

Victorian sexual and reproductive health and viral hepatitis strategy

Strategy overview and system enabler plan 2022–30



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In this document, 'Aboriginal' refers to both
Aboriginal and Torres Strait Islander people.

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A message from the Minister for Health

Sexual and reproductive health is important for every Victorian across every stage of life. It's not just about physical wellbeing – it's also about the right to healthy and respectful relationships, access to local health services and information that's inclusive, high quality, confidential and culturally safe.

The *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* is designed to support the sexual and reproductive health of Victorians without fear of stigma, racism, discrimination or reproductive coercion. Central to this is understanding that sexual and reproductive health is a human right.

This is the first time that reproductive health, sexual health and viral hepatitis have come together under the same framework. It represents the Andrews Labor Government's long-term commitment to achieving the best possible sexual and reproductive health outcomes and reducing the impact of blood borne viruses (BBV) and sexually transmissible infections (STI) on all Victorians.

The strategy is sensitive to the health needs of all Victorians, regardless of their culture, sex, gender identity, sexual orientation, physical ability, age, location, religion or ethnicity.

It sets out a bold, but achievable agenda for eliminating the burden of BBV and STI between 2022 and 2030.

Building on the Andrews Labor Government's commitment to self-determination, this is the first time a Victorian sexual health strategy explicitly considers the enduring health effects of colonisation and racism on First Nations people. Accordingly, the *Victorian Aboriginal sexual and reproductive health plan 2022–30* provides strong commitments to self-determined, co-designed and community-led health and has been developed in partnership with the Aboriginal community-controlled sector and partners.

I would like to thank everyone who participated in the consultation forums and workshops, who provided submissions and completed surveys to guide the development of this Strategy. The insights, expert knowledge and lived experience freely given by many agencies, communities and people have enabled us to create a truly innovative, realistic and bold strategy.



Mary-Anne Thomas MP
Minister for Health
Minister for Ambulance Services

A message from the Minister for Women

Sexual and reproductive health is a human right. It is fundamental to the health and wellbeing of all Victorians and is central to achieving gender equality.

The *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* sets a bold agenda for the next eight years. By embedding sexual and reproductive rights across the Victorian health system, the Victorian Government continues to acknowledge the crucial role access to sexual and reproductive health plays in promoting and safeguarding gender equity.

We know that women have changing and diverse health needs – so we've provided a framework that centres issues including menstrual health, contraception, abortion, assisted reproductive treatment, endometriosis, and menopause in Victoria's health agenda. Recognising that our gender has an impact on how we experience healthcare across our lifetimes, we are committed to working in close partnership with women's health organisations.

This strategy is a result of the combined effort and advocacy of our partners in the primary health and allied health sector, public and private health services, not-for-profit organisations, women's health services, local government and Aboriginal Community Controlled Organisations. Their expertise, generosity and commitment will improve sexual and reproductive health outcomes for all Victorians, now and into the future.

The strategy focuses on the sexual and reproductive health of First Nations people through the *Victorian Aboriginal sexual and reproductive health plan 2022–30*. As a government we play an important role in providing appropriate care, which considers the social, cultural and economic barriers Victorians face when accessing sexual and reproductive healthcare.

I am proud to support the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.



Natalie Hutchins MP
Minister for Women

Acknowledgement of Aboriginal Victorians

We recognise the diversity of Aboriginal people living throughout Victoria. In this strategy we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent living in Victoria.

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and the richness and depth of the world's oldest living culture and pays respect to Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Within Aboriginal Victorian communities, there is a rich landscape of cultural and spiritual diversity, with varied heritages and histories both pre- and post-invasion. We understand and acknowledge that people may have multiple and intersecting gender and sexuality identities including: young people, women, gay, bisexual and other men who have sex with men, trans and gender diverse people including Sistergirls and Brotherboys. We also acknowledge priority groups within the Aboriginal Victorian population who

particularly experience poor sexual and reproductive health outcomes. We recognise that these groups have a right to enjoy and have control over their own sexual and reproductive behaviours in line with cultural values, kinship practices and individual ethics, and may need support to access culturally inclusive sexual and reproductive health services and programs.

Victorian Aboriginal communities continue to lead with strength and resilience in the face of ongoing transgenerational trauma, systemic racism and the impacts of colonisation, dispossession and removal of families and Country. Cultural and social determinants of health affect Aboriginal Victorians' experiences of wellbeing, BBV, STI and reproductive health choices. In this context, wellbeing is not a narrow experience of the physical body, it is a cultural, emotional and spiritual experience. This wellbeing includes the right to be free from diseases that may interfere with sexual life.

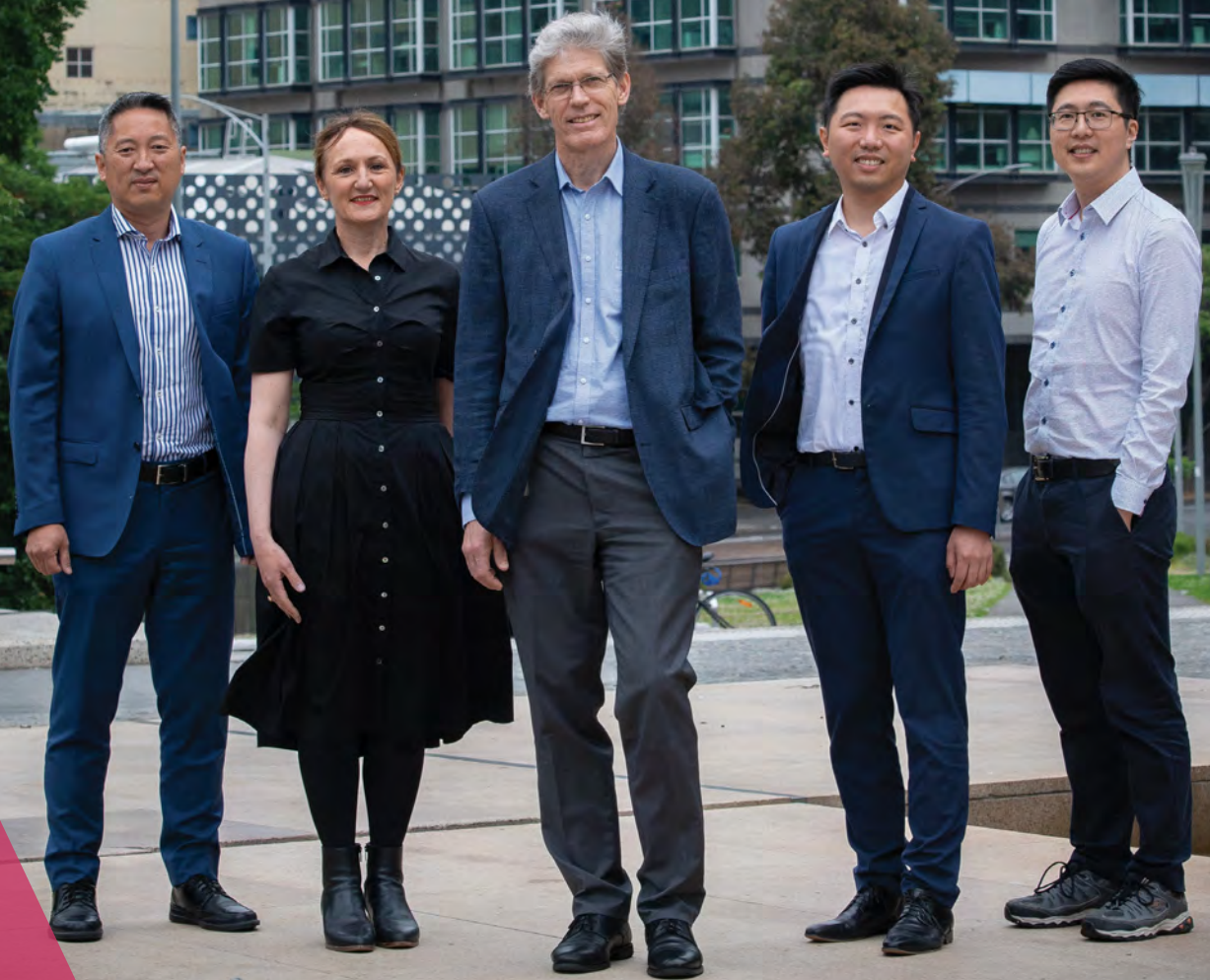
To achieve these freedoms, we have established a continued willingness to work in partnership to address BBV and STI and to promote reproductive health. This partnership, defined by the hallmarks of the community-controlled and -led response, is best practice and improves quality-of-life and health outcomes for individuals, families and communities.

The Victorian Government notes that, in partnership with the First Peoples' Assembly of Victoria, Victoria is currently establishing a framework to begin treaty

negotiations with Traditional Owners and Aboriginal Victorians. Government will work to ensure relevant actions outlined in this strategy align with treaty negotiations and delivering future treaties in Victoria. This includes corresponding funding, implementation of actions and governance mechanisms. We are deeply committed to Aboriginal self-determination and to supporting Victoria's treaty process. We acknowledge that treaty will have wide-ranging impacts for the way we work with Traditional Owners and Aboriginal Victorians. We seek to create respectful and collaborative partnerships. We will develop policies and programs that respect Aboriginal self-determination and align with treaty aspirations.

We acknowledge that Victoria's treaty process will establish a framework for transferring decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal Victorians.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors and matriarchs that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.



Pictured: Melbourne Sexual Health Centre (MSHC) team: Adjunct Prof Marcus Chen, Ria Fortune, Prof Christopher Fairley, A/Prof Eric Chow and A/Prof Dr Jason Ong.

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About this strategy

The Victorian sexual and reproductive health and viral hepatitis strategy 2022–30 sets the overarching direction for blood-borne viruses (BBV), sexually transmissible infections (STI) and reproductive health prevention, screening/testing, treatment and care.

The Department of Health (the department) is responsible for ensuring Victoria's health services support all Victorians to be safe and healthy and to live a life they value. This strategy reflects this responsibility. It aims to strengthen shared priority actions across the sexual and reproductive health and viral hepatitis system to address common challenges faced by Victorians in having their health and care needs understood and met.

This policy framework for HIV, hepatitis B, hepatitis C, STI, women's sexual and reproductive health and Aboriginal Victorians has been designed based on feedback from statewide and targeted consultations and recommendations arising from the Review of Victorian Sexual Health and Service Needs (Department of Health and Human Services 2019).

The strategy overview and system enabler plan is the companion document to the tailored plans (Figure 1). The strategy overview frames our approach and details our guiding principles, priority populations and settings.

The system enabler plan acknowledges the enablers that make a substantial impact on

outcomes across Victoria's sexual and reproductive health and viral hepatitis response, specifically:

- reducing stigma, racism and discrimination
- strengthening workforce capacity
- fostering partnership and collaboration
- strengthening and supporting data and research.

This will involve establishing and deepening partnerships outside the sexual and reproductive health and viral hepatitis models of care, such as with organisations in the mental health, housing, alcohol and other drug, and refugee health sectors. These partnerships will help us develop pathways and programs tailored to our priority populations.

Our models of care must respond to intersectionality, diversity, increasing complexity, co-occurring needs and stigma, racism and discrimination as experienced by our priority populations.

The tailored plans outline priority actions and activities specific to each disease, population or issue. They also outline the targets the Victorian Government has set to drive progress and measure the effectiveness of our responses.

We encourage reading and applying each plan alongside this document. This will allow tailoring of activities specific to each epidemic, cohort and/or condition.

Inclusion of the first-ever Victorian Aboriginal sexual and reproductive health plan further recognises the government's commitment to improving the health, wellbeing and safety of Aboriginal Victorians. Self-determination is a key government approach to improving Aboriginal health outcomes. This plan, developed in partnership with the Aboriginal Community Controlled sector, reflects that commitment. It signifies the importance of cultural safety and respect for Aboriginal ways of knowing, being and doing.

The strategy recognises the partnerships needed to develop tailored, holistic and local solutions to improve people's health and wellbeing, between Aboriginal Community Controlled Health Organisations, Aboriginal communities, mainstream services, community and peer organisations and government departments.

Figure 1: Components of the *Victorian sexual and reproductive health and viral hepatitis strategy*

Victorian sexual and reproductive health and viral hepatitis strategy 2022-30



Victorian sexual and reproductive health and viral hepatitis strategy
Strategy overview and system enabler plan 2022-30



Victorian Aboriginal sexual and reproductive health plan
2022-30



Victorian hepatitis B plan
2022-30



Victorian hepatitis C plan
2022-30



Victorian HIV plan
2022-30



Victorian sexually transmissible infections plan
2022-30



Victorian women's sexual and reproductive health plan
2022-30

The indicators and monitoring framework currently in development will form the basis of understanding the impact of the strategy and each plan.

Public health system reform

The COVID-19 pandemic has been challenging for many Victorians and health services. The response to COVID-19 has accelerated innovation, adaptation and reform of the Victorian public health system. We are transitioning to a model that offers more locally engaged, responsive and effective action on key population health and wellbeing challenges.

The Victorian Government established nine Local Public Health Units (LPHUs) in 2020 to strengthen Victoria's public health response to COVID-19. These units all have central support and oversight from the Department of Health. LPHUs provide the capacity for a stronger, more responsive public health system delivered in partnership with local communities and services. The local place-based role and function can support efforts to strengthen the Victorian sexual and reproductive health service system response. In partnership with LPHUs, sexual, reproductive health and viral hepatitis prevention, promotion and protection efforts will enable a more responsive and coherent public health system response to priorities outlined in this strategy.

Our improved public health system will work in partnership with affected communities and key partners to influence behaviours through:

- effective health promotion and prevention actions
- reducing health risks by providing pathways to testing, treatment and care
- quickly detecting and mitigating outbreaks to reduce the burden of disease and avoidable harms for people and communities.

Public health system

The COVID-19 pandemic has shown how important public health is in protecting and promoting the health of the Victorian community. The vision for Victoria's public health system (Figure 2) is that every Victorian has trust in our health system, and feels confident that:

- the environments where people live, work, play and study are safe and healthy, and will promote the wellbeing of future generations
- everyone is supported to live their healthiest life, and intergenerational health outcomes are improved
- people are connected with the right supports, in the right place and at the right time to deliver outcomes that matter to Victorians.

The government is also working to ensure our next-generation digital public health system addresses critical surveillance and response system gaps across communicable diseases, environmental health, public health emergency responses and prevention and population health.

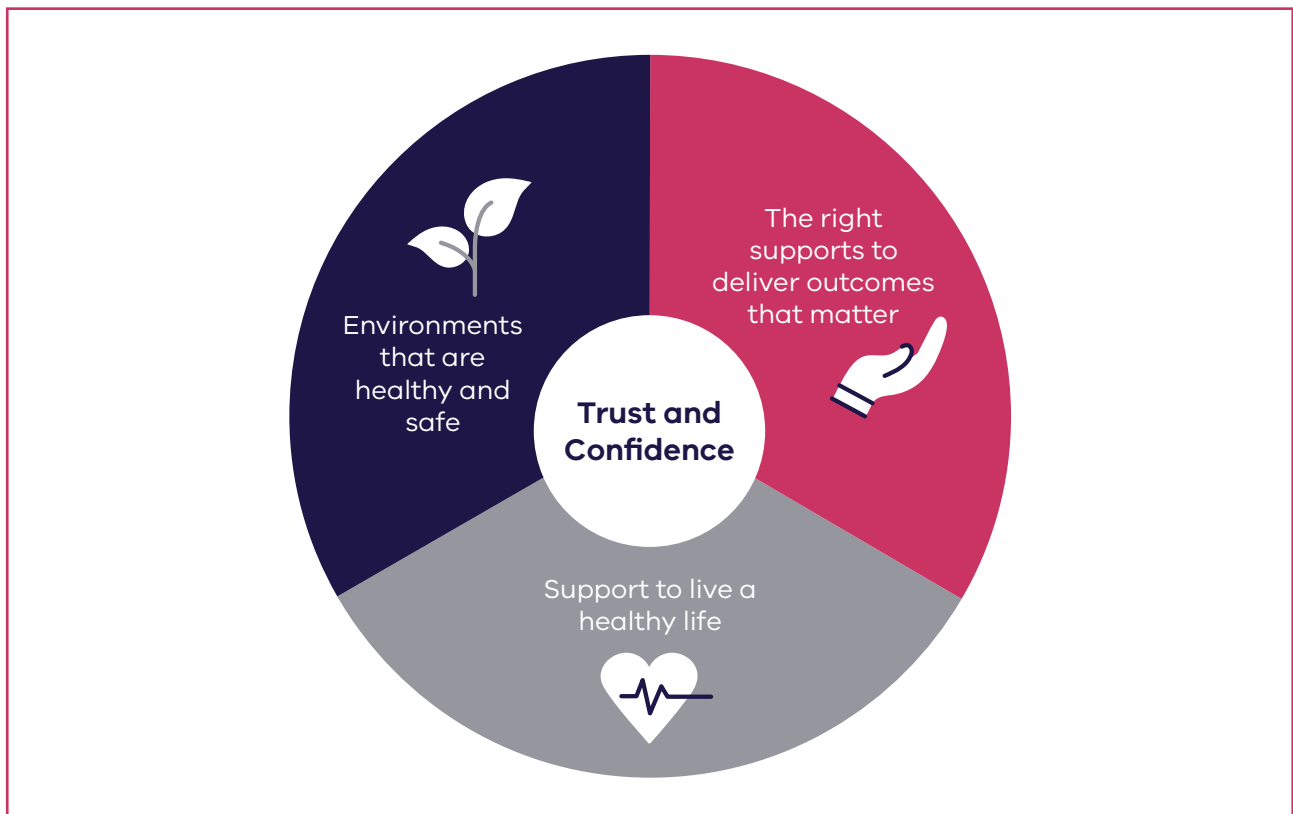
We are overhauling these systems to respond to immediate health issues arising from a growing population exposed to global health risks such as antimicrobial resistance. They will be the basis for Victoria's response to critical threats that the system will face in the years beyond COVID-19.

The aim of our new digital systems will be to create flexible and scalable data platforms and operational systems for

the public health workforce and system partners. We will develop community-facing platforms that empower Victorians to participate in their own health journey by interfacing with statewide public health and service provider systems.

This reformed public health system will give practitioners the platforms and tools to understand, prioritise and respond to public health risks to protect the community with an accuracy, timeliness and effectiveness that meets community needs.

Figure 2: Vision for Victoria's public health system



Equality of access – sexual health system review

The burden of BBV and STI varies markedly across population groups and geographical areas of Victoria. This is due to a complex interaction of demographic, socioeconomic and environmental factors.

Poor health can also amplify inequalities by affecting the ability of individuals and families to fully participate in social and economic life.

Responding to current and emerging issues associated with BBV and STI epidemics and infections has resulted in demand and capacity challenges across the Victorian sexual health service system. This is coupled with other challenges including population growth and diversity, changing sexual

health needs and behaviours and increased demand for testing and treatment services.

Most STI cases are now notified in general practice settings rather than following the historical trend of diagnosis at specialist services or hospitals. This shift signifies the need to broaden and upskill primary care practitioners (doctors, nurses, nurse practitioners, pharmacists) in:

- early diagnosis and management of STI
- appropriate treatment and care of priority populations
- referral pathways to specialist support, where necessary.

Increasing access in primary care to sexual and reproductive health care, including BBV and STI

testing and treatment services, will also help decentralise our service system. It will relieve demand pressures on our current specialist-led model. Equitable access for people in regional and rural Victoria and people who are not eligible for Medicare will continue to be a system priority over the life of this strategy.

In 2019 the Victorian Government conducted a review of Victorian sexual health and service needs (Department of Health and Human Services 2019). Given the links between sexual and reproductive health, it is vital that our service system is integrated to offer patient-centred, holistic sexual and reproductive health care for all Victorians, irrespective of geographical location or priority population.



Pictured: Carolyn Mogharbel, Manager, 1800 My Options.

Public consultation and stakeholder engagement

We thank all people who shared their insights, experiences and stories during consultations. Thank you for generously sharing your wisdom and ideas, particularly during the pressures of the ongoing pandemic. We are grateful for participants' commitment to ensuring this refreshed strategy reflects the experiences of priority populations across Victoria as we continue to work towards achieving the best health and wellbeing outcomes for our communities.

More than 500 people took part in a statewide consultation process in 2020–22 to shape the strategy through the

Engage Victoria website, written submissions, surveys and a series of dedicated statewide and targeted workshops.

We conducted three dedicated Aboriginal Victorian workshops with the Victorian Aboriginal Community Controlled Health Organisation, the broader Aboriginal Community Controlled sector, key leads for Aboriginal programs across government and key BBV and STI and women's health sector programs.

We also held a statewide reproductive health roundtable in 2021 and a further statewide workshop in 2022 with key women's stakeholders.

Representation in the statewide consultation process between 2020–22 included:

- people living with HIV and viral hepatitis
- Victorian First Peoples
- women's health sector representatives
- clinicians
- researchers
- policymakers
- community organisations.

Relevant areas across the Victorian Government had informal and formal opportunities to comment on the strategy as it developed.

The sexual, reproductive and viral hepatitis health of Victorians

BBV/STI and reproductive health issues disproportionately affect certain key populations, resulting in poor sexual and reproductive health outcomes and wellbeing. We give a high-level summary below, with more detail contained in each of the tailored plans.

Chlamydia (2016-2021)

Infertility is concerning for women of reproductive age

15-49

years who are diagnosed with chlamydia.

49%

of notified cases were females.

15%

increase in overall notified cases from 2016-2019.

Cases in women of reproductive age

15%

increase in notified cases from 2016-2019.

51%

of notified cases were males.

13%

decrease in overall notified cases from 2020-2021.

14%

decrease in notified cases from 2020-2021.

Gonorrhoea (2016–2021)

48%

increase in notified cases from 2016–2019.

31%

decrease in notified cases in 2020.

15%

higher notification rates in 2021 compared to 2020.

79%

of notified cases were males.

48%

identified as men who have sex with men.

32%

increase in notification rates of females.

Antimicrobial resistance in *Neisseria gonorrhoeae* is a concern globally. We are monitoring levels of resistance in Victoria. These remain low and stable (less than 1 per cent of positive cultures return resistance for commonly used antibiotics).

Hepatitis B (2016–2021)

1,310

cases in 2021 (a rate of 21.2 cases per 100,000). This was the second lowest annual number and rate since notifiable conditions records began in Victoria.

8%

were among Australian-born.

53%

of cases were in males.

6%

decline in HBV notification rates from 2016 to 2019.

92%

were among people born overseas.

46%

were in females.

This was followed by a

24%

decline from 2019 to 2020.

Notification rates continue to be highest in people from culturally diverse backgrounds.

Notification rates continue to be higher among males than females.

The sexual, reproductive and viral hepatitis health of Victorians continued...

Hepatitis C (2016–2021)

29%

reduction in the number of notifications between 2016 and 2019.

This was followed by a

21%

decline from 2019 to 2020.

1,277

cases in 2021 (a rate of 20.7 cases per 100,000). This was the lowest annual number and rate since notifiable conditions records began in Victoria.

Injecting drug use was the leading risk factor for

73%

of the total newly acquired cases.

Notification rates continue to be the highest among people who inject drugs.

HIV (2016–2021)

140

cases reported in 2021. This was the third lowest annual number and rate since HIV records began in 1983.

Between 2016 and 2019 the rate of HIV notifications reduced by

14%

A further decline of

30%

between 2019 and 2020 was observed.

About

26%

of the total cases were newly acquired infections.

40%

of new diagnoses of HIV have been among people born overseas.

Of those born overseas,

57%

were from Asia.

90%

of cases were in males.

10%

were in females.

Rates for transgender people remain stable.

Reproductive health

The total fertility rate in Australia in 2020 was

1.43

births per woman.

This was lower than the Australian average of 1.58 (Australian Bureau of Statistics (ABS) 2020).

In 2020, a new long-acting reversible contraceptive device, Kyleena, was added to the Pharmaceutical Benefits Scheme.

Syphilis (2016-2021)

>88%

of notified infectious syphilis cases were in males.

68%

identified as men who have sex with men.

15%

identified as men who have sex with women.

3%

identified as men who have sex with men and women.

Almost

2 times

higher rates of infectious syphilis in females in 2021 than in 2016.

12

notified cases of congenital syphilis from 2017-2021.

The decline in disease notifications observed in 2020 and 2021 should be interpreted with caution and are likely to under-represent true disease incidence.

The COVID-19 pandemic is likely to have had a strong influence on disease reductions, with lockdowns and other restrictions of movement resulting in changes in sexual behaviours, healthcare access, health seeking/testing practices and interstate

and international travel. Enhanced surveillance practices also varied during 2020 and 2021 due to the pandemic, decreasing data completeness for some conditions.

Note: All Victorian BBV and STI data cited in this strategy and the plans comes from the Department of Health Public Health Event Surveillance System. Victorian infectious diseases surveillance data is **available online** <<https://www.health.vic.gov.au/infectious-diseases/infectious-diseases-surveillance-in-victoria>>.

“ It has been incredibly rewarding to partner with the sector to develop this strategy and watch our shared vision take shape. This commitment to collaboration will enable us to achieve our aims to improve sexual and reproductive health for Victorians and reduce the stigma and burden of BBV and STI. ”

Charlotte Thompson,
Project Officer, Sexual
Health and Viral
Hepatitis, Victorian
Department of Health



Vision

The Victorian Government is committed to achieving optimal sexual and reproductive health outcomes and reducing the impact of BBV and STI on all Victorians.

We have challenges and complexities, but we must aim high, be bold and practical.

Our Victorian sexual and reproductive health system will have a highly capable and supported multidisciplinary workforce and a dedicated network of comprehensive services that bring care to people where and when need it.

We must ensure we are doing all we can to achieve our vision, goals and targets.

This strategy will:

- eliminate hepatitis B as a public health concern by 2030
- eliminate hepatitis C as a public health concern by 2030
- achieve virtual elimination of new HIV transmissions by 2025
- eliminate congenital syphilis by 2030
- support Aboriginal Victorians to achieve optimal sexual and reproductive health and reduce the transmission and impact of BBV and STI

- support Victorians to achieve optimal sexual health and wellbeing and reduce the transmission and impact of STI
- support Victorian women, girls and gender diverse people to achieve optimal sexual and reproductive health and wellbeing
- enable the Victorian sexual and reproductive health system to be a world leader in gendered practice
- support Victorians and affected communities to access the sexual and reproductive health services they need free from stigma, racism and discrimination
- ensure health professionals have the skills, knowledge and attitudes needed to deliver non-stigmatising, non-judgemental best practice sexual and reproductive health and viral hepatitis prevention, testing, treatment and care
- strengthen partnerships and collaboration to meet the needs of people living with BBV or STI or at risk of poor sexual and reproductive health outcomes
- improve sexual and reproductive health and viral hepatitis services and outcomes in Victoria by increasing the quality and completeness of data and supporting research.

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against achieving the 2025 and 2030 targets. The mid-cycle progress report will be used to refresh and refocus priority actions and activities outlined in this strategy and its tailored plans.

Priority populations and settings

This strategy identifies priority populations and settings. It acknowledges that many people may identify with multiple priority populations and settings. This results in a diverse variety of intersecting characteristics and risk factors unique to each person.

We nominate priority populations in each tailored plan (Table 1). But in line with the guiding principle of access and equity, we need to consider the unique challenges and experiences within all priority populations. This includes all:

- cultural and ethnic identities
- gender expressions and experiences
- disabilities
- different geographical settings
- sexual orientations
- religious affiliations.

People not eligible for Medicare may experience increased risk for BBV, STI and reproductive health issues. They may be a part of one or more priority population groups.

While women, girls and gender diverse people are not noted as a distinct priority population in all plans, women are recognised across most other priority populations. Women are a priority population in some of the tailored plans such as the women's sexual and reproductive health plan, HIV plan, STI plan and Aboriginal sexual and reproductive health plan.

Women have unique challenges and experiences that are not easily addressed solely on risk, as is the case with some priority populations. It is important to apply a gender lens to all aspects of the sexual and reproductive health and viral hepatitis response. This will ensure women's needs are considered and addressed.

Understanding and addressing the role gender and gender inequality plays in access and outcomes is equally important.

Many trans and gender diverse people are also already part of existing priority populations.

However, they may share some of the same risk exposures of other priority populations. Trans and gender diverse people may also have specific sexual and reproductive health needs and barriers to prevention, treatment and care that we need to consider in the various targeted responses.

Table 1: Priority populations nominated in each tailored plan

Tailored plan	Priority populations
Victorian Aboriginal sexual and reproductive health plan 2022–30	<p>Sub-priority groups within the Aboriginal population include:</p> <ul style="list-style-type: none"> • young people • women • gay, bisexual and other men who have sex with men • trans and gender diverse people including Sistergirls & Brotherboys • sex workers • people living with a BBV • people in custodial settings • people who use drugs (including people who inject drugs)
Victorian hepatitis B plan 2022–30	<p>Groups include:</p> <ul style="list-style-type: none"> • culturally diverse people • people living with hepatitis B • Aboriginal people • pregnant women with hepatitis B and their children, and children with hepatitis B • unvaccinated adults at higher risk of infection
Victorian hepatitis C plan 2022–30	<p>Groups include:</p> <ul style="list-style-type: none"> • people who use drugs or are accessing a drug treatment program • people living with hepatitis C • Aboriginal people • people in custodial settings • culturally diverse people • HIV-positive men who have sex with men • sex workers
Victorian HIV plan 2022–30	<p>Groups include:</p> <ul style="list-style-type: none"> • people living with HIV • men who have sex with men • Aboriginal Victorians • people who use drugs • women • gender diverse people • culturally diverse and refugee communities • people from, or people who travel to, high-HIV prevalence countries • people in custodial settings • sex workers • people with a blood disorder • young people • heterosexual-identifying men who intersect with a number of these priority populations
Victorian sexually transmissible infections plan 2022–30	<p>People who are sexually active, with a particular focus on:</p> <ul style="list-style-type: none"> • young people (15–29 years) • Aboriginal people • gay, bisexual and other men who have sex with men • women of reproductive age • culturally diverse communities • trans and gender diverse people • sex workers • people living with HIV • people in custodial settings
Victorian women’s sexual and reproductive health plan 2022–30	<p>Groups include:</p> <ul style="list-style-type: none"> • all women, girls and gender diverse people across the life course • Aboriginal people • LGBTIQ+ people • culturally diverse women • women in custodial settings • women living with a disability • women and gender diverse sex workers • women living with BBV or STI

Settings for reaching priority populations

Service providers and other organisations that support priority populations are priority settings due to the contact they have with these populations and the potential this offers for health promotion and connecting people to sexual and reproductive health and viral hepatitis services.

Priority settings also include places and spaces where priority populations live, work, play and socialise.

The priority settings for delivering education, vaccination and other prevention programs, testing, treatment and care services include:

- primary care services
- sexual health services, specialist BBV, STI and reproductive health clinics and antenatal health services
- community services that support priority populations including multicultural services, migrant services and culturally specific services
- Aboriginal Community Controlled Health Services and Aboriginal medical services
- tertiary services
- LPHUs
- geographic locations with high prevalence or incidence of BBV and STI
- regional and rural areas with reduced access to relevant health and community services
- organisations representing priority populations such as sex workers or people who inject drugs
- people who use drugs
- needle and syringe programs
- housing and homelessness services
- mental health services
- custodial settings (custodial facilities, community corrections and probation/parole services)
- education settings
- youth services
- pharmacies
- local governments



Monitoring and measuring progress

To understand and evaluate the impact of the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*, we will develop an indicators and monitoring framework in collaboration with key research partners and affected communities. This framework will refresh existing indicators for HIV, STI and viral hepatitis. It will also develop new measures for the Aboriginal and women's sexual and reproductive health plans.

There will be no time-bound or numerical targets for reproductive health (long-acting reversible contraception, medical termination of pregnancy and infertility treatment). However, we will still use qualitative and quantitative measures to understand our progress over the life of the strategy.

Data to be used in the framework will be obtained from more than 20 organisations and publicly available databases. We will take some observations from reports from external stakeholders. Others need advanced analysis and database linkage.

We will review our targets in 2025–26 and develop refreshed action plans based on our findings to guide priority activities between 2026 and 2030.

The Department's Advisory Committee (DAC) on sexual and reproductive health and viral hepatitis will be used as a governance mechanism. The DAC will provide ongoing oversight of the strategy's monitoring and implementation, including publishing progress reports against implementation efforts.

Our approach – key concepts

Our approach builds on the Victorian Government's commitment and recognition of the partnerships required between government, community organisations, priority populations, researchers and clinicians to develop the tailored, holistic and local solutions needed to improve people's health and wellbeing.

It is only through this enduring, non-partisan partnership model informed and led by people with lived experience that we can deliver on that commitment. This partnership, built on trust, action and accountability, is what makes Victoria's response so strong and effective.

In developing this strategy, the government has consulted widely across sectors. This was to help understand the priorities facing Victorians as

they aim to improve their sexual and reproductive health and wellbeing outcomes. We heard that sexual and reproductive health and viral hepatitis policy, services and programs require better integration, while also having a tailored and dedicated focus on specific epidemics for communities affected by and living with BBV and STI, as well as those needing reproductive health services.

This strategy aligns with other key Victorian Government strategies as well as national BBV and STI strategies. The strategy and plans also respond to the findings of the Review of Victorian Sexual Health and Service Needs (Department of Health and Human Services 2019). They identify priority areas for action required to:

- improve the sexual and reproductive health of Victorians
- provide greater access to services
- address disparity of access between population groups and across geographical areas.

The Victorian Government is committed to a zero-tolerance approach to stigma, racism and discrimination. We will continue to remove barriers to service access and build on civic participation. We will ensure all Victorians, especially priority populations at risk of or living with BBV and STI or needing reproductive health services, can access the non-stigmatising, non-judgemental treatment, care and support they need, when and where they need it.

Social and cultural determinants of health

The Victorian Government works in partnership with a wide range of people and organisations to influence the cultural and social determinants of health. We do this to promote health and wellbeing in key settings for all people living with and affected by reproductive health conditions, BBV and STI.

An intersectional approach based on the social determinants of health informs this strategy. It recognises that no single policy, department, organisation or program can effectively tackle or solve the inequity that our priority populations experience.

Embedding this approach in the design and implementation of policy and services ensures programs respond in an integrated and equitable way to diversity (including gender), complexity and discrimination in our priority populations.

Intersectionality and diversity

Intersectionality refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. These aspects can include:

- health identity
- gender and gender identity
- Aboriginality
- age
- disability
- ethnicity and race
- religion
- class
- occupation
- sexual orientation or sex characteristics.

This amplifies barriers to services, increases the risk of social isolation and exacerbates social and economic disadvantage.

In designing, implementing and evaluating BBV, STI and reproductive health programs, this strategy will embed an intersectional approach in the work we do. This means considering how the discourse and forces outlined above shapes the person's experience of inequality. Meaningful engagement with priority populations in developing local responses to BBV, STI and reproductive health issues recognises the importance of community voices. It supports community-led initiatives to addressing intersectional disadvantage. This includes deepening our understanding of the rich cultural diversity underpinning Australian society in designing responses and tailoring health care that is culturally safe, appropriate and accessible.

Meaningful involvement of priority populations

The meaningful participation of priority populations and people living with and affected by HIV, hepatitis B or hepatitis C in all aspects of the response is essential. It is vital for developing, implementing, monitoring and evaluating effective programs and policies. This includes placing people with HIV at the centre of the response, in line with the Meaningful Involvement of People living with HIV/Greater Involvement of People living with HIV (MIPA/GIPA) principle.

It also includes the full and ongoing participation of Aboriginal Victorians and Aboriginal organisations in all levels of decision making affecting their health needs through the principle of self-determination.

For sex workers, it is an acknowledgement of agency and human rights, together with a recognition that sex work is real work and should not be conflated with sex trafficking or criminalisation. It also includes consultation and involvement of sex workers in programs and policies that may affect them.

For women's sexual and reproductive health, it is understanding the lived experience of women, girls and gender diverse people. It means ensuring their involvement in relevant programs and policies.

Everyone, including LGBTIQ+ people, people who use drugs and other priority populations, has the right to be treated with dignity and respect.

Self-determination

Culture shapes the way we see health and wellbeing, which is something that Aboriginal Victorians have long recognised. There is increasing attention on determining the cultural factors that are important to Aboriginal Victorians and how these factors relate to health and wellbeing. We will therefore aim to increase research that supports the relationship between culture, kinship, connection to Country and improved health and wellbeing outcomes for Aboriginal Victorians.

Loss of cultural knowledge and opportunity to practise culture are central determinants of ill health for many Aboriginal people. There is growing attention on negative health outcomes related to colonisation, decolonisation, assimilation and forced removal of people from place. This is driving a research agenda that aims to reimagine and better identify the strengths of Aboriginal people and their cultures. This will allow alternative strengths-based solutions to become more influential.

Supporting the principle of self-determination for Aboriginal Victorians is supporting a human rights approach.

Gender equality

Gender is the socially constructed differences between diverse genders as distinct from biological differences between the sexes. It affects the health outcomes of all people. Gender equality respects people's human rights. It recognises the biological needs of different people and the reproductive health needs of each person in providing services. It respects people's right to gender diversity.

Government policies, programs and services are often seen as 'gender neutral' or as having the same impact and creating the same benefits for everyone if implemented equitably. But this often overlooks the fact that women and gender diverse people, and those who have experienced disadvantage based on other aspects of their identity, may not have the same access to decision-making processes, resources or economic or social opportunities.

In line with the *Gender Equality Act 2020*, we conducted a gender impact assessment of this strategy during its development. Gender impact assessments ensure policies, programs and services consider their impact on diverse population groups.

Harm reduction

Harm reduction approaches underpin effective measures to prevent BBV and STI transmission. Approaches include providing:

- sterile injecting equipment through needle and syringe programs
- safer injection facilities
- overdose prevention programs and policies
- alcohol and other drug programs
- mental health support
- education and awareness, particularly in priority populations
- measures to address the social determinants of health.

Human rights

People who experience or are living with HIV, hepatitis B, hepatitis C, STI or sexual and reproductive health issues have a right to participate fully in society. This means without experiencing stigma, racism or discrimination. They have the same rights to comprehensive and appropriate information and health care as other members of the community, including the right to the confidential and sensitive handling of personal and medical information.

Life course approach

Adopting a life course approach recognises the impact of the biological, behavioural and social determinants of health and wellbeing. Events occurring at each stage of people's lives have an impact on the quality of the next stage. A life course perspective offers potential for early intervention and prevention to improve future health outcomes. Across the life cycle, reproductive health issues can affect men, women and gender diverse people. It may result in associated poor health outcomes.

Sexual and reproductive health

Sexual and reproductive health is important for everyone across the life course. And it is not only about physical wellbeing. It includes the right to healthy and respectful relationships, and access to local health services and information that are inclusive, culturally safe and appropriate (including access to affordable contraception).

Good sexual and reproductive health involves gender equality, respect, safety and freedom from discrimination, violence and stigma. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities.

Sexual and reproductive health are domains in their own right. But they are also innately linked so need to be considered together in policy and service provision. Most importantly, factors producing poor sexual and reproductive health outcomes often share the same common determinants such as stigma, marginalisation and vulnerability.

Family violence and violence against women

Violence can take many forms including physical, emotional, psychological and sexual violence. It includes coercive control, intimate partner violence, elder abuse or limitations to autonomy and independence. It can occur outside of family or relationships, such as sexual assault and harassment perpetrated by someone other than a partner or family member, or violence perpetrated by paid or unpaid carers.

Family violence and violence against women have been a pervasive health issue globally and in Victoria. There is consistent evidence that people experiencing violence have poorer physical, mental, sexual and reproductive health outcomes.

Women are overwhelmingly the victims of violence and intimate partner violence, which in turn may lead to:

- forced pregnancy
- miscarriage
- low-birth weight babies
- coerced abortion
- genital mutilation
- STI
- gynaecological problems.

Three in five Aboriginal women in Australia have experienced physical or sexual violence from a male intimate partner. Hetero and cis-normativity create unique barriers for LGBTIQ+ people to access the support they need if they experience family violence. Accessibility, suitability and messaging from services can create extra barriers for people with disabilities and those from multicultural and non-English speaking backgrounds to get support. Social isolation and a dependence on trusted family members can make older Victorians vulnerable to abuse (Our Watch 2018).

At the core of violence against women and others at risk is power imbalance and gender inequality. The government is committed to ensuring all Victorians live in a violence free society in which they can thrive. A whole-of-government approach aims to promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choices (including planned, safe and healthy pregnancy and childbirth).

System-focused principles

This plan provides a framework for a strengthened systems approach that sets shared priorities for:

- reducing stigma, racism and discrimination
- fostering partnerships and collaboration
- strengthening workforce capacity
- building and supporting data, surveillance, research and evaluation efforts.

Available, accessible, equitable, confidential and inclusive health services

A rights-based approach is about providing equal opportunities for health by ensuring availability, accessibility, acceptability and quality in health services.

The number and types of services available must meet the needs of the population. Services must be affordable and physically and geographically accessible. They must allow all people to access the care they need in a convenient and timely manner.

To ensure confidentiality and promote public confidence, health services must have strong privacy mechanisms in line with current legislation. Disclosure that a person has had an abortion or that they have tested for, or are living with, BBV or STI can lead to stigma and discrimination.

Equitable health services mean that all people are treated fairly and respectfully, based on their need. To achieve equitable health outcomes, health services may have to apply different approaches and allocate resources according to people's needs.

Inclusive health services are those that are free from any form of discrimination, irrespective of a person's birthplace, preferred language, cultural or religious background, age, abilities, sex or gender, health status, drug use, occupation, socioeconomic status, migration status.

They deliver inclusive, non-judgemental, non-discriminatory, culturally appropriate health care that responds to individual patient needs and reduced experiences of prejudice.

Person-centred services and care

Person-centred services and care mean that individuals have control over their own health care and receive it when and where they need it. In a person-centred approach, people are seen as the experts of their lives who have the right to choose their own health professionals. And, together with those health professionals, they have the right to decide the most appropriate course of action. This considers their own desires, values, social/personal circumstances and health-related behaviours. It also allows for medical or alternative treatment and management options. This empowers people to understand their condition and how they can improve their health and wellbeing.

Patient-centred care is coordinated between different providers. Care is holistic, tailored to and centred around understanding and responding to the needs of different population groups.



Pictured: The Burnet team:
Back row L-R: Chloe Layton, Dr Jacqui Richmond, Bridget Draper,
Dr Daniel O'Keefe, Dr Judy Gold, Prof Mark Stoove, Dr Imogen Elsum
Front row L-R: Kate Allardice, Jason Asselin, Prof Margaret Hellard,
Kico Chan, Anne Craigie, Dr Alisa Pedrana

Quality health services

A strong multidisciplinary workforce of motivated, trained health professionals, community and peer-based workers from, and who work with, priority populations are vital to delivering culturally appropriate, high-quality services across Victoria. Coordination and integration of health services across multiple settings improves the holistic, comprehensive quality of services that can be delivered to best support people to make informed choices about treatment and prevention.

Commitment to contemporary evidence-based services, policies and programs

The best available evidence informs our outcomes, indicators and measures.

The national response to BBV and STI has an evidence base built on high-quality research and surveillance, monitoring and evaluation. A strong and constantly refining evidence base is essential to meet new challenges, evaluate current and new interventions and develop effective social policy.

Developing and disseminating evidence-based national clinical guidelines and other information resources on screening,

assessment, testing, treatment, care and support is critical.

As new evidence of the effectiveness of interventions becomes available, it is increasingly important that services are based on contemporary evidence. Health professionals and health services need to ensure the care of individual patients or decisions about health service delivery are based on current best evidence. They must use their clinical judgement and consider each person's values and expectations.



“ A hallmark of the Victorian response has been a collegiate approach including regular access to leading experts who convene HIV, HBV and HCV practice communities for learning from case study discussions. The VHHITAL Consortium approach has linked the strong expertise of the Doherty Institute, Alfred Health including Melbourne Sexual Health Centre, and the Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine with the reach of the local primary health care networks to ensure primary health care workforce access to free high quality training, updates, and ongoing support. ”

Dr Bernard Gardiner, Lead, 2021-22, Victorian HIV and Hepatitis Integrated Training Program (VHHITAL), North Western Melbourne Primary Health Network

Pictured: VHHITAL team: Aggie Geromanolis, Isobelle Print, Dr Bernard Gardiner

Partnership

Effective partnerships exist between affected communities, statewide organisations representing the interest of communities, the clinical workforce, government and researchers.

These relationships are characterised by consultation, cooperative effort, clear roles and responsibilities, meaningful contributions, empowerment, respectful dialogue and appropriate resourcing to achieve the goals of this strategy. It includes leadership from the Australian, state and territory governments and the full cooperative efforts of all members of the partnership to implement agreed directions, to ensure services and programs are developed and delivered in a way that meets the diverse needs of communities.

Our partnership approach recognises the leadership of community-controlled and led responses. Respectful, strengths-based, transparent, accountable and trustworthy collaborations between government and key community and other partners are essential ingredients for improving health outcomes for our communities that experience inequity of health outcomes.

Partnerships need to also be fostered at both local and regional levels. These must focus on reducing inequity by addressing the social, economic and cultural determinants of health outcomes that affect our communities' access to services that support their health and wellbeing.

Shared responsibility

Individuals and communities share responsibility to promote their health as well as preventing themselves and others from becoming infected. They must inform efforts that address education and support needs. Governments and community organisations have a responsibility to provide the necessary information, resources and supportive environments for prevention.

Stewardship of health is the responsibility of each person to whom health has been entrusted. Creating the personal, environmental and social conditions for good health is a joint responsibility between individuals and public, community, private and government organisations.

Accountability

Structures are in place to regularly monitor and review the strategy's implementation using progress measures as indicators of success, with processes to share knowledge on what works. By measuring change and monitoring our efforts, we use data to better understand how Victorians are faring in key areas of their lives.

The Victorian Government is committed to high quality monitoring and evaluation, and to public accountability for its efforts to address sexual and reproductive health and viral hepatitis infections and conditions. This strategy, where appropriate, includes targets to drive progress and measure effectiveness. These actions are specific, achievable, realistic, measurable and time bound.

System enabler plan

People living with, or at risk of, BBV, STI and reproductive health conditions may have other complexities in their lives that affect their ability to access prevention, testing, treatment and support services. The interconnected nature of these conditions and complexities creates overlapping barriers that can prevent people from achieving positive health outcomes.

The Victorian Government is committed to:

- reducing BBV and STI rates in Victoria
- achieving optimal sexual and reproductive health outcomes for Victorians
- ensuring people have the care they need when and where they need it
- reducing any stigma, racism and discrimination associated with diseases, conditions and risk practices.

To address these barriers, the strategy uses an intersectional approach based on the social and cultural determinants of health. This recognises that no single policy, department, organisation or program can effectively tackle or solve health inequities.

Embedding this approach in the design and implementation of this strategy will support services and programs to respond in an integrated way to diversity, complexity and discrimination as experienced by our priority populations.

This strategy acknowledges the shared system-enabling priorities that will make a significant contribution to improving health outcomes for our priority populations:

- reducing stigma, racism and discrimination
- strengthening workforce capacity
- fostering partnerships and collaboration
- strengthening and supporting data and research.

Recognising that the system-enabling issues are common and shared across different epidemic and health responses will help reduce duplication and better coordinate effort. For example, in a rural and regional context, the workforce responding to BBV and STI issues is the same as is responding to reproductive health access and care such as long acting reversible contraception and medical termination of pregnancy. This plan acknowledges the shared and interrelated nature the system's building blocks. It lists the priority actions and activities to address these cross cutting enablers. This will result in greater collective impact across all sectors.



Pictured: Gateway Health Wodonga: Dr Tash McLellan, General Practitioner, sexual health clinic and Emily Mackie, Sexual Health Nurse.

The Review of Victorian Sexual Health and Service Needs recommended a system strengthening approach to ensure our elimination targets and agenda are achieved and the disparities between population groups are addressed.

Strengthening the service system will require all partners working in the sexual, reproductive and viral hepatitis sectors to develop clear, coordinated and collaborative strategies across sectors that enable people to access the care they need, when and where they need it.

Interruption and deferral of sexual and reproductive health or viral hepatitis care because of the COVID-19 pandemic has had significant public health implications for individuals and

communities. This plan supports the Victorian Government's commitment to strengthening the public health service system. This reform will promote local and coordinated care and inclusion. It will address inequalities and place people and communities at the centre of their care.

The overarching public health reform plan spans the whole health system. It aligns with the recommendations from the Royal Commission into Victoria's Mental Health System and establishing LPHUs. It complements the *Victorian public health and wellbeing plan 2019–2023* and offers direction as to how services need to be delivered to better meet the needs of all individuals and communities. It includes a strong prevention agenda and priority settings approach. Reforms to the sexual and reproductive health sector in the Victorian service system have potential to align with Royal Commission efforts.

Reduce stigma, racism and discrimination

While there is no magic bullet for eliminating prejudice, we strive to influence inclusion, recognise intersectionality and reduce the impacts and experiences of stigma, racism and discrimination as it relates to sexual and reproductive health and viral hepatitis.

The impacts of stigma, racism, discrimination and reproductive coercion on individuals, organisations and service systems is well documented. It damages the mental and physical health of Victorians. These are critical barriers to effective responses to BBV and STI, and in accessing reproductive health care.

The Victorian Government is committed to reducing the reported experiences of stigma, racism and discrimination for people living with or affected by BBV or STI in health and social support settings to less than 10 per cent.

Our efforts to reduce the impact of prejudice must recognise the intersectionality of stigmatised identities, behaviours and conditions. The intersection of other stigmatised identities amplify the impacts of discrimination related to BBV, STI and reproductive health issues. Characteristics and behaviours include drug use, genders, cultures, sexualities, religious affiliation, occupation and disability.

Racism has been elevated as a system-enabling issue based

on strong guidance from our statewide consultations. Explicitly including racism alongside stigma and discrimination ensures efforts to address social and service exclusion based on race, ethnicity and cultural identities are equally shared across the BBV, STI and reproductive health service systems.

Findings from the *Racism in Victoria and what it means for the health of Victorians* report (Department of Health and Human Services 2017) support this:

- Victorian adults who frequently experience racism are almost five times more likely than those who do not experience racism to have poor mental health.
- Victorian adults who frequently experience racism are 2.5 times more likely than those who do not experience racism to have poor physical health.

The Victorian Government supports state based anti-discrimination laws that ensure Victorians have a right to be free from discrimination. This plan aims to empower individuals,

services and communities to draw clear links between stigma, racism and discrimination among people living with or at risk of BBV, STI and reproductive health issues and efforts to prevent and reduce prejudice when it occurs.

Stigma as experienced by people living with or at risk of BBV, STI and reproductive health issues is intimately linked to and contextually defined by other forms of discrimination such as racism, homophobia, transphobia, biphobia, misogyny and ableism.

The consequences of these forms of prejudice on priority populations creates barriers that contribute to missed and late diagnoses, disease progression, onward transmission, more costly tertiary care and reduced quality of life.

They can also lead to social isolation, psychological distress, poor quality of life and poor physical outcomes. This can have adverse effects on public health initiatives that target prevention and management of chronic diseases and infections.



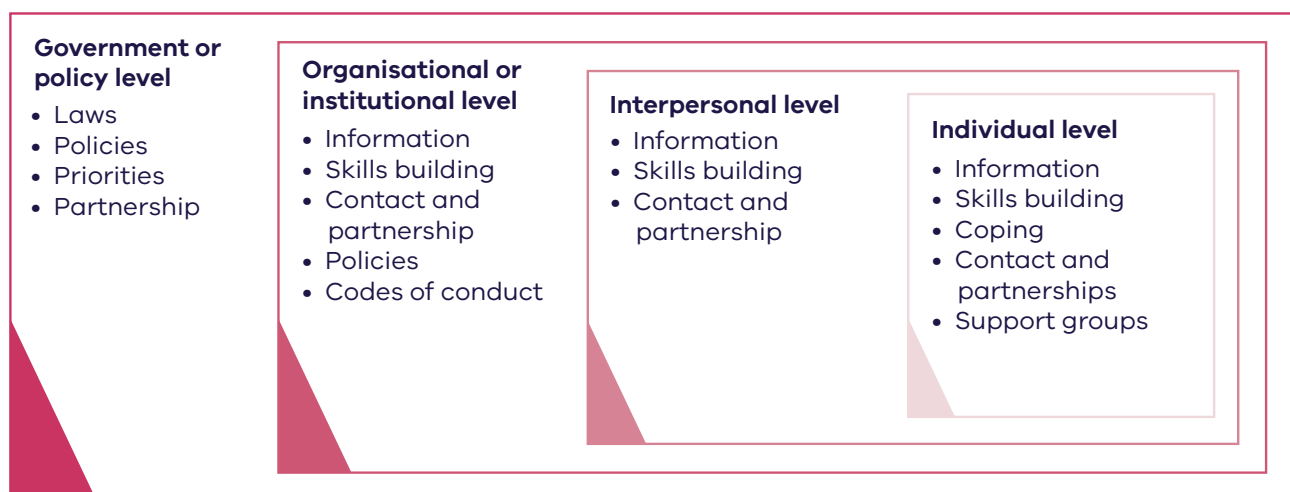
Pictured: Vic Perri,
Health Promotion Officer,
Living Positive Victoria

Findings from the Stigma Indicators Monitoring Project (Broady et al. 2020) noted that members of the general community continue to express stigma and discrimination towards people due to sexual orientation, injecting drug use, sex work and their HIV, hepatitis B, hepatitis C or STI status.

Effectively tackling stigma, racism and discrimination will improve the mental and physical health of Victorians. The first step to reducing the harmful impact of prejudice is to acknowledge that it exists, that it is harmful to health and that it needs targeted and sustained actions.

The priority actions and activities outlined in this plan seek to reduce stigma, racism and discrimination, with activities focused on reducing the impact at the policy, organisation, interpersonal and individual levels (Figure 3). They are supported by additional activities in each tailored plan.

Figure 3: Stigma reduction approaches by social ecological level



Source: Australian Federation of AIDS Organisations 2021


Victorians and affected communities are empowered to access the services they need free from stigma, racism and discrimination

By 2030:

Every Victorian feels confident accessing services for prevention, testing, treatment and support, regardless of their gender or gender identity, cultural identity or ethnicity, age, occupation, sexual orientation, disability status or residential location.

People living with a BBV or STI feel safe to disclose their status and are engaged in all aspects of their care.

Stigma, racism and discrimination are not a barrier to accessing sexual and reproductive health or viral hepatitis services.

A portrait of Jacinta Hennekam, a woman with dark hair pulled back, wearing glasses and a dark green t-shirt. She is smiling slightly and looking directly at the camera. The background is a soft, out-of-focus teal color with some green foliage on the right side.

Pictured: Jacinta Hennekam,
Peer Education and OutReach,
Thorne Harbour Health

Priority actions – stigma, racism and discrimination

Reduce stigma, racism and discrimination associated with sexual and reproductive health and viral hepatitis within health and community settings

- Build and maintain safe and non-judgemental, inclusive health services to reduce stigma, racism and discrimination
- Strengthen trauma-informed practice, cultural safety and inclusive approaches in Victorian government funded sexual and reproductive health and viral hepatitis services and agencies
- Promote co-design of policy and program development that fosters inclusive practices and responses
- Support the use of peer led approaches to normalise people's access to sexual and reproductive health and viral hepatitis services
- Promote sexual and reproductive health and viral hepatitis care as part of routine care in primary and community health settings aligned with clinical guidelines
- Promote better workforce understanding of the impact of stigma, racism and discrimination on people's health and wellbeing (including in health, housing, disability services, mental health, education, alcohol and drugs and custodial settings)
- Build leadership and workforce capability through including cultural safety, gender inclusivity, LGBTIQ+ inclusion, disability inclusion and intersectionality in education and training initiatives
- Encourage Victorian government funded sexual and reproductive health and viral hepatitis services and agencies to develop reconciliation action plans as part of the ongoing commitment to listen to Aboriginal voices and improve cultural safety
- Foster collaboration and partnerships to reduce stigma, racism and discrimination in health services and community settings
- Develop resources to enable health and community services to address and reduce stigma, racism and discrimination
- Develop measures to better understand the drivers and impact of stigma, racism and discrimination
- Establish a baseline understanding of the impact and experiences of racism, discrimination and stigma on priority populations
- Work to remove legal, regulatory and systemic barriers to quality of care and access in health settings
- Address organisational and structural stigma, racism and discrimination, with an increased focus on the health system, through workforce development initiatives
- Improve health and community service standards relating to stigma, racism and discrimination as part of delivering services
- Work to identify and address barriers to inclusive sexual and reproductive health and viral hepatitis health care for priority populations, including people with disability
- Identify good practice in inclusive sexual and reproductive health services, including co-design and training delivery with people with disability, to ensure health professionals support people with disability to exercise their rights to make decisions for themselves

Support affected communities to address stigma, racism and discrimination

- In collaboration with people with lived experience and affected communities, identify barriers to service access and implement evidence based strategies to address these barriers
- Promote the use of complaint systems and other feedback mechanisms among community members

Strengthen workforce capacity

Developing and maintaining a highly skilled sexual and reproductive health and viral hepatitis workforce is an important priority for the Victorian Government. Ongoing training and education of peers and health professionals in these sectors and generalist health professionals are vital to ensure best practice in health prevention and promotion programs and treatment services across Victoria.

This plan provides guidance on actions needed to support workforce renewal and development to ensure Victorians can access culturally safe, inclusive services with a skilled workforce who can meet their healthcare needs.

The plan outlines workforce development actions required to effectively implement the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* including:

- strengthening the development and use of BBV, STI and reproductive health evidence based clinical guidelines
- linking guidelines with education and training to support implementation and build workforce capacity and capability
- developing training programs and resources that accommodate the different learning styles of practitioners

- strengthening multidisciplinary learning opportunities for practitioners
- supporting involvement of people with lived experience in the design and delivery of training programs for professionals.

Best practice prevention, testing, treatment and care depends on a highly skilled workforce that respects and responds to the needs of priority populations. A strong multidisciplinary workforce of trained and motivated health professionals, community health professionals and peer workers who work with priority populations living with and affected by BBV, STI and reproductive health issues is vital to delivering culturally safe and high quality services.

Competent and skilled primary and community healthcare workforces are essential for implementing this strategy. This requires sexual, reproductive and viral hepatitis

care being embedded into routine primary and community health care. It requires well defined and strengthened referral pathways to specialists where necessary and between health and social support services.

The demands associated with workforce shortages, particularly in rural and regional areas, high-case load clinics and a crowded professional development agenda can make it difficult for primary care workers to stay up to date in all areas of clinical practice.

A continued focus on workforce succession planning, renewal and capacity building is vital to ensure individual and community needs are met by the Victorian health system. This includes in primary and community care settings. Issues in recruiting and retaining staff need to be continually addressed, particularly in regional and rural areas, to ensure the required expertise, capability and capacity exists statewide.

This plan supports innovative workforce models using peers, nurses, pharmacists, Aboriginal health workers and community health professionals. Opportunities to facilitate more peer and nurse-led services, including education, professional development and specialisation opportunities, are encouraged.

The COVID-19 response has strengthened Victoria's public health capacity in terms of prevention, health literacy, screening and care. While COVID-19 has created workforce challenges such as increased demand on services and supporting workforces, there are opportunities to leverage this increased capacity in delivering BBV, STI and reproductive health services.

The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice sexual and reproductive health and viral hepatitis prevention, testing, treatment and care

By 2030:

Knowledge of sexual and reproductive health and viral hepatitis among health professionals is high.

Health professionals have the skills, knowledge and attitudes needed to deliver best practice non-stigmatising, non-judgemental sexual and reproductive health and viral hepatitis prevention, testing, treatment and care.

Health professionals understand the drivers and impact of stigma, racism and discrimination and actively work to eliminate it from their services and practices.

Priority actions – workforce capacity

Build the skills, knowledge and attitudes of the workforce needed to deliver best practice prevention, testing, treatment and care

- Deliver ongoing training to health professionals and community workforce to build, strengthen and sustain skills, knowledge and confidence in sexual and reproductive health and viral hepatitis care as part of routine care
- Promote inclusion of sexual and reproductive health and viral hepatitis knowledge in tertiary courses
- Deliver targeted training to build the capability and capacity of the primary care workforce
- Undertake an evaluation of workforce effectiveness (needs assessment) that identifies and addresses barriers to workforce participation in training
- Ensure primary care training models incorporate inclusive practice content tailored for reception and administrative staff to support a whole-of-practice approach to non-judgemental, non-stigmatising care
- Implement workforce development programs for the alcohol and other drug, mental health, disability and housing sectors to strengthen multidisciplinary care in health and social support services and improve referral pathways to specialist sexual and reproductive health services
- Continue to develop the skills of the peer workforce to provide person centred and culturally appropriate support
- Advocate to training providers the opportunity to include and sustain antenatal and postnatal viral hepatitis and STI education in workforce training, with a particular focus on hepatitis B and congenital syphilis
- Establish an understanding of current maternity workforce training practices and support needs for BBV and STI, with a particular focus on hepatitis B and congenital syphilis
- Support the workforce to provide culturally safe and informed services that recognise, respect and strengthen family and community connections

- Support skill development to provide culturally safe, appropriate and informed services that recognise, respect and seek to address barriers to access
- Ensure contemporary sexual and reproductive health and viral hepatitis information is consistent, accurate, prominent and accessible
- Strengthen health professionals' knowledge of appropriate BBV and STI treatment and management according to available clinical guidelines
- Strengthen health professionals' knowledge of, and access to, relevant sexual and reproductive health guidelines
- Support the continued provision, dissemination and maintenance of evidence based responsive and accessible health guidelines
- Strengthen sexual and reproductive health and viral hepatitis care across primary care in partnership with Primary Health Networks and the Victorian and Tasmanian PHN Alliance
- Strengthen health professionals' knowledge of referral obligations in response to conscientious objections in providing sexual and reproductive health care
- Ensure alignment with recommendations arising from Royal Commission into Victoria's Mental Health System, which seeks to promote good mental health in workplaces

Build capacity and capability to prevent, test, treat and manage BBV and STI and respond to sexual and reproductive health issues

- Support tertiary care sexual and reproductive health clinical engagement in partnership with Safer Care Victoria
- Work with Primary Health Networks and community health to encourage use of national BBV and STI testing guidelines
- Provide ongoing training on sexual and reproductive health and viral hepatitis care to the workforce in Community Controlled and mainstream health settings that work with Aboriginal communities
- Strengthen regional and rural sexual and reproductive health and viral hepatitis workforce capacity by decentralising service delivery
- Support workforces in key settings to apply an intersectional approach to better understand the experiences of priority populations and diversity to ensure appropriate, safe and respectful services
- Promote, review and maintain Primary Health Networks' HealthPathways to localise sexual and reproductive health and viral hepatitis care, with clear referral pathways between primary to specialist care when necessary and links to contemporary best practice guidelines and procedures
- Support health and physical education teachers to develop and build capacity in delivering sexual and reproductive health education, aligned with the Victorian curriculum
- Increase the s100 highly specialised drug prescribing workforce, focussing on increasing capacity in key areas across Victoria
- Support the public health workforce to develop BBV, STI and sexual and reproductive health speciality capability and capacity
- Provide postexposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) together with 'undetectable = untransmittable' (U=U) training for the tertiary and primary care workforce
- Develop and support innovative peer led, nurse led and midwife approaches to improve prevention, testing and treatment for sexual and reproductive health and viral hepatitis and support engagement in care
- Strengthen Aboriginal health worker training on sexual and reproductive health and viral hepatitis issues
- Advocate to the Commonwealth to create Medicare Benefits Schedule items for peer, nurse and midwifery led models of sexual and reproductive health care
- Promote use of the nurse practitioner and pharmacist workforce models to increase access and service delivery options as prescribers and dispensers

Foster partnerships and collaboration

By building, strengthening and maintaining partnerships and strategic collaborations, we can increase system capacity, making it more sensitive and responsive to the changing needs of people living with and affected by sexual and reproductive health and viral hepatitis issues.

Many of our priority populations have common risk factors for poorer sexual and reproductive health and viral hepatitis health outcomes. These might be behavioural, structural or social.

We need to continue to evolve the sexual and reproductive health sectors to ensure the service system can respond and adapt to new and emerging evidence and best practice health care. This will drive better access, quality and coordination of services, plus sustainability over time.

The COVID-19 pandemic has affected our system in new ways. It has brought to the fore the difficulties health and community based services can face in tackling systemic problems while working in isolation. It has also highlighted how much more resilient our system is when we work together.

Collaboration among health services and community based agencies is the basis for a new and better way of working. The deep connections between our service system and local communities have already given

Victoria one of the strongest health systems in Australia. Collaborative connections between our services and agencies on pressing strategic priorities has shown how our system can become stronger still.

This new partnership landscape offers the sexual and reproductive health and viral hepatitis sector the opportunity to strengthen collaboration and partnerships with metropolitan and regional health service stakeholders, based on local population needs. This includes new collaborations with LPHUs, which play a central role in improving and coordinating local care and support.

Additionally, the Royal Commission has outlined a vision for a completely different mental health system in Victoria, with baseline reforms to governance across all services, new service types and changes to planning, funding, monitoring and delivery. Implementing the Royal Commission's recommendations is, by necessity, a shared priority for government and service providers.

A strengthened partnerships and collaboration approach enables us to continue to deliver targeted interventions and programs for priority populations. It also sets the stage to reorient our service system to capitalise on technology and innovations in service delivery and models of care to increase reach and expand service access.

Central to improving health outcomes for our priority populations is working in partnership with key organisations to align and collaborate on shared population health priorities across sectors.

These include Primary Health Networks, community health, Aboriginal Community Controlled Health Organisations and key government agencies such as the Department of Justice and Community Safety, Justice Health, the Department of Education and Training and WorkSafe Victoria.

Reducing duplication of effort and improving the quality, safety and efficiency of an otherwise fragmented systemic response will better meet the needs of Victorians.

Improved recognition and response to intersectionality and diversity will ensure our approaches are person centred, target areas and populations of highest need and ultimately deliver comprehensive, coordinated care.

As part of good practice in monitoring the effectiveness of our partnerships, agencies are encouraged to use the **partnerships analysis tool**. VicHealth developed the tool to assess, monitor and measure overall partnership strength and effectiveness.



Pictured: Kate Broun,
Head of Screening,
Early Detection
and Immunisation,
Cancer Council Victoria

Partnerships and collaboration are strengthened to meet the needs of people living with BBV or STI or at risk of poor sexual and reproductive health outcomes

By 2030:

Care and referral pathways are linked and implemented by multidisciplinary teams across community, primary and tertiary care settings.

Access to contemporary, fit-for-purpose services is high, and people can readily and conveniently access the services they need.

Partnerships are strengthened between specialist services and other health services including primary care providers and social support services.



Pictured: Harm Reduction Victoria: Sione Crawford and Samantha Jones

Priority actions – partnerships and collaboration

Increase system capacity to deliver accessible, affordable and inclusive sexual and reproductive health and viral hepatitis services across Victoria through improved partnerships and collaboration

- Establish governance arrangements to improve collaboration and coordination of government funded sexual and reproductive health and viral hepatitis services and activities, alongside services that offer support following violence and prevent violence (including reproductive coercion)
- Encourage collaboration and coordination between workforce education and training providers to improve coordination and minimise duplication
- Support primary care, community health and community controlled services to work in partnership to build capacity and coordination to deliver sexual and reproductive health and viral hepatitis services
- Support approaches that improve local and regional planning and coordination and minimise duplication
- Support and strengthen partnerships between Victorian specialist services and primary care to expand the scope of sexual and reproductive health and viral hepatitis services
- Work with the Commonwealth Government to progress solutions to improve access to sexual and reproductive health and viral hepatitis services for people who are not eligible for Medicare
- Establish collaboration initiatives with LPHUs to improve service system responses to sexual and reproductive health and viral hepatitis

“ Key principles in Victoria’s response to HIV, viral hepatitis and STIs are also critical for service access to address LGBTIQ health and wellbeing, specifically ensuring the meaningful involvement of affected communities, and de-pathologising approaches that address stigma and discrimination. Developing sexual and reproductive health services that are more comprehensively LGBTIQ-inclusive is an emerging area, and will require collaborative approaches across the sectors engaged in LGBTIQ health and women’s health. ”

Marina Carman, Director,
Rainbow Health Australia



Improve the service system's intersectional approach and ensure a coordinated, consistent approach to prevention, testing, treatment and care

- Foster strategic collaborations and partnerships to deliver programs and services according to locations and populations of highest need
- Promote cross sector partnerships to support diversity and inclusion in the delivery of person centred care
- Support collaboration between government departments that improve assessment, screening and treatment services in key settings including use of innovative treatment and care models
- Identify opportunities to work in partnership with health and social support services such as alcohol and drug, homelessness, housing, disability and mental health services to deliver comprehensive care
- Work in partnership with priority populations to promote prevention, improve treatment linkage and care coordination, and improve our intersectional approach

Strengthen referral pathways between key services and settings

- Strengthen pathways for all people in health and social support services, with links between these services and tertiary/specialist services, when required
- Promote Primary Health Networks' HealthPathways for primary care management of people with BBV or STI and those requiring sexual and reproductive healthcare services
- Promote a diagnosis and treatment response to ensure rapid linkage between prevention, treatment and care
- Improve collaboration and integration of programs between health and community services in key settings (such as custodial and education) to strengthen primary prevention, harm reduction and primary care activities

Use innovative service models and approaches to increase reach and expand services

- Support innovative nurse led, midwife led, peer led and community-controlled prevention, testing and treatment, and evolve models of care accordingly
- Support collaborative approaches to improve service navigation to access sexual and reproductive health and viral hepatitis services

Strengthen and support data and research

It is critical that we support evaluation, innovative multidisciplinary research and integrated data collection and surveillance approaches that focus on reducing morbidity and mortality, and stigma, racism and discrimination.

Good data provides evidence for the impact of interventions. It informs when and where they should occur. Improved information, whether through data collection, surveillance, evaluation or research, supports decision making that will have a positive impact on priority populations.

This plan provides an outline for improving the Victorian system response to better meet the current and future health needs of our priority populations. It does this by applying research, evaluation, innovation and data to develop and implement integrated, evidence based health policies and programs.

Our response to COVID-19 has shown that surveillance data can be collected and acted on quickly and effectively. COVID-19 has also sped up digital, rather than paper-based, notification data capture. Enhanced surveillance enables earlier decision making so we can respond to challenges before they become crises.

Better integration can link public health actions with health outcomes data over time to understand the impact and value of public health investments. This will help us design and prioritise future public health initiatives based on robust evidence.

A modernised and strengthened public health surveillance system will ensure stakeholders can function effectively and efficiently. This will help reduce the existing and emerging burden of disease and avoidable harms through proportionate, efficient and decisive public health action.

A strengthened public health surveillance and response system can:

- report on testing, treatment and vaccination
- better understand incidence, prevalence and epidemiology
- report on the cascades of care to tailor public health and community-led responses
- enable targeting of resources to those most in need
- allow an understanding of the health needs of people living with chronic hepatitis and HIV
- foster and support stronger collaboration and integration between the sexual and reproductive health and viral hepatitis sectors, and other sectors, to improve surveillance, data and research capability and capacity.

Increasing access to new evidence about biomedical interventions and improving quality of life and health outcomes for people living with, or at risk of, BBV, STI or reproductive health issues is essential to high quality care responses.

To ensure programs and services are effective in meeting the needs of target priority populations, it is critical that monitoring, evaluation and improvement processes are planned and regularly implemented. Reflection on relevance, acceptability, impacts on reach and outcomes, effectiveness, efficiency, sustainability and flexibility offer important signposts for possible changes, innovation, maintenance and refocusing or cessation of activities.

Evaluation enhances our understanding of effective interventions and barriers to taking part. It enables us to better respond to health inequality.

Improving the use of data and evidence from monitoring and evaluation activity is important to support a culture of learning, improvement, innovation and planning. This culture is one where we continually build our understanding of how programs and services are tracking against performance indicators, what works (and what doesn't), for which people and why.

Social, public health, implementation and cross disciplinary research and evaluation can improve public health and clinical responses to sexual and reproductive health and viral hepatitis. Research must respond to advances in evidence, practices and technologies and support implementation of the goals and targets outlined in this strategy. This includes understanding the social, behavioural, epidemiological and clinical drivers that influence the rates of and responses to BBV and STI. It helps us evaluate surveillance data to monitor the impact of prevention activities and harm reduction approaches. It also helps identify trends of concern and gaps in the current response (Commonwealth Department of Health 2021).



Pictured: ILBIJERRI Theatre Company L-R:
Lauren Sheree, Laila Thaker, Blayne Welsh, Lisa Maza

First Nations communities and data systems

Effective public health surveillance requires high quality data to inform Aboriginal led decision making across the health system. Our data and systems will enable services and programs to support the self-determination of Aboriginal Victorians in designing and delivering their health care, improving health outcomes and reducing ill health.

The surveillance of Aboriginal health must occur in line with principles of cultural safety and Australian Indigenous Data Sovereignty. It must progress efforts to close the gap in health and wellbeing outcomes (Australian National University 2021).

Strong and respectful partnerships between researchers, data custodians, health professionals and community and peer led organisations will be essential to delivering this strategy. By working in partnership with affected communities, cultural influences, changes in behaviour or demographics of priority populations can be incorporated into research driven targeted responses.

Infectious disease surveillance in Victoria

The Department of Health routinely publishes reports on infectious diseases and other conditions notifiable in Victoria including:

- interactive infectious disease reports (updated daily)
- quarterly reports on HIV/AIDS
- weekly influenza reports during the flu season.

Monitoring agencies

Safer Care Victoria:

- works with clinicians and consumers to develop best practice clinical guidance and resources
- analyses health service data and other information to flag emerging trends and patient risks
- alerts health services to system and safety issues
- conducts broad reviews into systemic issues
- leads consumer engagement and participation in health care.

The Victorian Agency for Health Information:

- shares information across the Victorian health system to ensure services have an accurate picture of their quality and safety
- monitors and reports on public and private services that affect health, wellbeing, quality and safety to:
 - stimulate and inform improvements
 - increase transparency and accountability
 - inform the community
- collects and analyses information about the health status of Victorians to inform policy development and planning, and to give a complete picture of health in Victoria.

Sexual and reproductive health and viral hepatitis services and outcomes are improved in Victoria by increasing the quality and completeness of data and supporting evaluation and research

By 2030:

Timely, complete and accurate data is recorded to measure outcomes and improve service delivery.

Demographic data is complete (for example, collecting Aboriginal status, gender, gender identity, sexuality, country of birth and culturally diverse identity) to enable more targeted interventions.

Priority social, public health and implementation research is identified and coordinated to guide development of clinical and public health responses.



Pictured: Doherty team: L-R: Dr Ann Wilson, Lien Tran, Dr Nicole Allard, Amelia Savage, Nafisa Yussf, Prof Benjamin Cowie, Jennifer MacLachlan, Nicole Romero, Mielle Abott, Nicole Matthews

Priority actions – data and research

Data and surveillance

Strengthen Victoria's public health surveillance system

- Increase available and accessible rapid epidemiological and laboratory surveillance data to improve tailored public health and community led responses
- Support greater integration of sentinel and passive surveillance systems in collaboration with key partners
- Improve data linkage to facilitate continuous improvement in the completeness of reporting and accuracy of estimates for notifiable BBV and STI
- Continue to improve data collections and systems to support a comprehensive understanding of BBV and STI
- Support ongoing digitisation of the Victorian notification system to improve data and surveillance

Improve data quality and completeness for sexual and reproductive health

- Support regulatory and legislative change to enhance data collection for surveillance and public health action
- Continuously learn and innovate practice through sex and gender inclusive translational research, clinical trials and improvement methodologies
- Identify and implement methods to streamline notification processes to increase the likelihood of early diagnosis and treatment and prevent onward transmission
- Support sexual and reproductive health and viral hepatitis funded services to strengthen data collection and reporting

- Collaborate to undertake a digital data collection needs assessment
- Improve the level of detail and granularity of collected data to better identify trends and issues of concern in relation to specific priority and subpopulations
- Support activities for data collection related to experiences of stigma, racism and discrimination
- Improve the timeliness and consistency of data collection to better support completeness and comparability
- Improve the completeness and reporting among health services of Aboriginal status for notifiable BBV and STI
- Improve data completeness for gender and gender diversity to ensure interventions are evidence informed
- Advocate for Commonwealth legislative reform to improve pathology reporting of Aboriginal status
- Develop accurate, regular, easily accessible and timely notification data reports for BBV and STI to inform public health, service delivery and research efforts

Improve coordinated surveillance of BBV & STI

- Pilot BBV and STI data collection and surveillance aligned with improved digital public health approaches
- Encourage primary care data extraction and analysis (such as POLAR, PATRON and PENCAT) to improve understanding of and response to population health issues

- Use national and state cascades of care data to tailor public health and community led responses
- Explore developing cascades of care for priority populations
- Establish baseline data and evaluate the impact of sex work decriminalisation reforms
- Explore the feasibility of a statewide syphilis register to support public health response efforts
- Work in partnership to agree data sovereignty processes for Aboriginal Victorians in line with principles of self-determination
- Explore opportunities to give Aboriginal Community Controlled Organisations access to Aboriginal specific data

Establish sexual and reproductive health and viral hepatitis online data dashboards for planning and reporting

- Use data and surveillance to identify priority populations, target testing and monitor treatment of BBV and STI
- Use data and surveillance to identify priority populations and provide targeted sexual and reproductive health services
- Use data dashboards to inform strategy progress and support tailored responses
- Support health professionals to better understand, interpret and use data

Evaluation and research

Strengthen the capacity of the sexual and reproductive health and viral hepatitis sectors to evaluate and expand on the effectiveness of programs and services

- Support the monitoring, evaluation and continuous improvement of health responses including service delivery
- Improve understanding of effective initiatives and barriers to inclusive sexual and reproductive health and viral hepatitis programs and services
- Explore the sexual and reproductive health needs of people with disability
- Support a focused evaluation and research agenda to better understand and respond to health inequalities experienced by Aboriginal Victorians
- Undertake an evaluation of peer worker activities and programs to better understand the needs of the BBV and STI peer workforce
- Strengthen funded agency outcomes reporting to improve monitoring and evaluation of activities
- Strengthen the performance and monitoring environment for sexual and reproductive health and viral hepatitis funded agencies
- Support evaluation of interventions that assess cost effectiveness, efficiency and affordability
- Ensure monitoring and evaluation activities are planned early and are embedded program responses to facilitate the collection quality evidence and to inform ongoing improvement and subsequent evaluation activities

Foster research that directly supports implementation of the goals and targets in the strategy while identifying gaps and ongoing research required

- Strengthen the meaningful ownership of community co-designed research that considers the importance of lived experience
- Support a research agenda that embeds intersectionality to eliminate health discrimination and reduce health inequality for priority populations
- Strengthen partnerships with researchers to progress key research areas such as preventative interventions, treatment, vaccine and cure in partnership with priority populations
- Support research to better understand social and cultural determinants of unplanned pregnancies and other sexual and reproductive health outcomes
- Encourage translational research aimed at prevention and early intervention of BBV and STI and reproductive health issues
- Encourage research that supports flexible models of care to meet changing community needs
- Support the use of novel methodologies and opportunities for the research and analyse factors that lead to BBV and STI transmission

Appendix: Legislation, regulation and policy

Legislation and regulations are important mechanisms for advancing our response to sexual and reproductive health and viral hepatitis in Victoria and include the:

- *Charter of Human Rights and Responsibilities Act 2006*
- *Drugs, Poisons and Controlled Substances Regulations 2017*
- *Health Records Act 2001*
- *Privacy and Data Protection Act 2014*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2019.*

Policy environment

The Victorian Government's strategy for 2022–30 will be supported by the following policies.

Global

- *Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022–30*

National

- *Eighth national HIV strategy 2018–2022*
- *Fifth national hepatitis C strategy 2018–2022*
- *Fourth national Aboriginal and Torres Strait Islander blood-borne virus and sexually transmissible infections strategy 2018–2022*
- *Fourth national STI strategy 2018–2022*
- *National Agreement on Closing the Gap*
- *National anti-racism strategy 2012*
- *National HIV, hepatitis B and C testing policies*
- *National immunisation strategy for Australia 2019–2024*
- *National injury prevention strategy 2020–2030*
- *National men's health strategy 2020–2030*
- *National preventive health strategy 2021–2030*
- *National women's health strategy 2020–2030*
- *Third national hepatitis B strategy 2018–2022*

Victorian

- *Ending Family Violence – Victoria's 10-year plan for change*
- *Free from violence: Victoria's strategy to prevent family violence*
- *Inclusive Victoria: state disability plan 2022–2026*
- *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*
- *Royal Commission into Victoria's Mental Health System: final report*
- *Victorian Aboriginal affairs framework 2018–2023*
- *Victorian anti-racism strategy 2022*
- *Victorian cancer plan 2020–2024*
- *Victorian public health and wellbeing plan 2019–2023*

Glossary

Acquired immune deficiency syndrome (AIDS)	The most advanced stage of HIV infection, when the immune system is at its weakest and a person has several specific illnesses. AIDS is now very rare in Australia because HIV treatments effectively protect the immune system from the virus. It is not a notifiable condition in Victoria or nationally.
Blood-borne virus (BBV)	A virus that is transmitted by blood (and some body fluids) such as hepatitis B, hepatitis C and HIV.
Cascade of care	A model for evaluating patient retention across sequential stages of care required to achieve a successful treatment outcome. For example, the hepatitis B cascade of care details the number of people diagnosed, living with chronic hepatitis B, engaged in care and receiving treatment. Cascades of care are used to monitor targets.
Case load	The number of clients seen by a clinic for a particular disease or condition. High-case load clinics in Victoria for STI and HIV are Melbourne Sexual Health Centre, Prahran Market Clinic, Northside Clinic, The Centre Clinic and PRONTO! In this context, low-case load clinics refers to all other health services that diagnose and manage cases of STI and HIV.
Chlamydia	Condition caused by the bacterium <i>Chlamydia trachomatis</i> . It is a very common STI, and up to 80 per cent of cases are asymptomatic (show no signs or symptoms). It can affect people of all ages but most frequently occurs in people who are aged under 25 years. Chlamydia is transmitted during vaginal, anal or oral sex. It is curable with antibiotics but not preventable by vaccine.
Codesign	Principle that ensures programs and services are community driven and led, and designed with the involvement of 'the people who are likely to be impacted by or will benefit from the process and/or the outcome' (NSW Council of Social Service 2017).
Community health services	Services that provide state funded primary health care in Victoria, focusing on people with, or at risk of, poorer health, under a social model of health. They sit alongside general practice and privately funded services to make up the primary healthcare sector. They deliver a range of primary health, human and community based services to meet local community needs. This may include drug and alcohol, disability, dental, postacute care, home and community care, mental health and community rehabilitation services.

Comorbidity	The co-occurrence of one or more disorders in a person either at the same time or in some causal sequence.
Contact tracing	Also known as partner notification, it is the process of identifying the relevant sexual partners of a person with an infectious disease and ensuring they are aware of their potential risk exposure.
Cultural determinants	Cultural determinants include ethnicity, race, country of origin, connection to country, to family, to communities, language, nonverbal communication, acculturation, gender, age, sexual orientation, values, behavioural norms, rules, manners, social grouping and relationships, religious and spiritual beliefs, socioeconomic class and education. Cultural determinants use strengths based approaches and recognise the importance of self-determination.
Endometriosis	A chronic condition in which tissue normally lining the uterus grows in locations outside the uterus. The tissue can spread to the ovaries, fallopian tubes or intestines. Endometriosis can cause pain, adhesions and menstrual irregularities. The condition can contribute to infertility.
Equity	The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. The World Health Organization acknowledges that health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also include a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.
Gonorrhoea	A sexually transmissible infection caused by the bacterium <i>Neisseria gonorrhoeae</i> . It usually affects the genital area, although the throat or anus may also be affected. Gonorrhoea is transmitted during unprotected vaginal, anal or oral sex. It is curable with antibiotics, but strains of multidrug resistant gonorrhoea are emerging. There is no vaccine available.
Hepatitis A	A viral disease that affects the liver. It is transmitted by contact with food, drinks or the faeces of an infected person. There is no specific treatment for hepatitis A. But in most cases a person's immune system will clear the infection independently. There is a vaccine available for hepatitis A.
Hepatitis B	A blood-borne virus that can lead to serious liver problems. It is transmitted via body fluids like blood, semen or vaginal secretions through unsafe sex or sharing equipment used to inject drugs, or from a mother to her baby. Hepatitis B infections can be acute or chronic. If a person is exposed to hepatitis B as an adult, their immune system will most likely clear the infection and they do not require ongoing treatment. However, an exposed child's immune system is generally not strong enough to clear the virus and so children are more likely to develop chronic hepatitis B. A vaccine is available for hepatitis B. There is no cure for chronic hepatitis B, but antiviral treatments reduce symptoms.

Hepatitis C	A blood-borne virus that causes inflammation of the liver. It is commonly transmitted through sharing unsterile needles, syringes or other equipment used to inject drugs. While there is no vaccine to prevent hepatitis C, there is treatment that eliminates hepatitis C in 95 per cent of people. It is referred to as a cure drug and has been available on the Pharmaceutical Benefits Scheme since 1 March 2016. Approximately two in three people infected with hepatitis C do not clear the infection and continue to carry the virus in their blood for more than six months. This is called chronic hepatitis C.
Human immunodeficiency virus (HIV)	A virus that can weaken the immune system to the point that it is unable to fight simple infections. In Australia, HIV is most commonly transmitted through anal or vaginal sex without a condom. There is no cure or vaccine for HIV. Antiretroviral treatments are available to reduce a person's viral load and symptoms of HIV. People with HIV who are on treatment and have an undetectable viral load cannot transmit HIV to others.
Human papillomavirus	A viral infection, with genital HPV types transmitted through sexual activity. Almost all cervical cancers are attributable to HPV infection. HPV also causes anal, vulvar, vaginal, penile and oropharyngeal cancers. Vaccines are available to prevent infection and help prevent cancer development.
Incidence	Number of cases or episodes in a defined population within a given period.
Infertility	Infertility is defined as the inability to conceive after 12 months of regular unprotected vaginal sex.
LGBTIQ+	A collective term for people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or queer. LGBTIQ+ Victorians may face discrimination that leads them to experience poorer health, mental health and social outcomes.
Long-acting reversible contraceptive (LARC)	A group of contraceptive devices that provide very effective contraception, don't require any attention for long periods and are immediately reversible when removed. LARC include intrauterine devices and implants.
Men who have sex with men (MSM)	A term that focuses on sexual behaviour rather than labels and is inclusive of all men who have sex with men, whether they selfidentify as gay/homosexual, bisexual or heterosexual.
Menopause	Term used to mark the end of a woman's reproductive years. At menopause, ovulation no longer occurs and production of oestrogen and progesterone ceases. Menopause mostly happens naturally between the ages of 45 and 55 years. However, it can also be medically induced (through hysterectomy/ ovariectomy, chemotherapy) at an earlier age.

Not eligible for Medicare	If a person is not an Australian resident and/or does not hold a Medicare card, they are not eligible for Medicare. Such people include international students, overseas travellers and temporary entrants or temporary visa holders.
Peer worker, peer-led	A worker who uses their lived experience (past or present) of living with a blood-borne virus, plus skills learnt in formal training, to deliver services in support of others.
Point-of-care testing	Pathology screening conducted at the time of a patient consultation. Results are generally available within minutes.
Pelvic floor	Located in the pelvis, pelvic floor muscles support the bowel, bladder, uterus and vagina, preventing incontinence and prolapse and supporting positive sexual function and enjoyment. Pregnancy, childbirth, hysterectomy, obesity, chronic constipation and menopause can cause issues with pelvic floor muscles that can have a detrimental impact on a person's positive sexual and reproductive health.
Pelvic inflammatory disease	Occurs when an infection (usually sexually transmitted) spreads from the vagina to the cervix, the endometrium and the fallopian tubes. It does not always cause symptoms. However, the most common long-term complication of the disease is scarring and blockage of the fallopian tubes that often leads to subfertility and infertility.
POLAR	Population Level Analysis & Reporting system. POLAR is a business intelligence tool that uses extracted data from clinical and billing software program and can be used by practice staff and general practitioners. Practices can use POLAR for quality improvement, to support business development and to help provide better patient centred care.
Polycystic ovary syndrome (PCOS)	An idiopathic condition caused by hormonal imbalance where the ovaries produce high amounts of testosterone. This often results in anovulation, irregular periods, subfertility/infertility, weight gain, hirsutism and type 2 diabetes. PCOS affects up to 20 per cent of women during their reproductive years.
Post-exposure prophylaxis (PEP)	A medication used to prevent HIV taken after a known or suspected exposure to the virus. PEP is taken for 28 days and must start within 72 hours of an exposure to HIV. PEP is available from a range of sites across Victoria.
Pre-exposure prophylaxis (PrEP)	A medication to prevent people from acquiring HIV. When taken daily, PrEP is more than 99 per cent effective at preventing the virus. PrEP has been available on the Pharmaceutical Benefits Scheme since 1 April 2018.

Primary care Typically the first point of contact for routine health care and widely available across Victoria. For sexual health, routine care includes collecting a sexual health history, testing, treatment and vaccination for certain priority groups. Primary care may be delivered by general practitioners, nurses, Aboriginal and peer health workers and pharmacists who are based in the community.

Rapid HIV testing A type of point-of-care test. These tests are an initial screening test, predominantly used by people who are at greater risk of HIV who need to test more frequently. The test involves taking a drop of blood from a finger prick and can return reliable results in about 20 minutes.

Reproductive coercion A form of family violence that includes any controlling and constraining behaviours over another person's reproductive health and/or related decision making. It is not limited to intimate partner violence, nor does it necessarily include physical violence, and can be perpetrated by another family member.

Reproductive health 'Reproductive health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the human reproductive system and its functions and processes.

Reproductive health implies that people can have a responsible, satisfying and safe sex-life that includes the capability, choice and freedom to decide if and when they want to have children' (World Health Organization 2022).

Self-determination According to the National Aboriginal Community Controlled Health Organisation, self-determination is the ability of Aboriginal people to determine their own political, economic, social and cultural development as an essential approach to overcoming Indigenous disadvantage (National Aboriginal Health Strategy Working Party 1989).

This means that rather than Aboriginal people merely being 'engaged' or 'consulted' as 'advisors' or 'co-designers' of services and policies, they are authorised and empowered to own, direct and make strategic decisions about:

- values and motivations on which a policy or program is based
- strategic intent
- policy or program design
- funding and allocation of resources
- implementation and operations
- evaluation measures and definitions of success.

Self-determination is not simply another program or policy for government to roll out. It implicitly means that Aboriginal people take ownership, carriage and responsibility for designing, delivering and evaluating policy and services on their own terms.

Sexual health A state of physical, emotional, mental and social wellbeing related to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence.

Sexual and reproductive health	<p>‘Good sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system. It implies that people can experience satisfying and safe [sexuality], the capability to reproduce, and the freedom to decide if, when and how often to do so.</p> <p>To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmissible infections. And [if and] when they decide to have children, women must have access to preconception and other services that can help them have a fit pregnancy, safe delivery and healthy baby’ (United Nations Population Fund 2021).</p>
Sexually transmissible infections (STI)	<p>STI are common and may be caused by bacteria, viruses or parasites. Anyone who is sexually active can get an STI if they are having unprotected vaginal, oral or anal sex. Most STI are curable and all are treatable. But if left untreated, STI can have long term effects on your body. Chlamydia, gonorrhoea and syphilis are classified as STI. HIV, hepatitis A and B and shigella can also be sexually transmitted.</p>
Social support services	<p>Programs and services that support and strengthen local communities in areas such as harm reduction, sex work, youth, disability, community based care and gathering places.</p>
Specialist sexual health services	<p>Dedicated, specialised sexual health services provided in hospitals or community settings. They have a key role in diagnosing and managing complex or advanced disease. Specialist sexual health care is provided through services such as the Victorian HIV Service, Melbourne Sexual Health Centre and Family Planning Victoria.</p>
Strengths-based approach	<p>‘Strengths-based approaches to communication acknowledge the resilience and strength of Aboriginal people, cultures and communities. It is important that our communication and language choice reflects these strengths. A strengths based approach attempts to counter “deficit discourse” where communication represents Aboriginal people in terms of deficiency, failure or being problematic and does not appropriately acknowledge the significant role broader social determinants and institutional racism have on health outcomes’ (Dieticians Australia Indigenous Nutrition Interest Group 2021).</p>
Syphilis	<p>A sexually transmissible infection caused by the bacterium <i>Treponema pallidum</i>. It is transmitted through close skin-to-skin contact or unprotected oral, vaginal or anal sex with a person who has recently become infected. Syphilis can also be transferred from mother to baby during pregnancy and at birth. Syphilis is curable with antibiotics, but no vaccine is available.</p>
Violence against women	<p>Any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.</p>

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