 Support the capacity and role of community organisations to implement greater involvement of PLWH (GIPA)/meaningful involvement of PLWH (MIPA) principles in the provision of education, prevention, support and advocacy services to priority populations. **Recommendation:** 7.1 In consultation with relevant stakeholders and with PLWH, increase awareness and implementation of MIPA principles.	7.1 To be progressed.					

Enabling environment

The foundation supporting the HIV response is the framework of principles, protocols, policies and laws that seek to create an enabling environment for public health and social change. It is however widely recognised that stigma and discrimination related to HIV and directed at priority populations remains as one of the most significant barriers to the HIV response. Increased efforts are needed to address stigma and discrimination, and also to ensure the meaningful involvement of PLWH and priority populations in all aspects of the HIV response. This strategy has a focus on the health and community sector; however, it acknowledges that issues such as "criminalisation impact on priority populations by perpetuating isolation and marginalisation and limiting their ability to seek information, support and health care."

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. For HIV health promotion and educational initiatives, prioritise consistent evidence-based	1. EmbraceU – resource for trans and gender diverse populations					

Enabling environment						
messaging that dispels myths around HIV transmission and living with HIV, ensuring that all content produced counteracts stigma and discrimination related to HIV or directed at priority populations. **Recommendation:** Nil	• SHQ and WAAC were supported to develop a sexual health risk assessment resource to increase the knowledge and perceptions of risk amongst trans and gender diverse people regarding the transmission of BBVs and STIs. • Community members were consulted throughout the process. • EmbraceU resources were launched in October 2021.					
2. Provide initiatives to assist PLWH to challenge and address incidences of stigma and discrimination. **Recommendation:** 2.1 Ensure options exist to address incidences of stigma and discrimination (from support, interventions and linkages to legal advice where necessary), are promoted and known among PLWH.	2.1 Disclosing HIV status guide • SHBBVP funded the HIV/AIDS Legal Centre (HALC) to update the WA guide to HIV and the law *Disclosing your HIV Status in Western Australia*. • The guide provides examples of situations where disclosure of HIV may or may not be legally required and includes updated legislation such as the *Public Health Act 2016*.					
3 Make sure that health services are transparent in their approach to quality standards, including standards that uphold patient rights and address privacy and patient confidentiality. **Recommendation:** 3.1 Advocate for accessible and clear standards which safeguard quality patient care, patient rights, privacy and confidentiality.	3.1 There is more work to be progressed regarding this recommendation, however, various organisations have formal and informal policies and standards in place such as Rainbow Tick, Quality in Care (QIC) standards.					
4 Using an evidence base, review and address institutional, regulatory and system policies that create barriers within the HIV cascade of care, impact on health-seeking behaviour or perpetuate stigma and discrimination. **Recommendation:** 4.1 Working with priority populations and PLWH, identify critical institutional, regulatory and system policies	4.1 WAAC advocacy • WAAC are funded to advocate for evidence-based actions which address identified legal, regulatory and policy barriers affecting the health and well-being of priority populations. • Relevant activities included: ○ Review of legislation such as the Equal Opportunity Act 1984 and the Religious Discrimination Bill ○ Individual advocacy for legal services for case management clients and assistance with Centrelink/Medicare services					

Enabling environment

that create barriers within the HIV cascade of care and advocate for these barriers to be addressed.	○ Providing feedback and complaints to pathology collection centres on behalf of clients who have negative experiences.					
5 Engage in dialogue with other government sectors to promote the use of up-to-date HIV-related science to improve policies affecting PLWH, and to discuss the impacts of wider public policy decisions on the health of priority populations. **Recommendation:** 5.1 Working with key agencies and organisations within the HIV response, ensure that up-to-date HIV-related science is used across policies and upcoming policy decisions which affect, or has the potential to affect PLWH and priority populations.	5.1 NPEP guidelines • The Department of Health guidelines for the provision and access of Non-Occupational Post-Exposure Prophylaxis (NPEP) to Prevent HIV in Western Australia were reviewed and disseminated to stakeholders for consultation. • Stakeholders included key agencies and organisations within the HIV response. Mandatory Testing guidelines • The Department of Health guidelines for The Mandatory Testing of a Suspected Transferor of BBVs were reviewed and disseminated to stakeholders for consultation. • Stakeholders included key agencies and organisations within the HIV response. Fast Track City • WA signed on as a Fast Track City, which promotes dialogue with other jurisdictions in Australia and globally, to meet the UNAIDS targets for virtual elimination of HIV.					

Data collection, research and evaluation

The Australian HIV response has been successful to date due to the active partnership between PLWH and the community sector, researchers, clinicians and government. Identifying gaps and areas for improvement in mechanisms that collect and store data is critical in developing a clear picture of HIV in WA, and how the epidemic may be changing. While gaps in surveillance data exist across priority populations, the role of social, behavioural and clinical research continues to assist in providing information that bridges these gaps. The maintenance of a strong research agenda and evidence-based informing action should be balanced by avoiding unnecessary burden on service providers. Importantly, the principles enshrined within this strategy should inform all research, evaluation and surveillance activities.

Data collection, research and evaluation						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Contribute towards and continue to support national research and evaluation projects on HIV and priority populations. **Recommendation:** 1.1 Continue existing support and consider if additional projects can be supported.	1.1 Australian Needle Syringe Program Fingerpick Survey • Conducted during 2021 in WA • Surveys injecting risk behaviours and tests dried blood-spots for HIV. Increasing Aboriginal Peoples' Use of Services That Reduce Harms From Illicit Drugs project • SHBBVP continued to participate in a Chief Investigator and collaborator capacity in the SiREN led research project. Gay and Bisexual Community Periodic Survey WA • SHBBVP funded and reviewed the report of the WA arm of the Gay and Bisexual Community Periodic Survey. HIV Futures in Western Australia study • SHBBVP assisted with recruitment for the *HIV Futures in Western Australia* study.					
2. With a focus on the HIV cascade of care, identify areas where data collection and storage can be improved or where data linkage projects can be developed to better monitor trends in priority populations. **Recommendation:** 2.1 Analysis of cascade of care to identify areas where data gaps exist and where existing data collection may be enhanced.	2.1 HIV Cascade of Care • SHBBVP participates in the HIV Cascade of Care national working group to remain informed of latest clinical data, to integrate into relevant programs and projects. • Analysis of cascade of care to be progressed.					
3. Ensure that relevant research, evaluation and surveillance data is disseminated to services and organisations involved in the HIV response to inform future planning and delivery of projects. **Recommendation:** 3.1 Continue existing strategies for disseminating data (e.g. quarterly forums; regular epidemiology, testing,	3.1 Epidemiology updates • CDCD epidemiology team provided updates at each Quarterly Forum. • This data and relevant reports to testing and treatment were made available online. • Specific data was also provided on request. • SiREN was continued to be funded to disseminate research and evaluation data.					

Data collection, research and evaluation						
and treatment uptake reports on-line; provision of specific data on request; SiREN and develop additional strategies.	• The epidemiology team also provided updates to the WA SHaBBVAC through presenting at meetings.					
4. Build the capacity of services and organisations involved in the HIV response to appropriately evaluate the effectiveness of current projects so that areas for improvement can be identified and incorporated into future planning. **Recommendation:** 4.1 Continue ensuring that support options are provided for organisations working within the HIV response to increase evaluation capacity.	4.1 Feedback and evaluation • Through effective contract management, SHBBVP ensure that the sector is including a range of feedback and evaluation processes to measure population and client satisfaction.					
5. Investigate reported incidences of stigma or discrimination encountered by PLWH and using appropriate research frameworks, monitor actual and perceived drivers, facilitators and power structures causing HIV-related stigma and discrimination. **Recommendations:** 5.1 Ensure that PLWH can report incidences of stigma and discrimination, and that these incidences are appropriately monitored and documented, to create a clearer picture in WA of the frequency, range and drivers of occasions of stigma/discrimination related to HIV. 5.2 Identify gaps in evidence for priority populations (e.g. heterosexual people travelling to high prevalence countries), support research to address evidence gaps and disseminate key findings.	5.1 To be progressed. 5.2 Stigma Indicators project • WA jurisdiction Stigma Indicators project with Centre for Social Research (UNSW) to investigate HIV stigma via the HIV Futures Survey continued to be supported by the SHBBVP.					

3.3 WA HIV Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: Target met | Tracking to meet target by 2023 | Progress made towards target | Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020	2021
Achieve the 95–95–95 HIV diagnosis and treatment targets								
1. **Increase the proportion of people living with HIV (in all priority populations) who know their HIV status to 95%**	Estimated proportion of people living with HIV who have been diagnosed	Indicator to be developed	Not applicable					
	HIV testing rates in WA:	Laboratory data and Rates Calculator	ASR/1,000 pop.	54.0	56.0	59.0	55.0	59.0
	Numerator: Number of annual HIV tests conducted in WA							
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages							
2. **Increase the proportion of people diagnosed with HIV on treatment to 95% within six weeks of diagnosis for those newly diagnosed, reducing this timeframe further over the life of the strategy**	Estimated proportion of people living with HIV dispensed treatment for HIV infection:	PBS treatment data and WA HIV Database	Proportion	-	90%	93%	92%	89%
	Numerator: Number of people dispensed treatment for HIV infection							
	Denominator: Estimated number of people diagnosed with HIV living in WA		Note: Data not available prior to March 2016					

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020	2021
3. **Increase the proportion of people on treatment with an undetectable VL to 95%**	Proportion of HIV patients on treatment with an undetectable VL	HIV specialist clinics in WA	Proportion	95%	-	92%	90%	90%
	Numerator: Number of people newly diagnosed with HIV on treatment with an undetectable VL							
	Denominator: Number of people diagnosed with HIV on treatment		Previous 5-year average data not available. Baseline figure is for cases diagnosed in 2016. 2020 figure is for cases diagnosed in 2019. 2018 and 2019 data not available at time of report.					
4. **Reduce the incidence of HIV transmission in MSM**	Number of annual HIV notifications reported in MSM	WA HIV Database	Number	56.4	30	36	36	22
5. **Reduce the incidence of HIV transmission in other priority populations - people living with HIV; Aboriginal people; CALD people from high HIV prevalence countries; people who travel to high prevalence countries; sex**	Number of annual HIV notifications reported in Aboriginal people, people from high HIV prevalence countries, people travelling to high HIV prevalence countries, people in custodial settings and gender diverse people.	WA HIV Database	Number: Aboriginal people	3.4	2	3	2	5
			Number: people born in high HIV prevalence countries	11.8	12	11	12	10
			Number: travelling to high HIV prevalence countries	9.0	8	9	7	4
			Number: in custodial settings	1.2	0	0	1	0

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020	2021
workers; PWID; people in custodial settings; and sexually and gender diverse people			Number: gender diverse people	0.8	0	0	1	0
6. **Maintain the virtual elimination of HIV among sex workers, PWID and from mother to child through the maintenance of effective prevention programs**	Number of annual HIV notifications in sex workers and cases reporting injecting drug use and vertical acquisition	WA HIV Database	Number: sex workers	0.4	0	0	1	0
			Number: cases reporting injecting drug use	1.6	2	1	1	3
			Number: cases reporting vertical transmission	0.4	2	1	0	0
7. **Ensure all people attending public sexual health services and high priority population caseload general practices are assessed for PrEP eligibility**	Number of individual dispensed HIV drug regimens for PrEP	PBS data	Number	-	625	1,919	2,187	2,327
			Note: PrEP only available on PBS from 1 April 2018					
	Proportion of eligible people on PrEP	PGCPS Survey	Proportion: non-HIV positive PGCPS respondents who had accessed PrEP in the previous 6 months	2017: 5%	-	25%	-	28%
			Note: Perth Gay Community Period Survey (PGCPS) is a biennial study and was not conducted in 2018. Previous 5 yr. average data not available					
8. **Ensure at least 75% of people with HIV report good quality of life**	Proportion of HIV Futures Study participants who report their general health status and their general wellbeing to be excellent or good	HIV Futures Study	Proportion	-	63%	-	-	-
			Note: National data, not WA specific (https://www.latrobe.edu.au/__data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf). Quality of life data based on PosQoL indicator from HIV Futures 9 Study.					

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020	2021
			PosQoL indicator not reported prior to the HIV Futures 9 Study. 2019 data not available at time of report					
9. **Reduce the reported experience of stigma among people living with HIV, and the expression of stigma, in respect to HIV status**	Proportion of people living with HIV who report experiencing stigma and discrimination in respect to their HIV status	Centre for Social Research in Health, University of New South Wales	Proportion	2016: 74%	56%	-	-	37%
			Note: National data, not WA specific. Previous 5 yr. average data not available. https://unsworks.unsw.edu.au/fapi/datastream/unsworks:81484/bin6aaabd13-75da-446a-992d-ce12188f2a3a?view=true&xy=01					
	Proportion of the general public who report feelings of stigma and discrimination towards people living with HIV		Proportion	2017: 62%	53%	-	30%	50%
			Note: WA specific data. 2018 and 2019 data not available.					
	Proportion of health professionals who report feelings of stigma and discrimination towards people living with HIV		Proportion	53%	-	-	30%	50%
			Note: National data, not WA specific. https://unsworks.unsw.edu.au/fapi/datastream/unsworks:81483/bina0ad65c8-edaa-4a47-b9a0-a87e97c3ff03?view=true&xy=01 2019 data not available at time of report					

Government of Western Australia
Department of Health

HIV

2019–2023 progress report

WA Sexual health and blood-borne virus strategies 2019–2023

The big picture in 2021

- In 2021 the HIV notification rate decreased 45% compared to the strategy baseline period, the decrease was particularly notable in HIV notifications in MSM.
- Pre-exposure prophylaxis (PrEP) is a once-daily pill used by HIV-negative people as a prevention method that was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 April 2018.

	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
HIV notification rate	3.8	2.3	4.0	2.8	2.1	↓ 45%
Number of HIV notifications in MSM	56.4	30	36	36	22	↓ 61%
Number of HIV notifications in heterosexual people	34.2	22	61	30	27	↓ 21%
Number of HIV notifications in people who inject drugs	1.6	2	1	1	3	Stable
Number of HIV notifications in Aboriginal people	3.4	2	3	2	5	Stable

Testing

Number of HIV tests per 1,000 people	54.0	56	59	55	59	↑ 9%

Treatment as prevention

- With an estimated 93% of people diagnosed with HIV on treatment in 2018, WA is on track to achieving the 95% treatment coverage target by 2023. When a HIV-positive person is on treatment and their viral load is suppressed, the chance of onward transmission is negligible.
- Pre-exposure prophylaxis (PrEP) is a once-daily pill used by HIV-negative people as a prevention method that was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 April 2018.

Time to treatment *Proportion of people diagnosed with HIV who started treatment within one month of diagnosis*	-	93%	95%	94%	82%	Target 95%
Treatment coverage *Estimated proportion of people living with HIV who are on treatment*	-	90%	93%	92%	89%	Target 95%
Viral suppression *Proportion of people diagnosed with HIV who reached an undetectable viral load within 12 months of diagnosis* *Cases diagnosed in 2019	-	-	92%	90%	-	Target 95%
Number of WA residents who received PrEP subsidised by the PBS *1 April to 31 December 2018	-	625*	1,919	2,187	2,327	

SHP-013953 DEC'22

- Data not available at time of report

4. WA Hepatitis B Strategy

Implementation Progress Report 2021

4.1 *WA Hepatitis B Strategy* – At a glance

Surveillance, monitoring and reporting

Guiding principles

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsiblity
- Commitment to evidence-based policy and programs
- Partnership

Goals

1. Make significant progress towards eliminating hepatitis B as a public health threat.
2. Reduce transmission of and the mortality and morbidity caused by hepatitis B.
3. Minimise the personal and social impact of hepatitis B.
4. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on the health of people living with hepatitis B.

Targets

1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.
2. Reduce the number of newly acquired hepatitis B infections across all age groups by 50%, with a focus on priority populations.
3. Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%.
4. Increase the proportion of people living with chronic hepatitis B receiving care to 50%.
5. Increase the proportion of people living with chronic hepatitis B who are receiving antiviral treatment to 20%.
6. Reduce hepatitis B attributable mortality by 30%.
7. Reduce the reported experience of stigma among people living with hepatitis B, and the expressions of stigma, in respect to hepatitis B status.

Targets are measured by indicators

Action areas

Prevention and education	Testing and diagnosis	Disease managment and clinical care	Workforce development	Enabling environment	Data collection, research and evaluation
3 key actions	2 key actions	2 key actions	3 key actions	3 key actions	4 key actions

Priority populations

People living with hepatitis B | People from culturally and linguistically diverse backgrounds | Aboriginal people
Children born to pregnant women living with hepatitis B | Other unvaccinated adults at higher risk of infection

4.2 *WA Hepatitis B Strategy* – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: Significant coverage Some room for improvement Significant room for improvement

Prevention and education

The following actions aim to improve hepatitis B related knowledge among the priority populations and to improve access to hepatitis B prevention initiatives, thus contributing towards achieving the goals and targets set out in this strategy.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Improve hepatitis B related health literacy among priority populations in relation to the: • **risk factors and preventative factors** • **availability of hepatitis B vaccinations and testing** • **availability of treatment** • **need for regular monitoring.** **Recommendation:** 1.1 Migrant Blood Borne Virus and Sexual Health Survey research at Curtin University will determine knowledge gaps to inform prevention and education efforts in CALD. Information from survey to be disseminated and implement strategies to address gaps.	1.1 Steering Group • Consisting of government and non-government stakeholders. • Convened to review the existing SHBBVP multicultural factsheets, and to develop new resources, including hepatitis B. • These resources began development with a focus group held in December 2021. HepatitisWA • Continued to deliver their suite of hepatitis B community education projects via Service Agreement with WA Health. • A specific Grant was awarded to expand reach into regional WA. • Community education involved workshop style sessions, recruitment of Hepatitis B Community Ambassadors, hepatitis B and cultural event representation, as well as outreach clinical services (vaccination and testing). ACE app for PWID • WA DoH launched Access, Care and Empowerment (ACE) app for PWID in December 2020.					

Prevention and education						
	• ACE provides geo-mapping functionality of service locations for PWID, including NSP program (NSP) and needle and syringe exchange program (NSEP) locations; and useful harm reduction information, including self-care strategies to moderate impact of methamphetamine use.					
2. Increase access to: • **hepatitis B vaccination for all priority populations including free vaccination for infants, adolescents, pregnant women and unvaccinated adults at higher risk of infections** • **other preventative measures such as condoms, sterile needles and syringes, and safer sex education** **Recommendation:** Nil	Nil recommendations.					
3. Develop partnerships to improve service coordination through the sharing of information and resources among: • **CALD communities and organisations** • **service providers already engaging with priority populations** • **research institutes working in the viral hepatitis area** **Recommendations:** 3.1 Investigate evidence and/or programs used in other jurisdictions. 3.2 Track progress in the Eliminate Hepatitis C Working Group.	3.1 Steering Group • The Steering Group that has been convened to review the existing SHBBVP multicultural factsheets has contributed to development of partnerships. • Liaison with local interstate and national organisations is also contributing to this review of resources. HepatitisWA partnerships • HepatitisWA has formed strong partnerships with different cultural communities and service providers working with CaLD communities. • This has led to the delivery of education sessions, event representation and staff upskilling related to hepatitis B prevention, testing and treatment. 3.2 The working group will consider if hepatitis B is within scope.					

Testing and diagnosis

It is estimated that in Australia nearly 38% of people living with hepatitis B are undiagnosed, making regular testing essential for early diagnosis to allow for better access to treatment, ongoing care and better health outcomes for the priority populations. The following actions aim to decrease the number of undiagnosed cases among people in WA living with hepatitis B.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase access to routine and opportunistic testing **Recommendation:** 1.1 Narrow cast social marketing targeting at-risk populations and general practitioners to increase testing and contact tracing.	1.1 *What you need to know about Hepatitis B* video • Launched in 2020, continues to be available on YouTube. • Aims to provide information about hepatitis B risk, testing and care for Aboriginal people. • Is promoted through relevant services.					
2. Employ evidence and peer-based approaches that promote testing among priority populations. **Recommendation:** 2.1 Complete a grey and peer-reviewed literature review on peer-based models across priority populations.	2.1 Rapid Review of Hep B Interventions amongst Migrants • Researchers from SIREN conducted *A Rapid Review of Interventions to Increase Hepatitis B Testing, Treatment, and Monitoring among Migrants Living in Australia* in 2021. • This resulted in a publication in the National Library of Medicine in 2022. HepatitisWA Hepatitis B program • Hepatitis B program promotes testing among CaLD populations via education sessions, event representation, outreach testing and Deen Clinic ability to test for hepatitis B on-site.					

Disease management and clinical care

These actions aim to increase the number of people living with hepatitis B who are on treatment and engaged in care. To effectively achieve this, the following actions are recommended.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase the number of people living with chronic hepatitis B on treatment and engaged in care. **Recommendation:** 1.1 Currently 5.8% treatment uptake. Efforts needed to increase treatment uptake to 20%. Increased general practitioners training and community s100 prescribers required.	1.1 Hepatitis B s100 prescriber training • Continued to support ASHM to provide hepatitis B s100 prescriber training. • 50 GP prescribers approved by 30 August 2021, including 21 practicing in regional locations. • Treatment uptake increased to 6.8% by end of 2019.					
2 Improve the management and treatment of hepatitis B. **Recommendations:** 2.1 Investigate options to enhance care options, such as, GP training, health pathways (through WAPHA). 2.2 Liaise with Telehealth to investigate support options for rural and remote settings.	2.1 s100 prescriber training – See DM&CC 1.1 2.2 To be progressed.					

Workforce development

The following actions aim to develop a healthcare workforce that is highly skilled and adequately trained in the treatment and management of hepatitis B. To effectively achieve this, the following actions are recommended.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023

1. Improve awareness, knowledge and skills of the healthcare workforce in relation to early detection, monitoring and treatment of hepatitis B
 	
Recommendations:
 	
1.1 Map the workforce development opportunities currently funded and provided and complete a gap analysis.
1.2 Develop resources in conjunction with priority populations.
	ASHM online training
	
	• AHSM investigated, developed and implemented online training options in response to the COVID-19 pandemic.
	• ASHM worked rapidly to adapt all face-to-face courses for delivery online, so that clinicians and healthcare workers can continue to access training.
	• ASHM liaised with WA Health, local clinicians and Hepatitis WA in course promotion.
	• ASHM delivered the following in 2021:
	  ○ One hour case discussion for WA-based healthcare practitioners on hepatitis B - 11 WA attendees (7 GPs/other medical practitioners, 2 nurses, 1 AHW and 1 specialist. 73% practice in metro locations and 27% practice in regional/rural locations).
	  ○ Advanced online course in nursing in hepatitis B nursing - ASHM delivered this course in August 2021 - 9 WA-based participants (8 nursing professionals, 1 health promotion personnel. 33% practice in metro locations 67% practice in regional/rural locations).
	  ○ CaLD webinar series for health professionals – 23 WA participants. ASHM liaised with WA Health, Asetts, ECCWA, local clinicians, and HepatitisWA in the course planning and creation.
	  ○ Viral hepatitis for nurses and midwives - two 90-minute webinars to increase the participation of midwives and nurses in engaging mothers living with hepatitis B or hepatitis C in care. 8 WA participants.					

Workforce development

2. Increase hepatitis B treatment prescriber course access, promotion and participation of non-accredited GPs working with priority populations, including those in regional and remote areas. **Recommendation:** 2.1 Investigate options to improve access to Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) training for rural and remote based general practitioners.	2.1 Online training options • Online training options were investigated and implemented, and in some instances were necessitated by COVID-19 restrictions. • ASHM's online Hepatitis B s100 Prescriber Course open to WA participants were delivered twice. ○ March 2021 – 16 WA participants (13 GPs, 3 nurses. 81% practice in regional or remote locations, 19% practice in metropolitan location). ○ November 2021 – 14 WA participants (12 GPs, 1 nurse, 1 other professional. 57% practice in regional or remote locations, 43% practice in metropolitan locations).					
3. Develop shared care models to better support new prescribers through linkages with experienced prescribers including the use of telehealth where required in regional and remote areas. **Recommendation:** 3.1 Investigate shared care models in other jurisdictions to assess the effectiveness of peer support models.	3.1 ASHM WA case discussion – See WD2.1 Peer support models to be further investigated.					

Enabling environment

People living with hepatitis B are likely to experience discrimination and stigma. This can have a significant impact on their health outcomes and may prevent them from seeking support. To effectively address stigma and discrimination, the following actions are recommended.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023

Enabling environment						
1. Provide patients and consumers with information about their rights and responsibilities in relation to hepatitis B prevention, testing, treatment and care. **Recommendation:** 1.1 Develop on-line and hard-copy health consumer resource.	1.1 Steering Group • Government and non-government stakeholders convened to review the existing SHBBVP multicultural factsheets and develop new resources, including hepatitis B. • These resources began development with a focus group held in December 2021.					
2. Monitor stigma and discrimination in the community that impacts on health-seeking behaviour of priority populations and their access to testing and treatment services. **Recommendation:** 2.1 Liaise with Centre for Social and Health Research on stigma and discrimination indicators for WA. (DC,R&E 2.1)	2.1 Current stigma and discrimination indicators do not cover hepatitis B - to be progressed. Steering Group • A steering group consisting of people with lived and learned experiences of BBVs assisted in the development of a training module for the WA Health workforce, addressing stigma and discrimination towards people living with BBVs, including hepatitis B.					
3. Review and address institutional, regulatory and system policies that create barriers to equality of prevention (including access to vaccination), testing, treatment, care and support for priority populations, including people living with hepatitis B. **Recommendation:** 3.1 Literature review and environmental scan on barriers to testing, treatment and care.	3.1 To be progressed.					

Data collection, research and evaluation

There are a number of gaps in the research and surveillance related to hepatitis B. To fully understand the burden of disease caused by hepatitis B in WA, the following actions are recommended.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Identify opportunities to improve the timeliness, completeness and consistency of data collections. **Recommendation:** Nil	Nil recommendations.					
2. Explore the prevalence and nature of stigma and discrimination experienced by people living with hepatitis B in WA. **Recommendation:** 2.1 Liaise with Centre for Social and Health Research on stigma and discrimination indicators for WA. (EE 2.1)	2.1 Captured in EE2.1					
3. Identify gaps in knowledge among healthcare workforce and priority populations relating to hepatitis B prevention, testing, treatment and care. **Recommendation:** 3.1 Complete a needs analysis among healthcare workers to identify gaps.	3.1 To be progressed ASHM continue to provide workforce development in relation to hepatitis B.					

Data collection, research and evaluation						
4. Identify and address barriers in accessing hepatitis B vaccination, testing, treatment and care among priority population groups, including people from countries with an intermediate or high prevalence of hepatitis B. **Recommendation:** 4.1 SHaBBVAC to review the gap workforce needs analysis and review literature review and environmental scan on barriers to testing, treatment and care. Support qualitative research with priority populations to understand barriers.	4.1 To be progressed after DC,R&E 3.1.					

4.3 WA Hepatitis B Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: Target met | Tracking to meet target by 2023 | Progress made towards target | Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Indicators	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months	Coverage of hepatitis B vaccination at 12 months and 24 months	ACIR and Rates Calculator	12 months	91.81%	93.43%	93.71%	94.47%	93.97%
	Numerator: Number of children in the relevant cohort who have dose 3 by 12 and 24 months recorded on the Australian Childhood Immunisation Register (ACIR)		24 months	89.59%	89.63%	90.06%	91.44%	91.79%
	Denominator: Number of children turning 12 and 24 months in the measurement year on the ACIR		Note: Figures are provided for the percentage of children fully immunised which includes hepatitis B immunisation					
2. Reduce the number of newly acquired hepatitis B infections across all age groups by 50%, with a focus on priority populations	Annual rate of newly acquired hepatitis B notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Number	27.0	25	23	20	7
	Numerator: Number of newly acquired hepatitis B notifications							
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages		ASR/100,000 pop.	1.1	1.0	0.8	0.8	0.3

Targets by the end of 2023	Indicators	Indicators	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
3. **Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%**	Estimated annual proportion of people living with chronic hepatitis B who have been diagnosed	Indicator to be developed	Not applicable					
	Annual rate of unspecified hepatitis B notifications	WANIDD and Rates Calculator	Number	542.2	514	462	517	369
	Numerator: Number of unspecified hepatitis B notifications							
	Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, all ages		ASR/100,000 pop.	21.3	19.7	17.5	19.5	14.9
4. **Increase the total proportion of people living with chronic hepatitis B receiving care to 50%**	Proportion of people living with chronic hepatitis B who received monitoring for chronic hepatitis B	Data linkage study	Data not available at time of report					
	Numerator: Number of people who received monitoring for chronic hepatitis B							
	Denominator: Modelled estimate of the number of people living with chronic hepatitis B							
5. **Increase the proportion of people living with chronic hepatitis B who**	Proportion of people with living chronic hepatitis B dispensed drugs for hepatitis B infection	PBS treatment data	Proportion	2015: 3.9%	5.8%	6.8%	6.9%	-
	Numerator: Number of people dispensed drugs for chronic hepatitis B infection							

Targets by the end of 2023	Indicators	Indicators	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
are receiving antiviral treatment to 20%	Denominator: Modelled estimate of the number of people living with chronic hepatitis B		Note: Data not available prior to 2015. 2021 data not available at time of report https://ashm.org.au/wp-content/uploads/2022/04/ASHM_ViralHepReport_2020_WEB_final.pdf					
6. **Reduce hepatitis B attributable mortality by 30%**	Estimated number of deaths attributable to chronic hepatitis B	Data linkage study	Data not available at time of report					
7. **Reduce the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status**	1. Proportion of people living with chronic hepatitis B who report experiencing stigma and discrimination in respect to hepatitis B status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Data not available at time of report					
	2. Proportion of the general public who report feelings of stigma and discrimination towards people living with chronic hepatitis B		2. Proportion	2017: 58%	50%	-	31%	48%
			Note: WA specific data in 213-2017, 2018 and 2020. Study not conducted in 2019. National data in 2021.					
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people living with chronic hepatitis B		3. Proportion	2016: 8%	19%	-	34%	28%
			Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019.					

Government of Western Australia
Department of Health

Hepatitis B

2019–2023 progress report

WA Sexual health and blood-borne virus strategies 2019–2023

The big picture in 2021

- The notification rate of both newly acquired and unspecified hepatitis B was lower than the 2013–2017 baseline.

Prevention through immunisation

- Childhood vaccination at 12 months was approaching the 2023 target of 95%.

Treatment

- The proportion of people with living chronic hepatitis B who were dispensed drugs for hepatitis B infection in 2020 increased but remained below the 2023 target of 20%.

Stigma and discrimination

- Feelings of stigma and discrimination towards people living with chronic hepatitis B were high among the general public.

	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
Newly acquired hepatitis B *notification rate per 100,000 population*	1.1	1.0	0.8	0.8	0.3	↓ 73%
Unspecified hepatitis B *notification rate per 100,000 population*	21.3	19.7	17.5	19.5	14.9	↓ 30%
Coverage of hepatitis B vaccination *At 12 months*	91.81%	93.43%	93.71%	94.47%	93.97%	↑ 2%
Coverage of hepatitis B vaccination *At 24 months*	89.59%	89.63%	90.06%	91.44%	91.79%	↑ 2%
Proportion of people with living chronic hepatitis B dispensed drugs for hepatitis B infection	2015: 3.9%	5.8%	6.8%	6.9%	-	↑ 3%
Proportion of the general public who report feelings of stigma and discrimination towards people living with chronic hepatitis B	2017: 58%	50%	-	31%	48%	↓ 10%
Proportion of health professionals who report feelings of stigma and discrimination towards people living with chronic hepatitis B	8%	19%	-	34%	28%	↑ 20%

SHP-013953 DEC '22

9 *WA Hepatitis C Strategy*

Implementation Progress Report 2021

5.1 *WA Hepatitis C Strategy* – At a glance

5.2 WA Hepatitis C Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: Significant coverage Some room for improvement Significant room for improvement

Prevention and education						
There are a number of gaps in the research and surveillance related to hepatitis B. To fully understand the burden of disease caused by hepatitis B in WA, the following actions are recommended.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Implement innovative hepatitis C public education initiatives with a focus on transmission risk and harm reduction strategies and to raise awareness of DAA treatments. **Recommendation:** Nil	1. HepatitisWA • Continued to facilitate community education initiatives including workshop style education sessions at schools, alcohol and other drug services, mental health settings and homeless support services. • Attended various community events. • Promoted prevention, testing and treatment messaging via resource development and deployment (billboard and bus advertising, posters and other hard copy resources), podcast release and website/social media engagement.					
2. Increase the availability, range and distribution of sterile injecting equipment among PWID, especially in regional and remote areas and for Aboriginal PWID. **Recommendation:** Nil	2. Over 5.2 million needles and syringes were distributed in 2021 by NSPs (including hospitals, health centres, pharmacies, needle and syringe exchange programs and vending/dispensing machines). NSP sites • 104 approvals held for NSP sites across WA. • Some approvals allow distribution from multiple sites ie; WA pharmacies, remote health clinics and nursing posts. • In total 726 outlets either distribute for free or sell sterile needle and syringe products in WA as part of the state-wide NSP.					

Prevention and education						
	Regional hospitals • All regional hospitals that provide emergency after-hours services are required to provide sterile injecting equipment at no cost, under the WA Country Health Service Needle and Syringe Program provision from WA Country Health Service facilities Policy.					

3. Increase access to health, safer injecting and safe disposal information for PWID, including the utilisation of peer-based initiatives and education tailored to priority populations.
Recommendation: Nil
	3. Look After Your Blood BBV awareness campaign
	• WA Health continued the delivery of the successful campaign.
	• Aimed at educating Aboriginal people who inject drugs as to the risks involved in sharing injecting equipment and the importance of testing and treatment.
	• Campaign burst (targeted radio, regional television and social media) in March/April 2021 was evaluated:
	  ○ Over 15,000 people seeing the TV assets at least 3.4 times each week
	  ○ Over 1.1 million overall impressions from digital video
	  ○ Over 2.3 million impressions from static digital media
	  ○ Great reach via regional radio (data not available) and hard copy resources displayed in health and community centres across regional WA.
	
	Access, Care and Empowerment (ACE)
	• DoH launched a mobile app, Access, Care and Empowerment (ACE), for people who inject drugs in December 2020.
	• ACE provides geo-mapping functionality of service locations for people who inject drugs (PWID), including needle and syringe exchange program (NSP) and needle and syringe exchange program (NSEP) locations; and useful harm reduction information, including self-care strategies to moderate impact of methamphetamine use.
	• In March 2021, SHBBVP conducted a formative evaluation of the ACE app with support from evaluation partner, Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network (SiREN).					

Prevention and education						
	○ An adapted version of the Mobile App Rating Scale (MARS) was used to score the ACE mobile app's levels of engagement, navigation, accessibility, functionality, aesthetics, and information quality. ○ Between July and August 2021, cross-sectional survey evaluation (Phase 1) collated 26 survey responses from 68 received. • ACE has been well marketed online via social media and via key service providers in the AOD sector. Posters and cards were distributed to over 1800 stakeholders in 2021. • ACE has also been presented at several forums which included the DoH STI and BBV Quarterly Forum - 3 March 2021; Needle and Syringe Program Training - 18 May 2021; and the Regional Sexual Health Teams Workshop - 29 October 2021. • There were 379 downloads in 2021.					
4. Facilitate a coordinated partnership approach towards prevention and education initiatives and share the successes of these approaches with service providers. **Recommendation:** 4.1 Eliminate Hepatitis C Working Group to consider this.	4.1 Eliminate Hepatitis C Working Group • Met in February, May, August and November 2021. • Representation from a range of stakeholders and service providers delivering hepatitis C prevention and education initiatives. Agencies represented on the Working Group can share progress on BBV prevention and education activities. Service Agreements • DoH manages Service Agreements and funds organisations providing hepatitis C prevention and education projects targeting affected and at-risk communities. Activity reports are provided to DoH and agencies can discuss activities provided within Service Agreements. DoH encourages the sector to present project findings and updates at conferences and forums throughout the year.					

Prevention and education						
5 Support the continued provision of and equitable access to evidence-based OTP for priority populations. **Recommendation:** 5.1 Eliminate Hepatitis C Working Group to consider this.	5.1 Collaborations • DoH works with organisations and agencies that interact with people who are administered OTP, related to hepatitis C prevention and education, including drug and alcohol treatment services, services that provide needle and syringe programs (NSP)/needle and syringe exchange programs (NSEP) and other services that support priority populations. Eliminate Hepatitis C Working Group • Provides a platform for agencies that work with people who are administered OTP, as it relates to hepatitis C testing and treatment. • Agencies on this working group are currently involved in projects to increase the testing and treatment rates of people accessing AOD treatment facilities in WA.					

Testing and diagnosis

Increasing the diagnosis rate of those living with hepatitis C will be a key target to achieve by the end of this strategy, and into the future. Accurately assessing the true prevalence rate of hepatitis C within WA, and measuring the success of this strategy, will depend on the delivery of non-discriminatory, innovative and complete testing processes.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase awareness of the importance of testing among priority populations including engagement in all stages of the testing process (antibody testing, confirmatory hepatitis C RNA and monitoring of liver condition). **Recommendation:** Nil	Nil recommendations.					
2. Increase routine and opportunistic testing, through primary health care, community-based services, allied health services and within custodial services. **Recommendation:** 2.1 Continue to support community based and other services that provide testing and consider how testing opportunities may be increased through other services.	2.1 Funded services • Peer-Based Harm Reduction WA (Perth and Bunbury), HepatitisWA (Perth) and M-Clinic (Perth – WAAC) are funded to provide hepatitis C testing as part of their routine services, while all prisons offer hepatitis C testing to individuals upon entry. Testing for hepatitis C within General Practice • Remains as the highest notified setting among non-Aboriginal people living with hepatitis C, while corrections health services report the highest number of notifications amongst Aboriginal people. Corrective Services • Partnership with the Deen Clinic (HepatitisWA) to engage patients via referral once they exit custodial settings, to ensure appropriate pathway from testing through to treatment if required. Testing data					

Testing and diagnosis						
	The 2021 testing data has not yet been finalised.					
3. Investigate the use of emerging technologies including rapid diagnostic testing (RDT) and POCT to increase testing rates. **Recommendation:** 3.1 PoCT research trials are currently being undertaken at some services and will inform the future use of these technologies.	3.1 PocT trials • Agreement for PoCT trials to commence in WA 2022/23 through a Kirby Institute research project (funded by the Commonwealth Department of Health) to roll out POCT trial across Australia; 65 sites nationally.					
4. Develop and maintain peer-based strategies that include utilising the skills and experience of people living with hepatitis C and PWID to encourage people to test and progress into treatment and ongoing management of their condition as required. **Recommendation:** 4.1 A peer-based hepatitis C education project regarding testing and treatment has been rolled out and will contribute to the development of further strategies.	4.1 Peer Based Harm Reduction WA • Continued to facilitate their Hepatitis C Peer Harm Reduction Education Project, with the project aiming to increase the number of PWID engaging in testing for hepatitis C and to pursue treatment if chronic infection is diagnosed. • Further strategies beyond this are required.					
5 Identify opportunities to improve the application of recommended testing procedures for hepatitis C by clinicians, including patient follow-up post antibody test and application of confirmatory hepatitis C RNA testing. **Recommendation:** 5.1 Recommended testing procedures to be highlighted in all workforce development initiatives and clinical resources.	5.1 Clinician support • General Practitioners reminded about opportunity to reflex test whereby antibody and RNA testing ordered at the same time to reduce patient visits and prevent loss-to-follow up. • WAPHA confirmed that the online hepatitis C Clinical pathway includes reflexive testing. • Article published in August 2021 edition of Medical Forum magazine. • HepatitisWA, ASHM, WAPHA continued to support clinicians in undertaking correct testing procedure.					

Disease management and clinical care

Since the inclusion of DAA treatment for hepatitis C on the Pharmaceutical Benefits Scheme (PBS)in March 2016, Australia has been leading the way globally as a nation where elimination of hepatitis C is a realistic prospect. Enhancing awareness of these revolutionary treatments, increasing rates of treatment for those affected by hepatitis C and providing timely and relevant referral to treatment services and ongoing care will be vital within WA to ensure treatment remains a priority and people are engaged throughout the hepatitis C cascade of care.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Increase public awareness of the availability of and the effectiveness of DAA treatment for hepatitis C. **Recommendation:** 1.1 Continue and enhance strategies to increase public awareness.	1.1 Look After Your Blood campaign • Aboriginal focused BBV campaign 'Look After Your Blood' was delivered in metropolitan and regional areas, including content to educate the community about prevention, testing and treatment for hepatitis C and HIV. NSP and NSEP • Continue to promote testing and treatment with clients accessing these services. • People who inject drugs (PWID) are among the highest risk group for transmission of hepatitis C via sharing injecting equipment. Funded Agencies • Funded agencies delivered public education and awareness raising activities in 2021, targeting the general public and those at risk of/affected by hepatitis C. National Eliminate Hepatitis C Australia (EC Australia) • EC Australia partnership continued, with development of public campaigns to target both public (through the Finding 50,000 campaign) and people who inject drugs (It's Your Right campaign) set to be launched in 2022. • Both campaigns aim to increase knowledge of DAA treatment availability and importance of testing for hepatitis C.					

Disease management and clinical care							
2. Provide support and information to GPs and practice nurses to increase the number of DAA prescribers treating through general practice. **Recommendation:** 2.1 Continue to follow up GPs who notify hepatitis C cases (through HepatitisWA GP project), and strengthen other workforce development initiatives and resources.	2.1 HepatitisWA's GP Liaison Project • 160 GPs opted in for support with prescribing via the project in 2021. • Proportion of GPs expressing they are confident in prescribing/already prescribing continues to grow. Ongoing workforce development in metro and regional areas conducted by HepatitisWA, WAPHA and ASHM.						
3. Establish new community service led treatment clinics and enhance current clinics operating within community-based services to target priority populations. **Recommendation:** 3.1 Identify potential new sites and opportunities for community service led treatment clinics.	3. Community-based services • The Deen Clinic at HepatitisWA continued to provide important BBV testing and treatment services for people at risk of hepatitis C or living with hepatitis C. • Peer Based Harm Reduction WA continue to provide clinical services in the metropolitan and south-west areas, focusing on engaging PWID in testing and treatment for hepatitis C. 3.1 To be progressed.						
4. Maintain and improve partnerships between primary healthcare workers, specialists, allied health services, community-based services (including alcohol and other drug (AOD) services), AHS and custodial services to ensure appropriate pathways into treatment and management or care is available for those diagnosed with chronic hepatitis C. **Recommendation:** 4.1 Eliminate Hepatitis C Working Group to consider this.	4. Many agencies refer clients living with hepatitis C to other relevant settings such as HepatitisWA for those recently exiting corrective services, Peer-Based Harm Reduction WA for those currently injecting and currently prescribing general practice settings for those that access GPs in the community. 4.1 The Eliminate Hepatitis C Working Group • Provides the opportunity for primary health to liaise with community-based health services, DoH and custodial services. • Part of this work is to review and promote new resources, including testing and treatment guides, such as the ASHM Partnership Practice Support Toolkit for primary care service providers in WA, information on the Silver book for clinicians and resources targeting services working with at risk-populations.						

Disease management and clinical care						
5. Enhance current treatment projects and introduce innovative strategies to increase access to DAA treatment for hepatitis C for those within custodial settings or those recently exited the custodial setting. **Recommendation:** Nil	Nil recommendations.					
6. Support the healthcare workforce to identify and engage people living with hepatitis C in treatment and ongoing care, including improving patient management systems, conducting patient recall and ongoing monitoring for patients with pre-existing liver disease issues. **Recommendation:** 6.1 Investigate successful models of patient engagement and monitoring and provide support to replicate or adapt these as relevant.	6.1 Serviced agreements and grants • Via Service Agreement held with DoH and several associated Grants (GP Liaison Nurse – Department of Health and Regional clinical development project – EC Australia), HepatitisWA engaged metropolitan and regional practices with capacity building workforce development projects, assisting practices with patient recall (for hepatitis C RNA testing and hepatitis C treatment) and training staff how to set up and utilise prompts in practice management software to audit patient records. Referral to tertiary liver clinics continues for cases that are too complicated for initiating treatment and monitoring by GP.					

Workforce development

The facilitation of appropriate and successful prevention, testing and treatment initiatives will continue to rely on a highly skilled and adequately trained healthcare workforce. Support and education for staff and volunteers working with people at risk of or living with hepatitis C, in a variety of settings, will be central to the response to hepatitis C in WA.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Provide ongoing support and information to GPs, nurse practitioners and the wider healthcare workforce on prevention, accurate testing processes and the pathway to treatment for patients living with hepatitis C. **Recommendation:** 1.1 Continue to support provision of health workforce education by ASHM and other providers.	1.1 ASHM workforce development • ASHM investigated, developed and implemented online training options in response to the COVID-19 pandemic. • ASHM worked rapidly to adapt all face-to-face courses for delivery online, so that clinicians and healthcare workers could continue to access training. • ASHM delivered the following: ○ *Hepatitis C in Primary Care* 2-hour online clinical update on hepatitis C treatments for GPs, nurse practitioners, and other primary care medical practitioners. 14 participants (4 GPs/other medical practitioners, 9 nurses and 1 non-clinical (PHU)); 6 metropolitan, 6 regional and 2 remote. ○ *Curing hepatitis C in primary care* 3-hour online course for GPs, nurse practitioners and other practitioners prescribing or intending to prescribe s85 DAA medication for HCV in primary care settings. 2 courses delivered - 20 WA participants total. Eliminate Hepatitis C Working Group • Member organisations continue to facilitate workforce development initiatives throughout various settings including primary-health, community-based settings and ACCHOs.					
2. Facilitate innovative workforce education and training initiatives to build a highly skilled healthcare workforce, including increasing use of online learning, videoconference and	2.1 Models of delivery • Workforce development and education was delivered by various models, including the use of MS Teams for STI and BBV Quarterly Forums, email and teleconference support as					

Workforce development						
teleconference, information sharing platforms and face-to-face learning opportunities. **Recommendation:** 2.1 Investigate and implement contemporary model of delivery for health workforce education.	well as state and national agencies utilising different video conferencing and webinar platforms for training. • This continues to be a popular and well supported enhancement around workforce development, mostly due to the introduction of restrictions related to COVID-19 and travel/face-to-face interaction. • In 2021, 97 participants completed the generic NSP Online package, while 38 participants completed the pharmacy package					
3 Provide innovative and tailored education for the Aboriginal healthcare workforce on hepatitis C transmission risk and prevention methods and the ability to appropriately conduct or refer patients for hepatitis C testing and treatment. **Recommendation:** 3.1 Continue to support the Aboriginal Health Council of WA (AHCWA) to deliver the Birds and the BBVs training (BBV/STI training) and explore other options to provide tailored education for the Aboriginal healthcare workforce.	3.1 AHCWA Birds and BBVs training • STI and BBV training targeted at health workers in Aboriginal Community Controlled Health Organisations. • Delivered twice in the Metropolitan area and five times in regional and remote areas. • 86 health workers were trained. AHCWA Hepatitis C Project Officer • Funded by the EC Australia partnership project, with face-to-face and virtual workforce development provided for ACCHSs and other health service providers that work with Aboriginal people. • Five workshops were delivered across five different regions. • Materials to promote testing and treatment were developed for these agencies.					
4 Support community-based organisations, custodial settings, NSP sites and relevant peer networks to increase their engagement with priority populations in order to improve health literacy and their connection to diagnostic services, treatment and ongoing care. **Recommendation:**	4.1 Workforce development DoH provided targeted workforce development initiatives for key stakeholders and peak organisations working with priority populations. Workforce development included the delivery of STI and BBV Quarterly Forums, online training such as the Needle and Syringe Program Online Orientation and Training Package, regional workforce updates and the development of several public					

Workforce development						
4.1 Support targeted workforce development initiatives for these sectors.	health resources to target health professionals and people in the community. Key sector organisations funded by the Department of Health also provided workforce development and training initiatives to various service providers in the community as part of core service delivery.					
5 Promote relevant clinical guidelines on testing, treatment, care and support for people living with hepatitis C. **Recommendation:** Nil	Nil recommendations.					

Enabling environment						
In relation to the Guiding Principles of Human Rights, referring to safeguarding the human rights of priority populations, and to access and equity in ensuring health and community care in WA is accessible to all, supportive and enabling environments must be provided to anyone living with or at risk of hepatitis C. This will include participation of priority populations in service design and implementation, addressing stigma and discrimination within the healthcare workforce and upholding client rights and responsibilities as well as addressing regulatory health and systemic barriers to service access.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Engage with priority populations to identify the greatest barriers to accessing appropriate and timely health care and involve priority populations in devising strategies to address these issues. **Recommendation:** Nil	Nil recommendations.					
2. Educate the healthcare workforce on the stigma and discrimination issues faced by PWID and other priority populations, the appropriate language to	2.1 Workforce development Service providers that facilitate workforce development activities include stigma and discrimination topics in all training sessions.					

Enabling environment						
use and strategies to engage people who are living with hepatitis C or who are at risk of hepatitis C transmission. **Recommendation:** 2.1 Incorporate stigma and discrimination issues into workforce development initiatives regarding hepatitis C and develop tailored training to address this issue.	E-learning modules • Project planning of an e-learning module for all WA Health staff on Understanding and Reducing Blood-borne Virus Stigma and Discrimination commenced. • This included the standing of a steering group with members of lived and learned experience. The steering group met three times to plan the modules including the content.					
3. Ensure clients and patients have access to information about their rights and responsibilities when accessing health care. **Recommendation:** Nil	Nil recommendations.					
4. Review and address institutional, regulatory and system policies that create barriers to equality of prevention, testing, treatment, care and support for people living with hepatitis C and at-risk priority populations. **Recommendation:** 4.1 Working with priority populations, identify critical institutional, regulatory and system policies that create barriers within the HCV cascade of care and advocate for these barriers to be addressed.	4.1 WA Sexual Health and Blood-borne Virus Advisory Committee (WA SHaBBVAC) • Members include NGOs, HSPs, researchers, policy-makers and consumer representatives from affected communities. • Provides the opportunity to discuss barriers affecting prevention activities, access to testing and treatment, as well as the provision of ongoing support for people affected by hepatitis C, or those at risk. The Eliminate Hepatitis C Working Group • Continued to investigate strategies to improve hepatitis C prevention, testing and treatment across the state and in the community. • Any barriers requiring further advocation are presented to the DoH and can be taken to the WA SHaBBVAC. Primary healthcare • Work continues with primary healthcare providers, as well as community health organisations, to educate and update the					

Enabling environment						
	workforce on testing and treatment processes, which with the introduction of PBS listed DAA treatment has allowed GPs to test and treat their patients for hepatitis C. Carnarvon Hospital dispensing machine • One new needle and syringe dispensing machine offering free access to sterile injecting equipment/disposal devices was installed at Carnarvon Hospital in July 2021. Guidelines • Communicable Disease Control Guidelines for the Provision of Needle and Syringe Programs (NSP) in Western Australia and for the Operation and Maintenance of Needle and Syringe Vending Machines (NSVM) and Needle and Syringe Dispensing Machines (NSDM) were released in October 2021. • WACHS Needle and Syringe Program Provision Facilities Policy also released. This requires WACHS hospitals that deliver emergency afterhours services to provide access to needles and syringes.					

Data collection, research and evaluation

Improvement in consistent collection of relevant data and responsible use of data is required to orient health services and drive actions within this strategy and beyond. Gaps in surveillance data exist across the priority populations, with the true prevalence of hepatitis C and burden of disease within the community still unknown. Collection of enhanced behavioural data and relevant research will be vital in moving forwards, including continual monitoring of risk factors, treatment uptake and evidence and impact of stigma and discrimination on people at risk of or living with hepatitis C. The use of relevant evaluation methods must also be built into the program design and implemented accordingly.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Improve the consistency of data collection and increase the completeness of priority population specific data, including PWID, Aboriginal people, people from CALD backgrounds and those currently in or recently exited custodial settings. **Recommendation:** 1.1 Follow up with Immunisation, Surveillance and Disease Control Program regarding increasing the completeness of data.	1.1 To be progressed.					
2. Contribute towards, and continue to support, national research and evaluation projects. **Recommendation:** Nil	Nil recommendations.					

Data collection, research and evaluation							
3. Increase surveillance on behavioural trends and risks for hepatitis C including injecting drug use and receptive needle sharing, as well as maintaining data on treatment commencement and adherence. **Recommendations:** 3.1 Continue to participate in the Needle Syringe Program National Minimum Data Collection (NSPNMDC) and the Australian Needle and Syringe Program Survey (ANSPS) (both of which are annual national data collection projects undertaken by the Kirby Institute, UNSW), and consider options for data collection in non-metropolitan regions. 3.2 Support participation in other research and surveillance activities as relevant.	3.1 ANSPS and NSP NMDC Services continued participation in the ANSPS and NSP NMDC • 485 clients participated in the ANSPS • 165 clients participating in the NMDC survey. 3.2 SHBBVP participated as a collaborator in the SiREN led research project - Increasing Aboriginal Peoples' Use of Services That Reduce Harms from Illicit Drugs, which published its final report in April 2021.					
4 Investigate and monitor stigma and discrimination, as well as related issues that impact on the decisions people at risk of hepatitis C or those living with hepatitis C may face. **Recommendation:** 4.1 Continue to liaise with Centre for Social Research in Health on stigma and discrimination indicators for WA.	4.2 Data collection continued for WA.						
5 Build competence within the sector to appropriately evaluate current and future projects to ensure alignment with relevant action areas within this strategy. **Recommendation:** Nil	Nil recommendations.						

Data collection, research and evaluation						
6 Investigate opportunities to participate in and conduct data linkage projects utilising relevant state and national datasets to further explore prevalence, incidence, reinfection and treatment rates. **Recommendation:** **6.1** Literature review environmental scan on data linkage project undertaken in other jurisdictions that may be able to be replicated in WA, and development of innovative data linkage projects.	6.1 To be progressed. A data linkage project that had been commenced has ceased due to issues with accessing the required data.					
7 Share relevant research, evaluation and surveillance data with the sector to inform future planning and projects. **Recommendation:** Nil	Nil recommendations.					

5.3 *WA Hepatitis C Strategy* – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: Target met | Tracking to meet target by 2023 | Progress made towards target | Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
1. **Reduce the number of newly acquired hepatitis C infections by 60%, with a focus on priority populations**	Annual rate of newly acquired hepatitis C notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Number	142.8	126	121	91	77
	Numerator: Number of newly acquired hepatitis C notifications		ASR/100,000 pop.	5.6	5.0	4.8	3.7	3.1
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages							
2. **Increase the proportion of people living with hepatitis C who are diagnosed to 90%**	Estimated annual proportion of people living with chronic hepatitis C who have been diagnosed	Indicator to be developed	Not applicable					
	Annual rate of unspecified hepatitis C notifications	WANIDD and Rates Calculator	Number	980.2	883	886	842	864
	Numerator: Number of unspecified hepatitis C notifications		ASR/100,000 pop.	38.4	34.1	34.1	32.5	33.4
	Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, all ages							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
3. **Increase the cumulative proportion of people living with chronic hepatitis C who have initiated DAA treatment to 65%**	Proportion of people living with hepatitis C dispensed DAA treatment for hepatitis C infection Numerator: Number of people dispensed DAA treatment for chronic hepatitis C infection Denominator: Modelled estimate of the number of people living with chronic hepatitis C	PBS treatment data	Proportion	Mar 2016 to Sep 2016 = 9.0%	Mar 2016 to Sep 2018 = 30.2%	Mar 2016 to Sep 2019 = 37.3%	Mar 2016 to Sep 2020 = 42.4%	Mar 2016 to Sep 2021 = 47.1%
			Note: Data not available prior to March 2016.					
4. **Reduce hepatitis C attributable mortality overall by 65%**	Estimated number of deaths attributable to chronic hepatitis C	Data linkage study	Data not available at time of report					
5. **Reduce the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status**	1. Proportion of people living with hepatitis C who report experiencing stigma and discrimination in respect to hepatitis C status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Proportion	2016: 56%	53%	-	-	54%
			Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019 and 2020.					
	2. Proportion of the general public who report feelings of stigma and discrimination towards people living with hepatitis C		2. Proportion	2017-18: 50%	-	-	30%	50%
			Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project).					
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people living with hepatitis C		3. Proportion	2016: 10%	21%	-	37%	30%
			Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project).					

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
6. **Increase the use of sterile injecting equipment for every injecting episode**	Prevalence of receptive syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS)	ANSPS, The Kirby Institute	Proportion	24%	31%	28%	24%	26%
			Note: Data is for both Aboriginal and non-Aboriginal people (https://kirby.unsw.edu.au/project/ansps).					

Government of Western Australia
Department of Health

Hepatitis C

2019–2023 progress report

WA Sexual health and blood-borne virus strategies 2019–2023

The big picture in 2021

- The rate of hepatitis C notifications decreased.

	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
Newly acquired hepatitis C *Notification rate per 100,000 population*	5.5	5.0	4.8	3.7	3.1	↓ 45%
Unspecified hepatitis C *Notification rate per 100,000 population*	38.4	34.1	34.1	32.5	33.4	↓ 13%

Risk and transmission

- Receptive syringe sharing increased slightly.

	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
Prevalence of receptive syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS)	24%	31%	28%	24%	26%	↑ 2%

Treatment

- The proportion of people living with hepatitis C dispensed DAA treatment for hepatitis C infection increased but remained below the 2023 target of 65%.

	Mar 2016 to Sep 2016	Mar 2016 to Mar 2018	Mar 2016 to Mar 2019	Mar 2016 to Sep 2020	Mar 2016 to Sep 2021	Comparison to baseline
Proportion of people living with hepatitis C *dispensed DAA treatment for hepatitis C infection*	9.0%	30.2%	37.3%	42.4%	47.1%	↑ 38%

Stigma and discrimination

- Feelings of stigma and discrimination towards people living with chronic hepatitis C were high among the general public.

	2016	2018	2019	2020	2021	Comparison to baseline
Proportion of people living with hepatitis C *who report experiencing stigma and discrimination in respect to hepatitis C status*	56%	53%	-	-	54%	↓ 2%
Proportion of the general public *who report feelings of stigma and discrimination towards people living with hepatitis C*	50%	-	-	30%	50%	Stable
Proportion of health professionals *who report feelings of stigma and discrimination towards people living with hepatitis C*	10%	21%	-	37%	30%	↑ 20%

SHP-013953 DEC'22

10 WA Aboriginal Sexual Health and Blood-borne Virus Strategy

Implementation Progress Report 2021

6.1 *WA Aboriginal Sexual Health and BBV Strategy* – At a glance

Guiding principles

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsiblity
- Commitment to evidence-based policy and programs
- Partnership

Goals

1. Reduce the transmission of STIs and BBVs among Aboriginal people.
2. Close the gap in STI and BBV incidence, prevalence, testing and treatment rates between Aboriginal and non-Aboriginal populations.
3. Reduce morbidity and mortality associated with STIs and BBVs among Aboriginal people.
4. Minimise the personal and social impact of STIs and BBVs among Aboriginal people.
5. Eliminate the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal people's sexual health.

Targets

1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.
2. Achieve and maintain human papillomavirus (HPV) adolescent vaccination coverage of 80%.
3. Increase STI testing coverage with a focus on areas of highest need.
4. Increase the use of sterile injecting equipment for every injecting episode.
5. Reduce the incidence and prevalence of infectious syphilis with a particular focus on areas of highest disease burden.
6. Maintain virtual elimination of congenital syphilis.
7. Reduce the incidence and prevalence of gonorrhoea and chlamydia with a focus on young people.
8. Reduce the number of newly acquired hepatitis C infections by 60%.
9. Maintain the low incidence of HIV.
10. Achieve the 95–95–95 HIV diagnosis and treatment targets: increase the proportion of people with HIV who are diagnosed to 95; increase the percentage of people diagnosed with HIV on treatment to 95%; increase the percentage of people on treatment with an undetectable viral load to 95%.
11. Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct-acting antiviral (DAA) treatment to 65%.
12. Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%.
13. Reduce hepatitis C attributable mortality by 65%.
14. Reduce hepatitis B attributable mortality by 30%.
15. Reduce the reported experience of stigma among Aboriginal people with BBVs and STIs, and the expression of stigma, in relation to BBV and STI status.
16. Improve knowledge and behaviour regarding safer sex and prevention of BBVs.
17. Maintain low numbers of newly acquired hepatitis B infections across all age groups by 50%.

Indicators

Action areas

Prevention and education	Testing and diagnosis	Disease managment and clinical care	Workforce development	Enabling environment	Data collection, research and evaluation
8 key actions	7 key actions	7 key actions	9 key actions	8 key actions	7 key actions

Surveillance, monitoring and reporting

Priority Populations

Gender and sexually diverse Aboriginal people | Aboriginal women and girls | Aboriginal people experiencing homelessness | Aboriginal people living with HIV | Aboriginal people living with BBVs | Aboriginal people in or recently exited custodial settings | Aboriginal people who inject drugs | Aboriginal regional and remote communities | Aboriginal sex workers | Aboriginal young people

6.2 *WA Aboriginal Sexual Health and BBV Strategy* – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: Significant coverage Some room for improvement Significant room for improvement

Prevention and education						
Prevention and education strategies are essential to reduce the transmission of STIs and BBVs through improving knowledge, changing behaviours, increasing uptake of vaccinations and provision of health hardware.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Increase access to free or affordable condoms and lubricant by implementing policies and considering a range of distribution methods such as public toilets, hospitals, condom trees, library, hostels, tourism places, Technical and Further Education (TAFE), prisons and schools (where possible). **Recommendation:** 1.1 Identify areas with low access to condoms and conduct targeted promotion.	1. Condom distribution • 84 sites across regional and remote WA where people could access free condoms, including: ○ 12 condom trees ○ 12 at AMSs ○ Remaining were a mix of venues, community facilities, and other health services. 1.1 In 2021, the Great Southern installed an additional 8 condom dispensers across the region.					
2. Increase the provision and promotion of needle and syringe programs (NSPs) and safe disposal options, especially in local Aboriginal Health Services (AHSs), to provide access to clean	2.1 SHBBVP continued to fund AHCWA to provide STI and BBV services for ACCHOs in 2021.					

Prevention and education						
injecting equipment and places to discard used equipment. **Recommendations:** 2.1 Promote NSPs to AHS through CEO meetings and Clinical Advisory Group 2.2 Provide support and links to capacity building and community needs assessments if required.	2.2 The Regional NSP Coordinators continued to meet throughout 2020 however the annual training was not delivered due to COVID-19. Regional Sexual Health Teams Workshop • A session on NSPs was included to increase awareness and support of for NSPs in diverse health service settings, particularly in regional and remote WA.					
3. Implement local and state-wide social marketing campaigns that are designed in consultation with Aboriginal people and hard to engage groups that focus on community strengths and resilience to ensure they are relevant and will be effective in increasing knowledge in priority populations. **Recommendation:** Nil	3. Look After Your Blood campaign • In market again during 202 with total reach of 862,935 (YouTube, websites, radio, outdoor media, Facebook and Instagram) • Campaign advertising directed viewers to the BBV page of Could I Have It? website. • While in market the campaign directed 2,862 users to the page. *New recommendation:* *Review and redevelop the social marketing blood-borne virus campaign for Aboriginal audiences.*					
4. **Increase hepatitis B and human papillomavirus (HPV) vaccine schedule adherence by providing diverse delivery methods and sites so as to ensure a range of options are available to meet the needs of Aboriginal people.** **Recommendations:** 4.1 Work with Immunisation, Surveillance and Disease Control team to plan strategies to increase uptake of vaccines. 4.2 Identify areas with low vaccination rates.	4.1 COVID impacts • Targeted intervention projects were put on hold to prioritise vaccination for COVID. • The school-based vaccination program was heavily impacted due to the addition of COVID vaccines and catch-up programs. 4.2 Vaccination surveillance and reporting • Upgrades to the vaccination surveillance and reporting system, Australian Immunisation Record (AIR) can now better identify vaccination rates of Aboriginal adolescents.					

Prevention and education						
5. Develop and utilise locally developed resources that are age appropriate, culturally safe, user-friendly, graphic and are readily available on online platforms to increase reach and utilisation with priority populations. **Recommendation:** Nil	5. Brochures • The DoH Aboriginal sexual health and BBV brochures were reviewed in 2021. • Aboriginal graphic designer was provided funding to redesign graphics that will be used in the resources.					
6. Provide both ongoing and opportunistic education strategies that are engaging, innovative, flexible and culturally secure, and that are delivered by local workers or peer educators in a variety of settings to increase the knowledge and skills of Aboriginal people in relation to sexual health and BBVs. **Recommendations:** 6.1 Continue to support the implementation of peer education programs such as the Young Leaders Program (EE 6.1). 6.2 Continue to support the development and implementation of educational resources and programs which is supported by capacity building of educators (EE 6.2).	6.1 AHCWA Young Leaders Program • Funding for the Young Leaders Program has been extended to 2025. • 7 sessions were delivered to 53 young Aboriginal people. • 3 young Aboriginal people have become peer educators and have begun facilitating sessions. • COVID lockdowns impacted the ability to deliver the YLP, particularly in early 2021. Waalitj Foundation – Deadly Sista Girlz (DSG) • In 2021, the Deadly Sista Girlz program was expanded and is now delivered in 16 schools in WA, four of which are in regional and remote areas. • 2,092 participants (Aboriginal girls aged 8 -17) engaged throughout 2021. Other Community Services • Funding for the Kimberley Aboriginal Medical Service community based sexual health project has been extended to 2022. • There is Aboriginal representation on the newly established YEP Youth Reference Group and reinstated YEP Sector Reference Group. 6.2 Syphilis Grants • In 2021 five ACCHOs were provided short term grants to increase community engagement and prevention education initiatives with a focus on infectious syphilis.					

Prevention and education						
	• Four of the grants recruited Aboriginal health workers or Aboriginal health promotion officers to the roles. DoH Resources • The Aboriginal STI and BBV brochures were reviewed. • An Aboriginal graphic designer was commissioned to redesign graphics that will be used in the resources. • SHBBVP continued to liaise with the reference group adapting the Puberty Series resource for Aboriginal populations.					
7. Implement initiatives designed to improve prenatal and antenatal health including access to contraception and antenatal education, with a focus on the importance of regular STI and BBV screening during pregnancy. **Recommendations:** 7.1 Support RSHT to provide education to midwives and obstetricians on the importance of prenatal and antenatal screening 7.2 Develop an education package for antenatal groups 7.3 Promotion of Young Deadly Syphilis Free videos that relate to pregnancy	7. WA SORG Antenatal and Postnatal Care working group • Reviewed and membership updated. • Instrumental in updating syphilis testing guidelines to recommend three syphilis tests during pregnancy for all women. 7.1 ASHM workforce development • SHBBVP continued to fund ASHM to provide a variety of workforce development opportunities across a variety of mediums; including online learning modules (OLM) and webinars – see T&D7.1 7.2 Syphilis in pregnancy campaign • The primary target audience was pregnant Aboriginal women and their families. • Key messages to encourage people to present early and regularly throughout their pregnancy for antenatal care. 7.3 The WA Syphilis Outbreak Response website was reviewed and an additional accordion was added to include campaign materials which highlighted Young Deadly Syphilis Free.					
8. Develop and implement programs for broader community education and social marketing campaigns to address shame and normalise STI	8.1 Links to relevant community education programs were included in the Regional Orientation Document and placed on the Let's Yarn website.					

Prevention and education						
and BBV testing to improve the community's perceptions of sexual health and BBVs and engagement with programs and services. **Recommendations:** 8.1 8.1 Continue to promote training and link participants with regional sexual health coordinators to provide ongoing support for community-based education 8.2 8.2 Consider a digital campaign to address shame and normalise sexual health and BBVs.	8.2 HealthySexual campaign • Sex positive campaign that highlights sexual health as part of general wellbeing for all people and encourages people to Talk. Test. Protect. • Includes diverse populations, including Aboriginal, young people, women of childbearing age (including pregnancy), GBMSM and CaLD. • Launched February 2021 on social media platforms Facebook, Snapchat, YouTube and Instagram - overall reach over 680,000. • Utilised blog styled posts ('Pedestrian') on websites with high usage by young people.					

Testing and diagnosis						
Early detection and intervention can have a significant effect on reducing the transmission of STIs and BBVs by ensuring the community receive the treatment and follow-up that they require.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Increase the uptake of testing by reducing costs and providing incentives such as free or subsidised testing options (which may include bulk-billing), vouchers and non-financial enticements. **Recommendation:** 1.1 Through the syphilis response, engage services to provide localised incentive programs to increase the uptake of testing such as the Her Rules Her Games shirts	1.1 PocT incentives program SHBBVP commenced recruitment of syphilis point-of-care testing services for a pilot incentives program. Funds will be disseminated to registered services in 2022 allowing incentivised STI and BBV testing. Baby Baskets program • The Pilbara continued to provide the Baby Baskets program which provides gifts to patients who present for antenatal care and testing.					

Testing and diagnosis						
	• Goldfields population health received a grant to implement the Baby Basket program in their region.					
2. Promote the importance of full STI and BBV screening and encourage testing when managing other conditions such as urinary tract infections (UTIs) to ensure positive cases are identified early and can be treated to reduce the ongoing transmission. **Recommendation:** 2.1 Ensure this is incorporated into the training sessions provided to clinicians (especially ED and GP doctors) and the Silver book.	2.1 Silver book and Quick Guides • Provides best practice guidance on the diagnosis, treatment and management of STIs and BBVs. • Frequently reviewed and updated. • Quick Guides include - A quick guide to testing for STIs; A quick guide to the management of STIs; and A quick guide for the testing and treatment of syphilis. ASHM workforce development • Continued funding to provide workforce development across a variety of mediums including online learning modules (OLM) and webinars. • In response to COVID, adapted all face-to-face courses for delivery online. • ASHM delivered the following training in 2021: ○ *STI and BBV Nursing: An Introduction* course for nurses/midwives - 2 sessions (1 course), 19 WA participants. ○ *Sexual and reproductive health in primary care* – 2 online sessions (1 course), 3 WA participants (nurse practitioner, registered nurse and midwife). ○ *STI and BBV diagnostic testing in primary health care* – 2 sessions (1 course), 12 WA participants. ○ *Sexual Health in Primary Care online update for primary care practitioners* – 2 sessions, 15 WA participants (9 GPs and 6 nurses). Materials were updated in collaboration with local speakers to incorporate local epidemiology, data, resources and referral pathways.					
3. Identify strategies to normalise STI and BBV testing and incorporate into routine practice **Recommendation:**	3.1 Syphilis Videoconferences (V/Cs) • SHBBVP facilitated 9 syphilis VCs, all sessions were recorded and are available online.					

Testing and diagnosis						
3.1 Provide training/case studies on how to incorporate STI/BBV testing into routine primary health care.	• 3 sessions provided training and case studies relevant to incorporating STI and BBV testing in routine practice – See WD 3.1 Talk Test Treat Trace Manual • Includes a chapter on increasing the uptake of testing which includes a section on incorporating into routine practice.					
4. Increase opportunities for testing by providing innovative models and methods to engage priority populations and hard to reach groups **Recommendation:** 4.1 Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies.	4. PocT incentives • SHBBVP commenced recruitment of syphilis point-of-care testing services for a pilot incentives program. Funds will be disseminated to registered services in 2022 allowing incentivised STI and BBV testing. • The Broome Regional prison is registered in the WA DoH syphilis PoC testing program and has had successes in case detecting amongst males in the custodial setting. See T&D 5 for more information on the PoC testing program. 4.1 Emergency department (ED) opportunistic testing • Karratha Health Campus piloted a project to test asymptomatic ED patients for STIs and BBVs. • Pilot has resulted in improved confidence of staff to test and treat, increased testing amongst populations who have not been previously seen, and STI case detections. • Pilot project and initial outcomes were presented during a syphilis V/C.					
5. Continue to implement and support point of care testing (POCT) models in clinics to reduce the turnaround time for test results and increase treatment by providing ongoing support and assistance to the clinics and staff that are using POCT technology. **Recommendation:** Nil	5. PoCT program DoH funded syphilis point-of-care testing program continued throughout 2021. • 698 PoC tests were used for patient care amongst Aboriginal people. 47 returned reactive results. • 223 health workers were trained as operators of syphilis PoC testing. Of these 71 completed train-the-trainer advanced training.					

Testing and diagnosis						
	TTANGO2 program • Select ACCHOs in WA are registered in the Commonwealth funded TTANGO2 program which enables services to utilise STI PoC testing using the GeneXpert. • These machines allow for the testing of chlamydia, gonorrhoea and trichomoniasis.					
6. Maintain and encourage consistent testing regimens that comply with national, state and regional guidelines, especially in relation to antenatal testing, contact tracing and culturally secure care. **Recommendation:** Nil	6. Silver book and Quick guides – See T&D 2.1 Talk Test Treat Trace Manual – See T&D 3.1 Statewide Maternity Share Care Guidelines • To ensure consistency in syphilis testing in pregnancy WA DoH worked with North Metropolitan Health Service, Women and Newborn Health Service to update the Statewide Maternity Share Care Guidelines to align with the Silver book.					
7. Ensure syphilis testing is conducted as part of routine antenatal care in all health services in accordance with clinical guidelines to prevent congenital syphilis cases. **Recommendation:** 7.1 Provide workforce training on how to integrate testing into antenatal care.	7.1 ASHM workforce development – See T&D 2.1 • ASHM also delivered the following trainings in 2021 which specifically addressed integrating testing in antenatal care: ○ *Syphilis for midwives* – 1 webinar provides, 35 WA participants. ○ *Introduction to Syphilis to Midwives: Western Australia* – OLM launched August 2021. ASHM liaised with WA Health and local clinicians to develop the module content. This OLM is designed for midwives working across WA with patients at risk of STIs and BBVs, wanting to increase their knowledge about Syphilis screening, testing, treatment, and management. SHQ syphilis resources • SHQ received a grant to create a video and poster to support primary health care professionals to encourage and incorporate syphilis testing into service delivery.					

Disease management and clinical care

Timely and effective treatment, follow-up and contact tracing play an important role in preventing the transmission of STIs and BBVs as well as reducing the long-term harms and burden of disease.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Improve active follow-up for disease management and clinical care using methods such as SMS reminders for treatment and recall systems to ensure those diagnosed with an STI or BBV receive appropriate and timely treatment. **Recommendation:** 1.1 Evaluate the recall outcomes from use of SMS reminders.	1.1 To be progressed.					
2. Identify initiatives and programs to increase the uptake and adherence of treatment by reducing costs or providing free treatment, especially for hepatitis C. **Recommendation:** 2.1 Conduct research into successful programs for increasing the uptake and adherence of treatment and share findings with the sector.	2.1 Derbarl Yerrigan Health Service (DYHS) • Completed an audit of cases of hepatitis C in their service. • Identified chronic hepatitis C cases were recalled and treatment offered, as of August 2021 DYHS had treated over 50% of cases. • Program was presented at a Quarterly Forum in August 2021 to disseminate the methodology and outcomes. Information sharing • SHBBVP enables and supports information sharing between relevant services and organisations through a variety of initiatives: ○ Syphilis VC series ○ Quarterly Forums ○ Annual Sexual Health Teams Workshop ○ Annual Needle Syringe Program (NSP) Coordinators Workshop ○ Quarterly regional NSP coordinators working group					

Disease management and clinical care							
	○ Quarterly Regional Sexual Health Teams working group meetings ○ WA Syphilis Outbreak Response Group (WA SORG) ○ Regional Syphilis Outbreak Response Teams (SORTs) ○ Sexual Health and Blood-borne Virus Advisory Committee (SHaBBVAC)						
3. Improve contact tracing processes through better coordination; increased service provider collaboration and confidential client information sharing; establishing good relationships with patients; and implementing innovative and culturally secure methods to provide a private, confidential and comfortable environment. **Recommendations:** 3.1 Develop and/or promote resources and guidelines on contact tracing to support health professionals. 3.2 Support and promote information sharing amongst services with successful contact tracing methods through networks, capacity building and case studies.	3.1 Syphilis Grants • Grants provided to ACCHOs and NGOs across the Kimberley, Pilbara, Goldfields, Midwest, South West and Perth Metropolitan to increase staffing capacity for the syphilis response. • Funding was used to increase testing and diagnosis, contact tracing, community engagement and education or provision of workforce development. • Five ACCHOs received grants. • Four of the grants recruited Aboriginal health workers or Aboriginal health promotion officers to the roles. • Supported health services ability to allocate staff to attend various syphilis working group meetings that are in place. 3.2 Information sharing initiatives – See DM&CC 2.1						
4. Develop and support the implementation of consistent clinical guidelines that are adhered to and incorporated into routine practice so as to inform and enhance best practice disease management and clinical care. **Recommendation:** Nil	4. See T&D 6						
5. Increase the uptake of hepatitis C treatment for Aboriginal people by increasing awareness and access to reduce the morbidity related to STIs and BBVs. **Recommendation:**	5. Look After Your Blood campaign • In market again during 202 with total reach of 862,935 (YouTube, websites, radio, outdoor media, Facebook and Instagram) • Campaign advertising directed viewers to the BBV page of Could I Have It? website. • While in market the campaign directed 2,862 users to the page.						

Disease management and clinical care						
5.1 Conduct research into successful programs for increasing hepatitis C treatment and share findings with the sector.	5.1 See DM&CC 2.1					
6. Adopt innovative models of care for disease management and clinical care by implementing nurse-led and other models, mobile treatment clinics and adapt existing models of care to meet the specific needs of Aboriginal people. **Recommendation:** 6.1 Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies.	6. Unique provider numbers • SHBBVP continued to explore solutions to ongoing issues associated with registered nurses, Aboriginal Health Workers and Aboriginal Health Practitioners lacking access to unique provider numbers that can be used to request pathology for STIs and BBVs. • DoH received endorsement to prepare an options paper that will be tabled with the Commonwealth for consideration. 6.1 Information sharing initiatives – See DM&CC 2.1					
7. Increase access to specialist support and services to create easier pathways for general practitioners (GPs) and healthcare workers in regional and remote areas through outreach clinics and telehealth services. **Recommendation:** 7.1 Promote access to specialist support and link regional and remote services with specialists to provide ongoing support and advice.	7.1 Presentations • Dr Christine Dykstra presented a STIs clinical update at the at the Sexual Health Teams workshop in 2021. Dr Dykstra is an essential contact for the regions and is available to provide specialist advice as required. • Dr Donna Mak, Dr Dykstra and Dr Lewis Marshall presented syphilis videoconferences to provide expert advice on a range of clinical topics through 2021. These initiatives have assisted to promote their services at Royal Perth Sexual Health Clinic and South Terrace Clinic, which provide support in the diagnosis and clinical management of cases as required.					

Workforce development						
Ensuring that the sexual health and BBV workforce is appropriately trained, supported and renumerated, can have a significant effect on the other priority areas and can facilitate sustainable outcomes for Aboriginal communities.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**

Workforce development						
1. Increase meaningful partnerships and regional networks that collaborate and regularly communicate including organisations such as GPs, AHSs, sexual health services, tertiary services, housing, education, employment, community, non-government organisations (NGOs), mental health, drug and alcohol services, disability, clinical services, community services, Registered Training Organisations, tertiary education and emergency departments. **Recommendation:** Nil	Partnerships SHBBVP enables and supports meaningful partnerships through chairing and attending as members various sexual health and BBV specific groups, including: • Quarterly regional NSP coordinators working group • Quarterly Regional Sexual Health Teams working group meetings • WA Syphilis Outbreak Response Group (WA SORG) • Regional Syphilis Outbreak Response Teams (SORTs) • Sexual Health and Blood-borne Virus Advisory Committee (SHaBBVAC) Syphilis grants – See DM&CC 3.1 • The syphilis grants provided opportunity to create meaningful partnerships with services that primarily specialise in a different sector of health (e.g. homeless health).					
2. Explore the use of peer educators, gendered roles, mentoring programs, service champions and role models to increase engagement with priority populations and therefore maximise the potential reach and outcomes of programs and services. **Recommendation:** Nil	Syphilis grants – See DM&CC 3.1 Waalitj Foundation – Deadly Sista Girlz (DSG) • DSG program was expanded and is now delivered in 16 schools in WA, four of which are in regional and remote areas. • 2,092 participants (Aboriginal girls aged 8 -17). • DSG relies on Aboriginal mentors to facilitate the sessions. • All mentors were trained in Moorditj Sexual Health Program.					
3. Enable a responsive workforce that is adequately skilled and can be mobilised to address local emerging issues and outbreaks in regional and remote areas. **Recommendation:** 3.1 Provide targeted training for the workforce especially on outbreak responses.	3.1 Syphilis Videoconferences (VCs) • SHBBVP facilitated 9 syphilis VCs, all sessions were recorded and are available online. • Topics and presenters included: ○ *Syphilis testing at Ngaanyatjarra Health Service* – Ngaanyatjarra Health Service ○ *Community based education* – AHCWA ○ *Surveillance and reporting update* – CDCD ○ *Syphilis and at-risk populations* – Peer Based Harm Reduction & Homeless Healthcare					

Workforce development							
	○ *Congenital syphilis case investigations* – CDCD ○ *Asymptomatic STI testing in ED* – Broome Regional Hospital and Hedland Health Campus ○ *Improving maternal and child health outcomes* – Molly Wardaguga Research Centre ○ *Congenital syphilis reviews summary report findings* – CDCD ○ *Syphilis in primary healthcare* – RACGP Quarterly STI and BBV forums • Four forums - 21 presentations and 1 panel discussion from 13 different organisations. • Attendees from a wide range of government, NGOs, and private organisations. • Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the DoH Corporate website. ASHM presentations • *STI update session, Rural Health West Annual Conference* – focusing on the syphilis outbreak and management in WA (52 WA participants). • *Sexually Transmissible Infections and Blood Borne Viruses in WA – current and emerging issues, Aboriginal Health Conference* – focusing on current and emerging STIs and BBVs, and prevalence and screening amongst Aboriginal and Torres Strait Islander populations (33 participants). AHCWA – Birds and BBVs training • STI and BBV training targeted at health workers in Aboriginal Community Controlled Health Organisations. • Delivered twice in the Metropolitan area and five times in regional and remote areas. • 86 health workers were trained.					

Workforce development							
4. Strengthen and support the Aboriginal healthcare workforce by implementing a number of initiatives **Recommendation:** 4.1 Ensure AHW and other Aboriginal Health staff are included in consultations on resources and involved in working groups where possible.	4. SHBBVP Unique provider numbers – See DM&CC 6 4.1 Regional Syphilis Outbreak Response Teams • Aboriginal health workers have membership on regional Syphilis Outbreak Response Teams. • SHBBVP work collaboratively with sexual health teams from various services across WA which are included in consultation in the development of new resources.						
5. Provide innovative and tailored training for the regional and remote workforce **Recommendation:** Nil	Nil recommendations						
6. Increase and sustain the investment and prioritisation of sexual health and BBVs by establishing dedicated sexual health and BBV positions and teams (nurses, AHWs, health promotion, doctors) in regional and remote areas, especially in response to emerging local issues such as disease outbreaks. **Recommendation:** 6.1 Support service providers to increase the prioritisation of sexual health and BBVs through advocacy.	6. Business case for ongoing syphilis funding • SHBBVP coordinated the authoring of a business case, in collaboration with WACHS and MCDC, to Treasury to secure ongoing funding for the syphilis response. 6.1 Syphilis grants – See DM&CC 3.1 • Although the grants do not assist in retaining staff, particularly as they are short term, they provide opportunity for additional staff in the sexual health sector and helped keep priority on sexual health throughout COVID						
7. Provide incentives to attract and retain staff in regional and remote areas to reduce the turnover by providing additional leave and better rotations. **Recommendation:** 7.1 Support service providers to develop and implement strategies to attract and retain staff working in sexual health and BBVs.	7.1 Collaborations with WACHS and AHCWA • DoH works closely with the WACHS and the AHCWA to support sexual health staff in the regions by coordinating and facilitating networking, providing orientation support and regional visits. Syphilis Response Business Case – See WD 6						
8. Ensure the healthcare workforce has access to appropriate resources to enable service and program delivery by developing new resources,	8.1 Publications for Aboriginal populations						

Workforce development						
promoting existing ones and developing a state-wide database. **Recommendations:** 8.1 Ensure all resources are available online and information regarding ordering is widely available. 8.2 Continue to promote the orientation package which includes a comprehensive overview of relevant resources.	All of the Department's Aboriginal sexual health and BBV resources are available on Quickmail for ordering. This is promoted at conferences, meetings and trainings. 8.2 Regional Orientation Document • TReviewed and updated in 2021 and is available on the Let's Yarn website and the Department of Health corporate site.					
9. Support and encourage the healthcare workforce to increase STI and BBV testing **Recommendation:** 9.1 Support service providers to prioritise testing amongst their workforce and services.	9.1 Syphilis grants – See DM&CC 3.1					

Enabling environment						
When working with Aboriginal populations, enabling and culturally secure environments can have a significant impact on the engagement with the community and influence the outcomes of services and programs.						
Key actions	**Activities aligned with recommendations**	**2019**	**2020**	**2021**	**2022**	**2023**
1. Establish culturally secure services and a culturally competent healthcare workforce to increase engagement **Recommendation:** 1.1 Continue to build and review the Let's Yarn website which provides resources that facilitate culturally	1. SHQ education and training • SHQ are funded to deliver a range of relationships and sexual health education and training programs for Aboriginal young people, Aboriginal community members and professionals, and other professionals working with Aboriginal people. Training for professionals includes: ○ Mooditj Leader Training – 50 participants (17 metro, 33 regional)					

Enabling environment						
appropriate care and education by health professionals.	○ STARS (Start Talking About Relationships and Sexual health with young Aboriginal people) – 34 participants (all metro) 1.1 Let's Yarn website • Let's Yarn continued to be updated, reviewed and promoted throughout 2021. • There were 3,425 sessions on Let's Yarn in 2021, a significant increase from 2,657 in 2020. • 63.36% of sessions were from Australian users, an increase of 18.62% from 2020. • In WA, 92.3% of sessions were from the Perth metropolitan area, 7.7% from regional and remote areas.					
2. Provide friendly services with safe spaces and approachable, non-judgemental staff to ensure clients feel comfortable accessing services and discussing sexual health and BBVs. **Recommendation:** 2.1 Support service providers to implement strategies that can evaluate whether patients feel services are safe, non-judgemental, discreet and culturally appropriate (e.g. Health Consumer Council survey).	2.1 Midwest PHU • The Midwest Public Health Clinic evaluated their service with the aim of creating a more youth friendly and safer service. • Findings and next steps were presented at the Regional Sexual Health Teams. Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) • SHBBVP continue to fund SiREN to support sexual health services in WA. • SiREN provide support to services to better undertake evaluation and more proactively engage in research.					
3. Ensure all programs and services are discreet, respect anonymity and provide privacy, especially within AHSs, to maintain and promote confidentiality for clients and the community. **Recommendation:** 3.1 Support service providers to implement strategies that can evaluate whether patients feel services are safe,	3.1 SiREN – See EE 2.1					

Enabling environment							
non-judgemental, discreet and culturally appropriate (e.g. Health Consumer Council survey).							
4. Improve service integration and collaboration with Aboriginal stakeholders to increase the coordination of service delivery and continuity of care to reduce stigma and discrimination. **Recommendation:** 4.1 Improve service integration and collaboration with Aboriginal stakeholders to increase the coordination of service delivery and continuity of care to reduce stigma and discrimination.	4.1 The Regional Syphilis Outbreak Response Teams (SORTs) • Continued to meet in Kimberley, Pilbara, Goldfields, South West and Metropolitan Perth. • The SORTs provided space for services to collaborate, share information and discuss concerns in the region between government and non-government services. Regional Sexual Health Teams • Continued to meet quarterly throughout 2021. • All regions public health units are represented in membership.						
5. Implement systematic and organisational changes to reduce stigma and discrimination **Recommendation:** 5.1 Promote LGBTI+ training, the LGBTI strategy and the rainbow tick accreditation program.	5.1 Rainbow Tick • The Sexual Health Teams Workshop included a presentation facilitated by EMHS on the process to becoming 'Rainbow Tick' accredited. LGBTIQ inclusion grant • Kimberley Aboriginal Medical Service received a small grant in 2021 to audit their services and provide recommendations on how to increase LGBTIQ inclusion and safety.						
6. Reduce barriers for Aboriginal people accessing services and programs by providing equitable access to testing and treatment, enabling legal environments and considering levels of health literacy in resource development and communication. **Recommendations:** 6.1 Continue to support the implementation of peer education programs such as the Young Leaders Program (P&E 6.1) 6.2 Continue to support the development and implementation of educational resources and	**6.1** Captured in P&E 6.1 **6.2** Captured in P&E 6.2						

Enabling environment						
programs which is supported by capacity building of educators (P&E 6.2)						
7. Increase community engagement in the planning, implementation and evaluation of programs and services. **Recommendation:** 7.1 Provide workforce training and resources on community engagement using case studies and/or success stories.	7.1 To be progressed.					
8. Explore and implement strategies to normalise sexual health and BBVs through developing rapport with Aboriginal populations and build on this by providing regular and meaningful engagement with the community. **Recommendation:** 8.1 Conduct a literature review into barriers and enablers for normalising testing amongst young people. This will then inform the development of guidelines for health service providers using the findings.	8.1 To be progressed. Literature review was paused due to reduced capacity.					

Data collection, research and evaluation

Research, evaluation and surveillance are essential components in the sexual health and blood-borne virus response by providing a strong evidence base, monitoring processes and access to relevant data to inform service and program delivery.

Key actions	Activities aligned with recommendations	2019	2020	2021	2022	2023
1. Conduct meaningful and ethical research in partnership with relevant organisations and Aboriginal people using culturally secure methods and communicating the findings back to the community to increase community buy-in and ownership. **Recommendations:** 1.1 Ensure there is representation from Aboriginal people on steering groups for research projects. 1.2 Provide links between services and the WA Aboriginal Health Ethics Committee and considering workforce training in this area.	1.1 Aboriginal women and women who have complex social needs research project • A collaboration with the Office of the Chief Nursing and Midwifery Officer was formalised for this project to be rolled out in 2022. • This partnership is with the Birthing on Country project who has a reference group that has implemented a co-design methodology. SiREN – Aboriginal antenatal syphilis research project • SHBBVP provided funding to SiREN to undertake research regarding exploring enablers for Aboriginal women accessing STI and BBV testing early and throughout pregnancy. 1.2 To be progressed.					
2. Increase the provision of and routine access to better regional testing data for Aboriginal people that is available in user-friendly formats to improve the surveillance and monitoring of STIs and BBVs. **Recommendation:** 2.1 Conduct needs assessment to identify the gaps and barriers in accessing regional testing data. Work with the regions to implement the findings/recommendations.	2.1 Expanded PathWest data • PathWest expanded data provided to CDCD to include STI testing data disaggregated by Aboriginality (Sept 2021). • This data better supports SHBBVP to monitor the success of various initiatives to improve sexual health outcomes for Aboriginal people in WA. • Data is provided by region. Change to Recommendation 2.1: Explore the ability to receive Aboriginal testing data from private pathology services. New recommendation:					

Data collection, research and evaluation							
	Explore opportunities to receive total number of people who have been tested in a set period as well as total number of tests performed. This will enable reporting testing coverage as well as testing rates.						
3. Develop and implement clear indicators and targets that are consistent across agencies and establish a working group to guide this process to monitor and track progress. **Recommendation:** 3.1 Working group has been established and is investigating systems and opportunities to integrate indicators.	3.1 Key Performance Indicators • The Sexual Health Key Performance Indicators project was completed in 2021. Advocacy has commenced to incorporate KPIs into service agreements for ACCHOs funded by WACHS. Change to Recommendation 3.1: Explore opportunities to integrate sexual health indicators across wider health sectors. New recommendation: Explore opportunities to monitor and report against KPIs.						
4. Develop or strengthen systems that accurately incorporate STI and BBV clinical items in Patient Information Systems (PISs) in WA Country Health Services (WACHS) and AHSs, and encourage staff to correctly record data to facilitate accurate auditing and data extraction **Recommendations:** 4.1 Work with CHIS and Communicare to ensure systems can accurately capture STI and BBV information. 4.2 Consider developing a fact sheet (if one doesn't already exist) about the importance of correctly recording data.	4.1 PoCT program data • Work was undertaken to improve data provision and quality with services registered in the state funded syphilis PoC testing program. • Improvements have occurred in collaboration with CHIS custodians within WACHS, and with select ACCHOs using Communicare. • Data capture within PISs has improved as has data quality through automated exporting of testing information. 4.2 To be progressed.						
5. Develop a digital solution that provides real-time access to state-wide patient records to improve the early detection and treatment of syphilis **Recommendation:**	5.1 COVID impacts • COVID greatly impacted the rollout of a syphilis management system. • Competing priorities and the required system improvements to WA Health ICT for COVID-19 management resulted in delays.						

Data collection, research and evaluation							
5.1 Continue to scope the development of a syphilis register. Source options based on scoping.	Advocacy for the system to prioritised continued in 2021 and alternative interim solutions explored.						
6. Utilise health promotion planning tools and evaluation frameworks to conduct regular and well-structured culturally secure evaluations that are guided by state-wide or regional strategic plans. **Recommendations:** 6.1 Promote the use of the SiREN Planning and Evaluation Toolkit. 6.2 Promote Health Promotion short course to the sector when they become available. 6.3 Investigate guidelines or resources relating to culturally secure evaluations and promote. 6.4 Use findings from research project Increasing Aboriginal peoples' use of services that reduce harms from illicit drugs to inform future practice and projects.	6.1 SiREN Planning and Evaluation Toolkit • The SiREN Planning and Evaluation Toolkit was promoted via the Sexual Health and Blood-borne Viruses Social Media Toolkit. • Links to the SiREN website and resources were included in the Regional Orientation Document. 6.2 Curtin Health Promotion Short Course • The Curtin Health Promotion Short Course was promoted to the Regional Sexual Health Teams. 6.3 To be progressed. 6.4 SiREN research project • SHBBVP continued to participate in a Chief Investigator and collaborator capacity in the SiREN led research project - Increasing Aboriginal peoples use of services that reduce harms from illicit drugs.						
7. Implement strategies to increase the identification of Aboriginal people in services in accordance with the National Best Practice Guidelines for Collecting Indigenous Status and recording categories on data collection forms and information systems. **Recommendation:** 7.1 Identify resources that promote the identification of Aboriginal people and importance of correct data collection on forms and in information systems.	Aboriginality data capture on PathWest pathology forms • Work was undertaken in collaboration with WACHS and PathWest to improve the capture of Aboriginality on PathWest pathology request forms. Syphilis Enhanced Notification Form • Reviewed. Identification of Aboriginal people was aligned with the National Best Practice Guidelines for collecting Indigenous status. **6.3** To be progressed.						

6.3 *WA Aboriginal Sexual Health and BBV Strategy* – Targets and indicators

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: Target met | Tracking to meet target by 2023 | Progress made towards target | Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months	Coverage of hepatitis B vaccination at 12 and 24 months among Aboriginal people	ACIR and Rates Calculator	12 months	84.78%	88.71%	88.39%	89.84%	87.34%
	Numerator: Number of Aboriginal children who have dose 3 by 12 (and 24) months of age recorded on the Australian Childhood Immunisation Register (ACIR)		24 months	85.81%	81.61%	85.09%	85.98%	86.47%
	Denominator: Number of Aboriginal children turning 12 (and 24) months of age in the measurement year on the ACIR		Note: Figures are provided for the percentage of children fully immunised which includes hepatitis B immunisation. https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/historical-coverage-data-tables-for-aboriginal-and-torres-strait-islander-children#1-year-olds and https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/current-coverage-data-tables-for-aboriginal-and-torres-strait-islander-children					
2. Achieve and maintain HPV adolescent vaccination coverage of 80%	Three-dose HPV vaccination coverage for 15-year-old Aboriginal males and females	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal males and females turning 15 years reported to the National Human Papillomavirus Vaccination Register (NHPVR) that comply with the recommended vaccine dosage and administration as per the							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
	Australian Immunisation Handbook							
	Denominator: Number of Aboriginal males and females turning 15 years							
3. **Increase STI testing coverage with a focus on areas of highest need**	Proportion of Aboriginal people aged 15–24 years receiving a chlamydia and/or a gonorrhoea test in the previous 12 months	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal people aged 15–24 years tested for chlamydia and/or gonorrhoea at least once in the previous 12 months							
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal, 15–24 year age group							
4. **Increase the use of sterile injecting equipment for every injecting episode**	Prevalence of receptive syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS), by Aboriginal status	ANSPS, The Kirby Institute	Proportion	24%	31%	28%	24%	26%
			Note: Data is for both Aboriginal and non-Aboriginal people (https://kirby.unsw.edu.au/project/ansps).					
5. **Reduce the incidence and**	Annual rate of infectious syphilis notifications among Aboriginal people	WA Notifiable Infectious	Number	38.2	102	246	294	385

Targets by the end of 2023	Indicators	Sources	Outcome		Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
prevalence of infectious syphilis with a particular focus on areas of highest disease burden	Numerator: Number of infectious syphilis notifications among Aboriginal people	Diseases Database (WANIDD) and Rates Calculator	ASR/100,000 pop.		35.6	86.5	227.5	263.9	331.3
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages		Note: The increase was due to an infectious syphilis outbreak among Aboriginal people across northern Australia that reached WA in mid-2014 National response to syphilis | Australian Government Department of Health and Aged Care						
6. **Maintain virtual elimination of congenital syphilis**	Number of congenital syphilis notifications among Aboriginal people	WANIDD	Number		0.2	0	1	2	3
7. **Reduce the incidence and prevalence of gonorrhoea and chlamydia with a focus on young people**	Annual rate of gonorrhoea and chlamydia notifications among Aboriginal people aged 15–24 years	WANIDD and Rates Calculator	Gonorrhoea	Number	594.0	529	467	654	535
	Numerator: Number of gonorrhoea and chlamydia notifications among Aboriginal people aged 15–24 years			ASR/100,000 pop.	3,162.5	2,749.8	2,410.6	3,352.0	2,722.2
	Denominator: ABS Estimated Resident Population, Aboriginal, 15–24 year age group		Chlamydia	Number	1,047.8	1,025	981	927	944
				ASR/100,000 pop.	5,569.5	5,328.0	5,063.9	4,751.2	4,803.3
8. **Reduce the number of newly**	Annual rate of newly acquired hepatitis C notifications among Aboriginal people	WANIDD and Rates Calculator	Number		63.8	59	60	35	33

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
acquired hepatitis C infections by 60%	Numerator: Number of newly acquired hepatitis C notifications among Aboriginal people		ASR/100,000 pop.	58.8	56.1	51.4	30.7	30.8
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							
9. **Maintain the low incidence of HIV**	Rate of HIV notifications among Aboriginal people	WA HIV Database and Rates Calculator	Number	3.4	2	3	2	5
	Numerator: Number of annual HIV notifications among Aboriginal people		ASR/100,000 pop.	3.8	1.7	3.1	2.7	6.0
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							
10. **Achieve the 95–95–95 HIV diagnosis and treatment targets:** **► increase the proportion of people with HIV who are diagnosed to 95%** **► increase the percentage of people diagnosed**	1. Estimated proportion of Aboriginal people living with HIV who have been diagnosed 2. Estimated proportion of Aboriginal people living with HIV dispensed treatment for HIV infection	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal people dispensed treatment for HIV infection							
	Denominator: Estimated number of Aboriginal people diagnosed with HIV living in WA							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
with HIV on treatment to 95% **► increase the percentage of people on treatment with an undetectable viral load to 95%**	3. Proportion of Aboriginal HIV patients on treatment with an undetectable viral load	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal people diagnosed with HIV on treatment with an undetectable viral load							
	Denominator: Number of Aboriginal people diagnosed with HIV on treatment							
11. **Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated DAA treatment to 65%**	1. Estimated annual proportion of Aboriginal people living with chronic hepatitis C who have been diagnosed	Indicator to be developed	Not applicable					
	2. Annual rate of unspecified hepatitis C notifications among Aboriginal people	WANIDD and Rates Calculator	Number	187.0	204	235	241	272
	Numerator: Number of unspecified hepatitis C notifications among Aboriginal people		ASR/100,000 pop.	196.1	215.7	236.4	233.4	270.7
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							
	3. Proportion of Aboriginal people living with hepatitis C dispensed DAA treatment for hepatitis C infection	Indicator to be developed	Not applicable					

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
	Numerator: Number of Aboriginal people dispensed DAA treatment for chronic hepatitis C infection							
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis C							
12. **Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%**	1. Estimated annual proportion of Aboriginal people living with chronic hepatitis B who have been diagnosed	Indicator to be developed	Not applicable					
	2. Annual rate of unspecified hepatitis B notifications among Aboriginal people	WANIDD and Rates Calculator	Number	25.6	29	22	38	29
	Numerator: Number of unspecified hepatitis B notifications among Aboriginal people		ASR/100,000 pop.	37.8	39.8	36.0	47.3	34.8
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							
	3. Proportion of Aboriginal people living with chronic hepatitis B who received monitoring for chronic hepatitis B	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal people who received monitoring for chronic hepatitis B							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis B							
	4. Proportion of Aboriginal people with living chronic hepatitis B dispensed medication for hepatitis B infection	Indicator to be developed	Not applicable					
	Numerator: Number of Aboriginal people dispensed medication for chronic hepatitis B infection							
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis B							
13. **Reduce hepatitis C attributable mortality by 65%**	Estimated number of deaths among Aboriginal people attributable to chronic hepatitis C	Data linkage study	Data not available as of time of report					
14. **Reduce hepatitis B attributable mortality by 30%**	Estimated number of deaths among Aboriginal people attributable to chronic hepatitis B	Data linkage study	Data not available as of time of report					
15. **Reduce the reported experience of stigma among Aboriginal people with BBVs and STIs, and the**	Indicator to be developed		Not applicable					

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	2021
expression of stigma, in relation to BBV and STI status								
16. Improve knowledge and behaviour regarding safer sex and prevention of BBVs	Increased knowledge of STIs and BBVs	Secondary schools survey, La Trobe University	Proportion of knowledge questions correctly answered	-	62.5%	-	-	-
	Improved harm minimisation behaviours to prevent STIs and BBVs		Proportion of sexually active students reporting always or often using condoms in the past year	-	45.8%	-	-	-
			Note: WA specific data not available prior to 2018 (SSASH 2018 WA Report.pdf (teenhealth.org.au). As the survey is conducted every five years, no data is available for 2019, 2020 and 2021 at time of report.					
17. Maintain low numbers of newly acquired hepatitis B infections across all age groups by 50%	Annual rate of newly acquired hepatitis B notifications among Aboriginal people	WANIDD and Rates Calculator	Number	1.4	2	6	4	1
	Numerator: Number of newly acquired hepatitis B notifications among Aboriginal people		ASR/100,000 pop.	1.6	2.5	5.5	4.4	0.7
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							

Government of Western Australia
Department of Health

Aboriginal sexual health and BBV strategy

2019–2023 progress report

WA Sexual health and blood-borne virus strategies 2019–2023

STIs

- Sexually transmitted infections among Aboriginal Western Australians showed some progress. However, this was tempered by persistent challenges. The notification rate for chlamydia and gonorrhoea were lower than the 2013–2017 baseline, but infectious syphilis significantly increased.

BBVs

- There was a decrease in hepatitis B and newly acquired hepatitis C, and unspecified hepatitis C increased, though the overall numbers were low.

Prevention through immunisation

- Childhood vaccination at 12 and 24 months was below the 2023 target of 95%.

Notification rates among Aboriginal people per 100,000 population	2013 to 2017 Average	2018	2019	2020	2021	Comparison to baseline
Chlamydia *(15–24 years)*	5,569.5	5,328.0	5,063.9	4,751.2	4,803.3	↓ 14%
Gonorrhoea *(15–24 years)*	3,162.5	2,749.8	2,410.6	3,352.0	2,722.2	↓ 14%
Infectious syphilis	35.6	86.5	227.5	263.9	331.3	↑ 831%
Number of congenital syphilis notifications	0.2	0	1	2	3	↑ 1400%
Newly acquired hepatitis B	1.6	2.5	5.5	4.4	0.7	↓ 56%
Unspecified hepatitis B	37.8	39.8	36.0	47.3	34.8	↓ 8%
Newly acquired hepatitis C	58.8	56.1	51.4	30.7	30.8	↓ 48%
Unspecified hepatitis C	196.1	215.7	236.4	233.4	270.7	↑ 38%
Coverage of hepatitis B vaccination at 12 months among Aboriginal people	84.78%	88.71%	88.39%	89.84%	87.34%	↑ 3%
Coverage of hepatitis B vaccination at 24 months among Aboriginal people	85.81%	81.61%	85.09%	85.98%	86.47%	Stable

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