



QUEENSLAND
**SEXUAL
HEALTH**
STRATEGY

2016-
2021

Draft for consultation

Queensland Sexual Health Strategy 2016

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Foreword

Queensland is the first state in Australia to undertake the development of a comprehensive sexual and reproductive health strategy. The draft Queensland Sexual Health Strategy 2016–2021 (Strategy) is now available for public consultation.

Under the previous government, sexual health services underwent significant funding cuts which impacted on the provision of sexual health services for all Queenslanders.

This Queensland Government committed to developing a sexual health strategy to provide services that are responsive to the needs of Queenslanders. This commitment includes \$18.5 million of which \$5.27 million over four years is allocated to implement the priority actions of this Strategy; and \$13.24 million to revitalising sexual health services at Biala.

To support the Strategy the Queensland Government will also be developing a North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021, a Human Immunodeficiency Virus (HIV) Action Plan 2016–2021, a Viral Hepatitis Action Plan 2016–2021 and have committed to expanding access Pre-Exposure Prophylaxis (PrEP), an innovative method for the prevention of HIV. These action plans are in response to specific sexual health issues.

The key challenges and emerging pressures regarding sexual health include, population growth, rising rates of sexually transmissible infections (STIs), increasing numbers of people living with HIV and sexual health related risk behaviours.

Additional challenges that are considered priority actions of this Strategy include addressing poorer health outcomes for specific population groups, education for children and young people and responding to difficulties in training, recruiting and retaining an appropriately skilled workforce.

Work on this strategy to date has been in collaboration and consultation with health consumers, government departments and community organisations.

By sharing your views together we can create a healthier Queensland.

The Hon Cameron Dick MP

Minister for Health

Minister for Ambulance Services

Introduction

My health, Queensland's future: Advancing health 2026 (Advancing Health 2026) has a vision that by 2026, Queenslanders will be among the healthiest people in the world. This vision is supported by five principles of sustainability, compassion, inclusion, excellence and empowerment. In particular, the principle regarding inclusion requires us to respond to the needs of all Queenslanders, regardless of their circumstances, to deliver the most appropriate care and service for the benefit of the whole community.

Good sexual and reproductive health is fundamental to our overall health and wellbeing. As such, this Strategy contributes to realising the vision. Within Advancing Health 2026, there are four directions of promoting wellbeing, delivering healthcare, connecting healthcare, and pursuing innovation. This Strategy includes priority actions that respond to the four directions contained within Advancing Health 2026.

Queenslanders are generally healthy compared to people in other parts of Australia and the world. However, there are still a range of sexual and reproductive health challenges that need to be addressed. The rate of sexually transmissible infections (STIs) is growing, and substantial inequalities in health status exist among specific population groups.

Sexual health is defined by the World Health Organization as 'a state of physical, emotional, mental and social wellbeing in relation to sexuality...not merely the absence of disease, dysfunction, or infirmity. 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 health incorporates sexual development and reproductive health, as well as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values'.

Sexuality means more than the physical act—it encompasses psychological, biological and social aspects, and is influenced by individual values and attitudes.

A person's sexuality develops throughout childhood and adolescence, and is a key part of a person's identity. The way each person understands and interprets their sexuality varies significantly, and often changes over time. Healthy self-esteem and respect for self and others are important factors in developing positive sexuality.

This Strategy aims to support healthy and safe sexual experiences and optimal reproductive health, and to provide a service system that is responsive to the needs of all Queenslanders including specific population groups.

The Queensland Government, through the Domestic and Family Violence Prevention Strategy 2015–2025 and the Queensland Women's Strategy 2016–2021, is committed to ensuring all Queenslanders are supported to experience safe, respectful and non-violent relationships.

This Strategy promotes the importance of positive relationships and optimal sexual and reproductive health across the lifespan and focuses on raising community awareness; building the knowledge and resilience of young people; prioritising prevention of infectious disease and sexual violence; supporting healthy ageing and providing quality, non-discriminatory healthcare at the right time and place.

To inform the development of this Strategy, baseline information on sexual and reproductive health services in Queensland was sought to identify the current range of services available, the mode of service delivery, limitations of these services and the partnerships currently in place.

The delivery of sexual and reproductive healthcare across the lifespan is underpinned by provision of comprehensive primary healthcare with the support of specialised care when required. The

acquisition of sexual and reproductive health knowledge and skills by staff at every stage of the care continuum will contribute toward the delivery of quality, non-discriminatory care at the right time and place.

Public sector health services have the lead responsibility for implementing this Strategy, in partnership with other government, non-government and community sector services. The Strategy will guide services to provide appropriate and timely clinical service responses and referral to meet the needs of all Queenslanders particularly specific population groups.

Reading this strategy

Following the 2015 Queensland Government election commitment to revitalise sexual health services, \$5.274 million was allocated to the development and implementation of a comprehensive sexual health strategy.

Extensive consultation occurred with key stakeholder groups which informed the vision, principles, six strategic outcomes and the priority actions which will guide the implementation of this Strategy. The strategic outcomes and priority actions are not numbered in order of priority.

The vision table articulates the overall intent of this Strategy, including the vision, principles, strategic outcomes, priority actions and success factors.

The six strategic outcomes and priority actions sit across the four sections of this Strategy document of:

- Community awareness and information
- Specific population groups
- The service system
- eHealth metrics and evidence

The success factors aim to highlight the planned achievements of this Strategy once implemented.



Vision and strategic outcomes

Vision

All Queenslanders experience optimal sexual and reproductive health.

Principles

Access, equity, person centred care, partnership and collaboration, acceptance of diversity.

Strategic outcomes

1

Improving community awareness and information

2

Support healthy ageing

3

Improving education and support for children and young people

4

Responding to the needs of specific population groups

5

Prioritise prevention

6

Provide quality care at the right time and place

Success factors

1. Information about sexual and reproductive health is available and accessible to all Queenslanders
2. Publication of care pathways for consumers for sexual safety and sexual and reproductive health
3. Reduced rate of unplanned pregnancy
4. Reduced incidence of sexual abuse and sexual assault

1. Health promotion messages are available and accessible to older Queenslanders
2. Policy and programs reflect the needs of ageing Queenslanders
3. Increased sexual safety for older Queenslanders
4. Implementation of the LGBTI ageing strategy in partnership with the Australian Government

1. The Australian Curriculum: Health and Physical Education – Relationships and Sexuality Education is implemented in all Queensland schools
2. All state secondary schools have access to a school based youth nurse providing a full range of information and services
3. Young people who are disengaged from school have accessible pathways to information and services
4. Protective behaviours education is available to preschool age children

1. Implementation of the North Queensland Aboriginal and Torres Strait Islander Sexually Transmitted Infections Action Plan 2016 - 2021
2. Reduced stigma and discrimination and an increase in positive mental health and wellbeing in specific population groups
3. Preventative equipment is available to specific population groups
4. Targeted information about safe sexual practices and transmission of infectious disease is available and accessible
5. Care coordination, multidisciplinary services and cross sector collaboration is available to support need

1. Reduction in rates of STI, HIV and viral hepatitis
2. Zero incidence of congenital syphilis
3. Increase in testing, including point of care testing, contact tracing and treatment
4. Research to guide practice and respond to emerging need
5. Implementation of the HIV and Viral Hepatitis Action Plans 2016 - 2021

1. Partnerships and collaboration support integrated, community led and flexible service responses
2. Standardised age of consent for sexual intercourse
3. Increased number of trained sexual health physicians and advanced practice sexual health nurses
4. Clinicians report increased access to education, training and professional development in sexual and reproductive health
5. Increase use of telehealth, and innovative technologies
6. Expanded services for children with gender dysphoria
7. Implementation of relevant clinical guidelines and related strategies

Community awareness and information

This Strategy builds on a public health model for sexual and reproductive healthcare. The premise of the public health model is to, where possible, identify risk factors and intervene early to prevent problems from occurring.

Under a public health model, universal care and support is available for all people and includes healthcare delivered by primary care providers. More intensive or targeted care and interventions are provided to those people who need additional assistance due to vulnerability. Tertiary services are delivered by specialist providers for the most chronic or complex conditions

Primary healthcare is socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce; supported by an integrated referral system and in a way that gives priority to those most in need. It maximises community and individual self-reliance and participation and involves collaboration with other sectors¹

Health promotion is defined by the World Health Organization as “*the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions*”².

Health promotion encourages people to take control of their own health to improve health outcomes. This can be achieved through an environment that is supportive and enables access to information and education, opportunities to develop skills and support behavioural change³.

The National Preventative Health Strategy—Australia the Healthiest Country by 2020 identifies the importance of effective prevention strategies to assist in the reduction of burden of disease, better use of health resources and substantial economic benefit over time. Prevention has worked in the past through well planned campaigns that have improved health outcomes including for HIV/AIDS⁴

Health education and provision of information is essential to enable individuals, groups and communities to be informed to make responsible decisions about their sexual and reproductive health. Community based education initiatives may incorporate broad campaigns that raise awareness of specific sexual health related issues; and have a number of benefits including promoting health, sexual rights and challenging norms or stigma and discrimination. Alternatively, targeted initiatives may be designed in a way that specifically meets the needs of individuals or groups and are delivered through outreach models, peer education, and media including radio and telephone hotlines⁵.

Increasing community education about screening, testing and the benefits of early treatment and intervention will assist in reducing the burden of disease associated with poor sexual and reproductive health.

The Queensland Government is committed to supporting healthy and safe sexual experiences, and as such is moving to standardise the age of consent for all lawful sexual activity, which has been identified as a barrier to young people accessing safe sex information.

STIs, human immunodeficiency virus (HIV) and viral hepatitis

Across Queensland, there is good provision of quality prevention, testing and treatment services within primary healthcare settings, sexual and reproductive health services and HIV management services.

- STIs are either bacterial or viral in nature and can include chlamydia, gonorrhoea, syphilis, human papillomavirus, herpes simplex virus and trichomonas.
- HIV is a virus which attacks the immune system—the body’s defence against disease—and can increase susceptibility to many different infections and illnesses.
- HIV can only be spread through contact with blood, semen, vaginal fluid or the breast milk of a person living with HIV. If a person living with HIV is on antiretroviral treatment and has an undetectable viral load, the risk of passing on the HIV virus is very low.

- Viral hepatitis causes inflammation of the liver. Chronic infection can result in progressive liver inflammation leading to cirrhosis (scarring of the liver) and cancer and can be life threatening⁶.

In Queensland, chlamydia is the most frequently reported notifiable condition for people under 30 years of age. Rates of gonorrhoea and infectious syphilis continue to rise some population groups.

For every 100 people infected with the hepatitis C virus 5 to 10 will die of cirrhosis or liver cancer⁷.

A key outcome of this strategy is to reduce rates of STIs, HIV and viral hepatitis through targeted best practice prevention activities, increased access to testing, retesting and early treatment for individuals diagnosed with infectious disease.

To support this key outcome, the Department of Health has partnered with Hospital and Health Services and community organisations to develop a North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021, a HIV Action Plan 2016–2021, a Viral Hepatitis Action Plan 2016–2021 and have committed to improving access to PrEP.

Screening and testing

The majority of the Australian population access primary healthcare services each year. National guidelines for general practitioners (GPs) recommend at least annual STI screening for all sexually active young people aged 15 to 29⁸. Currently chlamydia testing rates by GPs are approximately eight per cent. These rates of testing fall well below the rate required to reduce the prevalence of chlamydia⁹.

National guidelines for GPs include the Guidelines for preventative activities in general practice (the Red Book), Australian STI management guidelines for use in primary care and Australian STI and HIV testing guidelines 2014.

Population groups may need more targeted approaches to access testing for STIs, HIV and viral hepatitis. Targeted approaches include community screening, school based services for young people, testing and treatment locations at community venues, sex on premises venues, outreach to street-based sex workers and prison populations.

Point of care testing (PoCT) is pathology testing predominately for HIV and some STIs and is conducted at the time of a patient consultation. PoCT generates a test result within 20 minutes and is used to make an immediate informed clinical decision which allows for earlier treatment and intervention than laboratory based testing. PoCT is continuing to emerge as an effective way to provide testing for HIV and some STIs to specific population groups who would not normally access mainstream services.

Barriers to testing may be twofold. Individuals need to feel empowered to request or seek testing and clinicians engaged to promote testing through increased awareness of the needs of specific population groups.

Management support and care

Prioritising testing and early treatment of an STI is important as there are well documented links between undiagnosed and untreated STIs and long term effects on fertility and reproductive health. The incidence of serious liver disease and cancer is linked to undiagnosed and untreated chronic hepatitis B and C.

Ensuring the treatment of a patient's sexual partners is an integral component of STI prevention and management. Traditional partner management where the reactive patient refers partners for treatment has proven to be ineffective, with partners rarely treated¹⁰. A method that has shown to be more effective is expedited partner treatment (EPT) which is where a doctor prescribes antibiotics and informative literature for the partner of someone who is diagnosed with an STI¹¹. The uptake of EPT may assist in the reduction of STI transmission rates within Queensland.

The United Nations HIV 90-90-90 targets where 90 per cent of all people living with HIV know their HIV status, 90 per cent of all people diagnosed with HIV will receive sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have durable viral suppression¹².

Initial consultation suggests barriers to treatment for STI, HIV and viral hepatitis may include treatment guidelines, cost and inflexible pharmacy dispensing arrangements. Additional barriers to accessing treatment may include experiences of stigma and discrimination, fear of disclosing abuse or violence and navigation of the healthcare system.

Reproductive health

Achieving optimal reproductive health is contingent upon availability of preventative health information and access to screening, testing, treatment, counselling and support services. There are many general and sexual health conditions that may impact on reproductive health.

Untreated STIs, particularly chlamydia, may contribute to poor reproductive health outcomes that affect fertility and subsequently impact on overall health, wellbeing and personal relations¹³.

Undetected cervical changes, breast and prostate cancers and their treatment regimes, chronic disease including cardiovascular disease, diabetes and obesity and age related issues such as menopause may impact on sexual satisfaction and reproductive health.

The experience of child sexual abuse, sexual assault, and female genital mutilation (FGM) can impact a person's sexual and reproductive health, and may increase physical health risks during pregnancy and childbirth.

A statewide sexual health service mapping survey identified the following features of Queensland's reproductive health services.

- Over half of the services provided contraception information and education (55.6 per cent). Provision of hormonal contraception (33.3 per cent) and long acting reversible contraception (LARC) were delivered at a lower rate (15.3 per cent to 29.2 per cent).
- Under half of the respondents indicated delivering pregnancy testing and counselling (40.3 per cent) and indicated similar rates of referral for obstetric care (37.5 per cent) and termination of pregnancy (38.9 per cent).
- Respondents indicated the delivery of services including cervical screening and referral (37.5 per cent), referral for gynaecological care (33.3 per cent) primary menopausal care (22.2 per cent), postnatal check (20.8 per cent) and psychosexual counselling (19.4 per cent).

These survey results highlight the activity and range of reproductive health services provided by respondents. Furthermore, through establishment of formalised referral pathways, integrated service models and partnerships, the range of services that can be accessed from a specific location may be expanded.

Contraception

All Queenslanders should have access to confidential and accurate information and counselling in relation to contraceptive options, pregnancy and reproductive health.

Contraception is predominately used to prevent pregnancy. There are many contraceptive options available; therefore, advice and information received from a reliable source is important. Correct contraceptive choice will help to reduce unplanned pregnancy.

The oral contraceptive pill is the most commonly reported method of contraception used by Australian women, followed by condom use and sterilisation. Long acting reversible contraception (LARCs) including intrauterine device (IUD) and implants have relatively low rates of use¹⁴.

Male and female condoms act as a physical barrier that prevents body fluids passing between sexual partners and are highly effective against contracting HIV and STIs¹⁵. Condoms are also effective in reducing unplanned pregnancy and are associated with a lower rate of cervical cancer due to reduced HPV transmission.

The combined oral contraceptive pill and the progesterone only contraceptive pill rely on regular and consistent daily use to be effective¹⁶.

The effectiveness of LARCs is superior to other contraceptive methods as they don't rely on consistent and correct use. Barriers to uptake of LARCs by young women include affordability and availability, lack of health provider knowledge and skill¹⁷.

Emergency contraception reduces the risk of unplanned pregnancy for women following sex without a condom, a condom failing or inconsistent use of other contraception, or sexual assault¹⁸. In consultation to date, access to emergency contraception may be difficult for young women and women living in rural and remote locations with social stigma, discrimination and confidentiality issues cited as barriers.

Pregnancy

All pregnant women should have timely access to information, counselling if required, and referral in relation to pregnancy.

Maternity care provides an opportunity to improve the health of the pregnant woman and newborn. Early and regular antenatal care provides women and their families' access to information and a range of services that will support them to make informed choices about their maternal healthcare¹⁹.

Accessing antenatal care early enables screening, detection and management of conditions that may otherwise impact on the woman and newborn. Benefits include increase in knowledge and confidence for the woman and decreases in infant mortality and reduction in the burden of chronic disease later in life for mothers and babies²⁰.

Women who are vulnerable due to social or economic circumstances and women from specific population groups may need additional support to access maternity care. Consideration should be given to service design and models of care that provide flexible, woman centred, culturally appropriate and community based care such as GP share care and midwifery led care.

Women who are pregnant can become infected with STIs and should be tested, treated and act to protect themselves against infection. STIs can complicate pregnancy and have serious effects on both the mother and developing baby²¹.

These complications can be managed if the pregnant woman has access to antenatal care that includes testing for HIV, STIs and viral hepatitis early in the pregnancy and that testing is repeated at recommended intervals throughout the pregnancy²².

- Maternal syphilis infection can be passed from mother to baby during pregnancy and if not treated can result in stillbirth or infant death, prematurity and congenital disease of the newborn²³.
- Untreated chlamydia, gonorrhoea, bacterial vaginosis and trichomoniasis can cause preterm labour and premature rupture of membranes during pregnancy and eye and lung infections in the newborn²⁴.
- Herpes simplex virus 1 and 2 can have serious effects on the newborn if the first outbreak occurs late in pregnancy²⁵.

For women who are living with HIV or chronic viral hepatitis, information and guidance from a healthcare professional during pregnancy, labour, delivery and breastfeeding can assist to reduce the risk of transmission to the newborn²⁶.

A postnatal check is undertaken, often by a primary healthcare provider, six to eight weeks post birth and provides an opportunity to perform cervical screening, address family planning and contraceptive needs and provide health promotion and prevention messages to the woman and her family.

Women who experience unplanned pregnancy will benefit from the provision of confidential, non-judgemental support and counselling to explore available options.

Human papillomavirus (HPV) vaccination program

HPV is a highly contagious virus that is commonly transmitted through sexual contact. The HPV infection is often asymptomatic and is linked to cancer of the cervix and genital warts. Most HPV infections will clear within 1 to 2 years. In a small percentage of cases the virus persists and it is these individuals who are at risk for developing HPV associated cancers²⁷.

In 2007, the National HPV school vaccination program commenced for females in their first year of secondary school; and in 2013 was expanded to include males. Vaccination protects against a range of HPV related cancers and disease²⁸.

The success of the program is indicated by reduction in the rate from 13.2 to 5.7 per 1,000 of detection of highly abnormal cells among young women undergoing cervical screening²⁹.

Cervical screening

HPV vaccination is the primary form of prevention of cancer of the cervix; secondary prevention is available to women through a reliable screening test, the Pap smear, which can detect changes in the cervix early before cancer can develop.

Currently, regular second yearly Pap smear screening can assist in early detection which in turn can reduce the incidence of cervical cancer by up to 90 per cent. Young women should commence Pap smears within two years of becoming sexually active and continue until the age of 70 or longer if changes have been detected³⁰.

In 2017, a new Australian cervical cancer screening program will commence requiring HPV testing every five years for HPV vaccinated and unvaccinated women 25–74 years of age.

Psychosexual counselling

Psychosexual counselling focuses on the experiences an individual has with sexual function/dysfunction, commonly referred to as sexual difficulties³¹.

Psychosexual counselling can assist Queenslanders with relationship therapy, sexual orientation and identity, gender diversity, puberty and adolescent sexuality, older people and sexuality, STIs including HIV, sexuality and disability, and sexual and reproductive health issues³² and dealing with psychosexual impacts of sexual violence.

It is important that all Queenslanders are aware of, and have access to psychosexual counselling to ensure optimal sexual outcomes are experienced.

Sexual assault

The *National plan to reduce violence against women and their children* (the National Plan) and the *Queensland Domestic and Family Violence Prevention Strategy 2016-2021* (DFV Prevention Strategy) recognise two types of violence against women: domestic and family violence, and sexual assault. Both the National Plan and the DFV Prevention Strategy set outcomes, which includes respectful relationships and non-violent behaviour are embedded in our community, and in achieving this outcome conveys the importance of education in supporting children and young people to develop healthy respectful relationships.

Sexual assault is any behaviour of a sexual nature that is without consent and causes feelings of intimidation. Sexual assault is a crime of violence and as such has an emotional, physical, financial and social cost for the individual and the community.

National statistics conclude almost one in five women over the age of 14 years have experienced sexual violence. Specific populations that are at increased risk include women, Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women and women with disability and or impaired capacity³⁴.

This is a pattern repeated in Queensland where females are significantly more likely than males to be victims of sexual offences, constituting 81.8 per cent of all reported sexual offence victims. (QLD Women's Strategy 2016-2021).

Primary prevention strategies offering the provision of reliable evidence based relationships and sexuality education to children and young people are useful in conveying information on forming healthy sexual relationships, based on respect and consent; and countering inaccurate information accessible to young people through social media and internet sites.

Support healthy ageing

Although sexual and reproductive health remains intrinsic, elements of health and wellbeing in older age are often overlooked in sexual and reproductive health policies and research³⁵. Many older

people remain sexually active, yet most educational campaigns designed to prevent the spread of STIs, HIV and viral hepatitis target only younger generations.

Sexual and reproductive health disorders are more common as people age:

- Women may experience gynaecological problems throughout their reproductive years and beyond, and are at risk from symptoms associated with hormonal changes, heart disease and stroke, gynaecological malignancies, osteoporosis, and various genitourinary conditions³⁶.
- Twenty-one percent of Australian men over 40 years of age are affected by erectile dysfunction and, despite a proliferation of products and services, important links to associated conditions such as chronic disease and diabetes are rarely made.

Post-menopausal changes in women may increase susceptibility to STIs and impact sexual function.

- There is evidence that STI prevalence is increasing among older Queenslanders, partly due to re-partnering after separation or death of a spouse³⁷.

The Queensland Government Domestic and Family Violence Prevention Strategy 2015–2025 describes domestic and family violence as a broad issue that includes sexual violence and abuse experienced by older people. Older people are more vulnerable to abuse by partners, family members or carers and may face barriers to seeking assistance including physical and cognitive impairment, social isolation and lack of awareness that their experiences amount to abuse³⁸.

Specific population groups

This Strategy will support all Queenslanders to achieve optimal sexual and reproductive health outcomes. Some Queenslanders have additional needs and therefore require a tailored response. Sexual and reproductive health outcomes are documented to be poorer in vulnerable population groups.

Influences on sexual and reproductive health include social and cultural factors such as gender, religion, personal beliefs, attitudes, understanding, peer influences and social norms. These and other factors need to be considered in the design and delivery of targeted approaches to achieve improved sexual health outcomes.

The following population groups are identified as requiring a more specialised sexual and reproductive healthcare response:

- Children and young people
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse people
- People with disability and or impaired capacity.
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people
- Occupation or location groups

Children and young people

Starting early with protective behaviours education and continued developmentally appropriate messages about positive healthy relationships, growth and development, identity and diversity through formal school curriculum; supported by partner organisations ensures Queensland children and young people are equipped with reliable information that builds knowledge, skills and resilience.

School based education programs for children and young people is a critical starting point for promoting positive sexual health outcomes, minimising harm and reducing stigma and discrimination.

In 2016, all Queensland schools are encouraged to deliver the Australian Curriculum: Health and Physical Education (HPE). The curriculum incorporates a strength based approach with a focus on supporting students to develop the knowledge, understanding and skills required to make healthy, safe and active choices. The HPE curriculum includes a component specific to Relationships and Sexuality Education.

Initiatives such as the Daniel Morcombe Foundation's Keeping Kids Safe curriculum are available to all Queensland schools and aims to educate children regarding their personal safety, ensuring effective protective behaviours are learned and adopted by all Queensland children. Furthermore, a range of programs are available to Queensland schools that aim to strengthen the sexual and reproductive health knowledge of children and adolescents, incorporating key messages such as promoting positive, healthy relationships, STI prevention, pregnancy, and general anatomical functions.

The school based youth health nurse (SBYHN) service provides a range of prevention and early intervention activities to support the health and wellbeing of young people in Queensland state secondary schools. They support access to information for young people about sexual and reproductive health and positive and respectful relationships.

Sexually active adolescents aged 15–19 years and young adults aged 20–29 years are at higher risk of acquiring STIs for a combination of behavioural, biological, and cultural reasons³⁹. The higher prevalence of STIs among adolescents also may reflect multiple barriers to accessing services, including social stigma and discrimination, and concerns about confidentiality.

- Chlamydia was the most frequently reported notifiable condition in Queensland at 20,240 diagnoses in 2014; with 27 per cent of these diagnoses occurring among 15–19 year olds⁴⁰.
- The most commonly used form of contraception among secondary school students is the condom (58 per cent) followed by the oral contraceptive pill (39 per cent)⁴¹.
- In the *2013 National Survey of Australian Secondary Students and Sexual Health* more than half of the students indicated if a condom was available they would use one⁴².
- The HPV school vaccination program in Queensland is targeted at young people entering their first year of secondary school.
- Genital warts diagnosis among young women in Australia has significantly decreased from 12.1 per cent in 2007 to 1.1 per cent in 2012 following the introduction of the HPV vaccination program.

Youth is a developmental stage characterised by rapid social, emotional and physical change. Young people will often experiment and take risks with alcohol and illicit drugs that may impact on their immediate or long term health and wellbeing⁴³.

Evidence has consistently demonstrated that teenagers are more likely to engage in unsafe sexual practices when they have been drinking or taking illicit drugs, exposing themselves to risks including sexual assault, engaging in sex without a condom, exposure to STIs and possible pregnancy⁴⁴.

Interventions for at-risk adolescents and young adults that address underlying aspects of the social and cultural conditions that affect sexual risk-taking behaviours are needed, as are strategies designed to improve the underlying social conditions themselves^{45 46}.

Children and young people learn by imitation, so it is important that parents and carers openly talk to their children about the impact of illicit drugs and alcohol, demonstrate sensible drinking behaviours and provide avenues to educate children and young people in sexual health and harm reduction strategies.

The national report *Writing Themselves in 3*, indicated young people who identify as same sex attracted and gender questioning (SSAGQ) may be especially vulnerable to community and school based bullying and harassment. Physical and verbal abuse experienced by young people is associated with drug use, mental health issues and suicide attempts. Disclosures to family may lead to family conflict, parental disapproval, loss of emotional support and lead to social disadvantage and homelessness⁴⁷.

It is important that young people are educated in an environment free of bullying and harassment. Young people who feel the school environment is threatening may disengage from school leading to lower levels of education and resultant socioeconomic disadvantage. Young people reported that having school policies that protected them from abuse resulted in lower levels of self-harm and suicide⁴⁹.

Safe Schools Coalition Australia is a national coalition of organisations and schools working together to create safe and inclusive school environments for same sex attracted, intersex and gender diverse students, staff and families.

The program offers a suite of free resources and support to equip staff and students with skills, practical ideas and greater confidence to lead positive change and be safe and inclusive. The program is available to be implemented within the wider Queensland secondary school environment delivering positive benefits to at risk students.

Gender dysphoria

Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.

There are an increasing number of children and young people in Queensland being diagnosed with gender dysphoria. Children and young people with gender dysphoria often experience distress with over 47 per cent of children and 85 per cent of adolescents reporting behavioural or mental health problems⁵⁰.

Transgender children and their families may encounter a number of healthcare professionals in seeking diagnosis and ongoing management. Healthcare professionals require specific knowledge, skills and understanding to sensitively provide healthcare to transgender children and their families.

There are a number of experienced clinicians in Queensland who are dedicated to the diagnosis and medical management of young people with gender dysphoria; however, there are an increasing number of children requiring timely specialised and coordinated care.

Increased community awareness will assist to support transgender children and their families including siblings, to fully participate in school and community activities without fear of misunderstanding and discrimination.

Child sexual abuse

The National Framework for Protecting Australia's Children 2009–2020 outlines six outcomes to ensure the safety and wellbeing of Australia's children. The sixth outcome states "child sexual abuse and exploitation is prevented and survivors receive adequate support"⁵¹.

"Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity
- the exploitative use of a child in prostitution or other unlawful sexual practices
- the exploitative use of children in pornographic performance and materials"⁵².

In 2009–10, 40 per cent of all sexual assault victims were aged between 0–14 years. Child sexual abuse is associated with a number of negative long term outcomes including poor mental health, substance abuse, homelessness and behavioural issues⁵³.

The Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA) continues to uncover where systems have not protected children in the past and provide evidence on how child sexual abuse may be prevented in the future. The RCIRCSA has published research to support the benefits of protective behaviours programs for pre-schoolers⁵⁴.

There is evidence to suggest that school based sexual assault prevention programs for children and young people teaching safety rules, protective behaviours and body ownership are effective in increasing the skills and knowledge of participants contributing to prevention of child sexual abuse and sexual assault⁵⁵.

In Queensland, *Taking Responsibility: a roadmap for Queensland child protection* report outlines a ten year plan to ensure the safety of Queensland children into the future. The overarching tenet of the report is that parents and carers take primary responsibility for the protection of their children and that, where appropriate, parents should receive support and guidance to keep their children safe. Mandatory reporting of physical and sexual abuse by doctors, registered nurses, police officers and teachers provides a consistent response to suspected child harm⁵⁶.

Distinguishing inappropriate from normal sexual behaviour may be difficult so the use of evidence based tools like *Traffic lights: guide to sexual behaviours in children and young people* assists parents and carers, teachers and health professionals in recognising and responding to sexual behaviour in young children⁵⁷.

Sexual behaviour in children may be problematic when it occurs at an earlier age than developmentally appropriate, interferes with the child's development, is accompanied by use of coercion, is associated with emotional distress and reoccurs in secrecy after intervention⁵⁸.

Female genital mutilation (FGM)

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons⁵⁹. This cultural practice is illegal in Queensland and prevention work with communities whose children are subject to this practice should continue in order to protect children and young people.

Aboriginal and Torres Strait Islander people

The Queensland Government is strongly committed to closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people. In 2010, the government's overarching policy and accountability framework for improving Aboriginal and Torres Strait Islander health, *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033*, was published.

The Making Tracks Investment Strategy 2015–2018 includes two specific priorities that contribute to improving sexual and reproductive health.

- **A healthy start to life:** improving the health literacy and reproductive health of young women through culturally effective women's health services, antenatal and infant care, parenting support and child health services.

- **A healthy transition to adulthood:** to establish positive patterns of behaviour that will impact heavily on adult physical and mental health outcomes. Areas of focus include youth mental health, and sexual and reproductive health.

An anticipated outcome under the healthy transition to adulthood priority is reduced rates of STIs, while a key action under this priority is the targeting of funding towards sexual and reproductive health education and interventions to reduce the current high rates of such infections.

Improving sexual and reproductive health in Aboriginal and Torres Strait Islander communities requires individual and community capacity building to promote culturally safe healthcare with a focus on education and health promotion⁶⁰.

In 2013, Queensland Health published the *Aboriginal and Torres Strait Islander adolescent sexual health guideline* (the Guideline). The aim of the Guideline is to provide health professionals with relevant insight into Aboriginal and Torres Strait Islander culturally competent sexual healthcare for Aboriginal and Torres Strait Islander adolescents.

In South East Queensland, the Deadly Choices program is delivered to young people to provide a platform for decision making. The program includes mentoring and leadership encouraging access to local primary healthcare providers, and completing health checks⁶¹.

Nationally, the *Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014–2017* recognises the need for health promotion as a priority action to address the persistently high rates of STIs, the disproportionate burden of viral hepatitis and vulnerability to an HIV epidemic in the Aboriginal and Torres Strait Islander population.

Health promotion messages for Aboriginal and Torres Strait Islander people include promotion of safer sexual practices including use of condoms, prevention of STIs and unplanned pregnancy and safer injecting practices⁶².

In recent years there have been an increasing number of notifications of infectious syphilis across northern parts of Queensland. The majority of notifications in these areas are for Aboriginal and Torres Strait Islander people, although it is not isolated to discrete Indigenous communities.

STI notification rates are higher in Aboriginal people as compared with non-Aboriginal people and rates of chlamydia and gonorrhoea are rising in remote and very remote communities⁶³.

In response to this increase in notifications of infectious syphilis the Queensland Government has funded the development and implementation of the North Queensland Aboriginal and Torres Strait Islander STI Action Plan 2016 – 2021.

In addition, Queensland's proximity to Papua New Guinea (PNG) presents a number of health challenges for Aboriginal and Torres Strait Islander communities, including those related to sexual health.

- While there have been improvements to health services and a focus on prevention and management since the declaration of the HIV/AIDS epidemic in 2003, the HIV prevalence rate for PNG remains the highest in the Pacific region^{64 65 66}.
- An additional challenge is co-infection with tuberculosis (TB)⁶⁷.
- Approximately 9 per cent of PNG nationals with TB are also HIV-positive⁶⁸.

Queensland Health facilities in the Torres Strait often provide services to PNG nationals that visit under the provisions of the *Torres Strait Treaty*. The Queensland Government and the Commonwealth Government are continuing to work together to improve cross-border health arrangements.

Culturally and linguistically diverse people

Queensland is a state of cultural diversity with populations including migrant, refugee, international students and travellers. Culturally and linguistically diverse (CALD) individuals and communities face challenges and barriers to engage with healthcare providers on a range of sexual health issues. Barriers include stigma, fear, language and culture when seeking to access information and services including sexual assault, contraception and testing and treatment of infectious disease including STIs.

Health promotion programs for CALD communities should be community led and community based and designed to overcome the identified barriers to effective sexual health promotion which may include; lack of involvement of the target community, lack of cultural sensitivity, failure to acknowledge differences in literacy, knowledge and language skills, stigma and shame associated with sexual health⁹¹.

Individuals may need additional support to overcome the fear and confusion experienced with navigating the healthcare system and taboo and shame associated with sexual health concerns. Language barriers lead to confusion about uptake and adherence to treatment and ongoing management of chronic conditions such as HIV and hepatitis B.

Refugees may have experienced traumatic events such as physical and psychological trauma or torture, deprivation and prolonged poverty, and poor access to healthcare prior to arrival.

International students and travellers arrive in Queensland from a variety of countries and cultures, knowledge of safe sexual practices, HIV and STI transmission may vary. Health promotion messages may not be effective due to variable English language skills. In addition, international students and travellers are not eligible for Medicare and may be highly mobile; therefore accessing healthcare can be difficult.

There is a high prevalence of chronic hepatitis B in some population groups in Australia. Universal hepatitis B vaccination has been very successful in reducing the incidence of chronic hepatitis B

infection. However, there are challenges associated with vaccination related to the age of migration of residents from countries where chronic hepatitis B is endemic⁹².

HIV is an emerging issue for some cultural groups in Australia. These communities can experience higher rates of HIV than the Australian population as a whole⁹³.

These people face a number of challenges that affect their quality of life, such as late and unexpected diagnosis; immigration issues; and difficulty accessing treatment while on temporary visas⁹⁴.

Some communities may be more vulnerable to HIV due to misconceptions around HIV transmission and illness, gender inequity, cultural sensitivities around talking about sex, and issues related to settlement in a culture very different to that of their country of origin⁹⁵. Some are also adversely affected by the community stigmatisation that comes with HIV diagnosis.

There is a need to improve health literacy and to seek testing for these infectious diseases cultural barriers for some CALD communities. There is also a need to improve the understanding of how infectious diseases are transmitted.

People with disability and or impaired capacity

All Queenslanders, including those with disabilities and or impaired capacity, have the right to explore and express their sexuality in appropriate ways. Some people with disability will need ongoing, age-appropriate, and accessible relationships and sexuality education, to support them to develop positive attitudes about their sexuality.

Comprehensive and suitably targeted relationships and sexuality education, particularly from a young age can assist people with disabilities to stay safe, reduce their risk of contracting STIs and help prevent an unplanned pregnancy¹⁰³. When required, people with disability and or impaired capacity, should also be supported in decisions about contraceptive use. To make these choices, people need adequate, accurate and accessible information about reproduction, the purpose of contraception and their contraceptive options.

Studies consistently demonstrate that people with disability are sexually abused more often than those who do not have a disability¹⁰⁴. Evidence suggests that there is no correlation between the type of disability a person has and the risk of abuse; however disability, communication disorders, and behavioural disorders appear to contribute to very high levels of risk, and having multiple disabilities result in even higher risk levels.

Every person with disability should be provided with personal safety education about understanding: healthy sexual relationships, what sexual abuse/assault is, including signs of sexual abuse/ assault, how to protect themselves, and support available. The person's carers and families should also be educated on these areas.

Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI)

The LGBTI population have specific health needs and health promotion and information should be targeted to specific subgroups within the LGBTI communities to address sexual health needs particularly prevention of infectious disease.

LGBTI individuals experience stigma, discrimination, social exclusion and isolation. These barriers to community participation and engagement may prevent LGBTI individuals from accessing medical care when required, leading to poorer health outcomes⁶⁹.

The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019 has committed to implementing actions to prevent and reduce the adverse impacts of alcohol and drugs on the health and wellbeing of Queenslanders including responding to the needs of LGBTI people.

- LGBTI people when compared with the general population are more likely to use alcohol and other drugs, have higher rates of substance abuse and are more likely to continue heavy drinking into later life⁷⁰.
- *A Closer Look at Private Lives 2* report explores the mental health and wellbeing of LGBT individuals and highlights poorer mental health for LGBT than the general population; with transgender experiencing the lowest levels of mental health of the LGBT population⁷¹.
- In the 2011 Census, 5,987 same sex couple families were identified as residing in Queensland. Nationally the number of same sex couples residing as families was 32 per cent higher than in 2006.

Lesbian and bi-sexual women

Lesbian and bi-sexual women may experience discrimination when seeking medical care and barriers to GPs meeting the needs of lesbian and bisexual women is lack of experience in facilitating disclosure of sexual orientation, knowledge and skills. Specific sexual health needs include prevention of STIs, contraceptive advice and emotional support related to disclosure or abuse⁷².

Gay and bi-sexual men

This population group requires an open and respectful response to sexual history taking with advice tailored to sexual behaviours.

- This population group are more likely to engage in sex without a condom with partners whose HIV status is unknown⁷³.
- For this specific population group, HIV, hepatitis C, gonorrhoea and infectious syphilis rates have risen in Queensland since 2010⁷⁴.
- Queensland is also expected to have one of the largest increases in HIV positive populations in Australia in the coming years with many people living with HIV residing in major capital cities on the southern Queensland coast and far north Queensland⁷⁵.

Positive steps towards implementation of targeted preventative approaches to reduce transmission of HIV, STIs and viral hepatitis may arise through a holistic approach to healthcare promotion; peer education, outreach, and media based education.

Other preventative strategies include use of condoms and water based lubricants and sterile injecting equipment. Condom use is an essential component of behavioural strategies to reduce transmission of HIV and other STIs. Increased and regular testing for STI, HIV and viral hepatitis will assist in the promotion of treatment as prevention.

HIV testing is a key prevention strategy and earlier identification of HIV infection through more frequent testing and timely initiation of antiretroviral therapy may have both individual and wider community benefits^{76 77 78 79}.

Commonly reported barriers to conventional testing within this population include inconvenience, finding the time to test and having to return for results^{80 81}. Point of care testing (PoCT) for HIV enables results to be provided during the same visit. For the great majority with nonreactive results, this may make testing more convenient. Adopting PoCT HIV testing may therefore reduce barriers to and increase the acceptability of testing, facilitating more frequent testing in high-risk populations^{82 83}.

Specifically, for prevention of HIV, continued access to post-exposure prophylaxis (PEP) and the introduction of pre-exposure prophylaxis (PrEP) is an important initiative⁸⁴. PrEP is an innovative HIV prevention method in which people who do not have HIV infection take medication daily to reduce their risk of becoming HIV infected. The effectiveness of using HIV antiretroviral drugs such as PrEP has been established by clinical trials conducted and can be considered for people in those population groups who are at high risk of acquiring HIV⁸⁵.

In addition, there is evidence to suggest that STIs that cause ulceration and mucosal inflammation increases the infectiousness of HIV by increasing susceptibility or infectiousness or both; supporting the increasing need for vigilance in STI testing and treatment⁸⁶.

The Australian Sexually Transmitted Infection and HIV Testing Guidelines 2014 recommend that all men who have had any type of sex with another man in the previous year should be tested at least once a year. Sexually adventurous men should be tested up to four times a year⁸⁷.

There remains a considerable need for health promotion messages that address the interaction between alcohol and other drug use and risky behaviours relating to the transmission of HIV and other STIs. Evidence based tools exist for screening, brief intervention, and referral into treatment, and could prove very useful, particularly if combined with peer expertise, and offered in a nonjudgmental service setting.

Transgender

Transgender persons have a number of specific health needs including appropriate assessment, diagnosis and support, and not uncommonly seek medical services to make their bodies more congruent with their gender identities. Involvement of a multidisciplinary healthcare team is often necessary in arranging such services.

Care coordination by a multidisciplinary team including primary healthcare providers and clear pathways to psychology, endocrinology and surgical services is vital for ensuring an equitable and accessible service to maximise transgender persons overall health, psychological well-being and self-fulfilment.

Moreover, many transgender people experience stigmatisation and discrimination. They may not only experience an inner sense of not belonging but also harassment, sometimes lethal violence and denial of basic human rights.

It is also critical for healthcare professionals to acknowledge that transgender persons may have a sexual orientation that predisposes them to increased risk of sexual health and related mental health issues.

Intersex

Intersex describes a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definitions of female or male⁸⁸.

Informed consent is essential if treatment is to be undertaken on infants and children for normalisation and gender affirmation. Management of children with intersex variation may be complex with a number of intersex variations possible. Ongoing medical interventions may include surgery and lifelong hormone therapy.

Delayed or absent signs of puberty may be the first indication that an intersex condition exists. Discovery of an intersex condition in adolescence can be extremely distressing for the adolescent and his or her parents and can result in feelings of shame, anger, or depression. Experienced mental health professionals can be very helpful in addressing these challenging issues and feelings.

Medical treatment is sometimes necessary to help development proceed as normally as possible; for some conditions, surgical treatment may be recommended. Many intersex conditions discovered late in life are associated with infertility or with reduced fertility.

Future engagement with healthcare providers may be complicated due to past experiences of shame and stigma. Peer support is useful in assisting to navigate the health system at all ages and particularly during transition from paediatric to adult health services.

Ageing

The growing numbers of LGBTI people accessing aged care services represents an emerging and potentially challenging area for aged care service providers.

Many older people with HIV are members of minority groups (e.g. gay men, transgender, people who inject drugs). They may experience additional stigma, isolation and discrimination impacting on their mental health.

A recent report shows that older people living with HIV are five times more likely to suffer with depression than people of the same age without HIV. Depression can have a negative impact on quality of life, self-care, social life, medication adherence and physical health⁹⁰.

The risk of suicide increases with age and HIV. It is important to be aware of people in aged care expressing comments relating to hopelessness, despair or suggestive of self-harm. Older people with HIV are more likely to experience stigma, rejection, and abandonment. This contributes to anxiety, isolation and drug and alcohol dependence.

The *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* informs the way the Australian Government supports the aged care sector to implement the delivery of care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers⁸⁹.

Risk occupation or location groups

There are specific population groups due to their occupation and/or their location that places them at greater risk, have unique needs and as such require different service responses.

Sex workers are at occupational risk for HIV, STIs and viral hepatitis due to high numbers of sexual encounters. There are a number of subgroups of sex workers that are at increased vulnerability and will require specific targeted interventions for health promotion and prevention; these include transgender, CALD, Aboriginal and Torres Strait Islander, male sex workers, sex workers who inject drugs and those working outside of legal frameworks⁹⁶.

Despite the high number of sexual encounters, the rate of HIV and STIs amongst sex workers in Australia is low due to prevention initiatives driven by peer education, support networks and outreach. These prevention initiatives include provision of information regarding safe practices, free condoms and lubricant. The reported rate of condom usage is approximately 95 per cent however maintaining high rates of condom use and low rates of HIV, STI and viral hepatitis is contingent upon continued sex work specific health promotion initiatives⁹⁷.

Sex workers who operate from licenced premises must maintain a current Certificate of Attendance to indicate that they have undergone a sexual health check. The Certificate of Attendance must be renewed every three months.

Barriers to accessing health services for sexual health testing and treatment may include affordability, social stigma and discrimination associated with sex work, fear of authority particularly for CALD sex workers and those operating outside of the legal framework.

Socio economic disadvantage and crisis situations may encourage participation in sex work or sex for favours. Sex workers may be at risk of mental health issues, homelessness, intravenous drug use or incarceration compounding this disadvantage.

In Queensland, there are currently ten high security correctional centres, two of which are privately operated, six low security correctional centres and 13 work camps. The adult prison population has increased over the last ten years and experienced a 16 per cent rise in the 12 months from June 2013 to June 2014.

The AIHW Health of Australian prisoners 2012 reports high rates of access to prison health services with 67 per cent of prison entrants consulting with a medical professional while in prison. Prison populations experience higher rates of mental health concerns and are reported to engage in risky health behaviours including alcohol and illicit drug use.

In Queensland, prison entrants are offered testing for HIV, hepatitis B, hepatitis C, syphilis, gonorrhoea and chlamydia.

- In 2013, results showed there was no reported HIV and rates of STIs are similar to that of the general population with 5 per cent prevalence of Chlamydia, 16 per cent prevalence of hepatitis B and 52 per cent prevalence of hepatitis C⁹⁸.
- In the month prior to incarceration 72 per cent of prison entrants had injected drugs. Of these entrants, 92 per cent had used sterile injecting equipment for all or most of the time⁹⁹.

- Despite being prohibited needle sharing in prison may occur for IDU, tattooing and body piercing; these practices pose a high risk for transmission of blood borne viruses¹⁰⁰.
- Aboriginal and Torres Strait Islander people in the Queensland prison population are over-represented at approximately 37 per cent¹⁰¹.

The health of prison populations is important and health promotion activities should include education and information about STIs, HIV and viral hepatitis transmission risk and prevention strategies.

Harm reduction methods include access to condoms and dental dams. Condoms are an important public health measure to protect against infectious disease and should be made freely available to prison populations as they are to other specific populations in the community.

Access to hepatitis B vaccination and commencement of hepatitis C treatment while in prison provides an opportunity to improve the health outcomes of Queensland prison populations preventing or reducing transmission of viral hepatitis.

Custodial settings provide an opportunity to access programs that raise awareness and reinforce prevention messages across a range of issues linked to sexual and reproductive health including drug treatment programs, sexual assault information and support including access to counselling, domestic and family violence prevention programs and positive parenting programs.

To optimise the health of women prison populations' access to reproductive healthcare is essential. Reproductive healthcare includes breast and cervical screening, contraception including access to LARCs, pregnancy and postnatal care, breastfeeding support and menopausal care.

Initial consultation suggests a barrier to better health for prison populations in Australia is their exclusion from Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). This exclusion acts as a disincentive for community health service providers to outreach to prisons and as such prison populations are not able to access healthcare services as they would in the community¹⁰².

The service system

The service system must support the strategic outcomes aimed at increasing community education and awareness, increasing testing and treatment of infectious diseases and provision of appropriate responses to individuals that have experienced sexual abuse, assault and trauma.

Strengthening the service system to deliver flexible, responsive, appropriate best practice sexual and reproductive healthcare is underpinned by the principles of access, equity, person centred care, partnership and collaboration and acceptance of diversity.

This Strategy aims to ensure sexual and reproductive health services are available and accessible for all Queenslanders and that specific population groups are given additional assistance to access services specific to their needs.

Accessibility

The barriers to accessing sexual and reproductive healthcare for specific population groups are many and may include experiences of stigma and discrimination, socio economic disadvantage, cultural and language barriers and difficulty understanding how to navigate the health system.

Regional, rural and remote populations of Queensland face additional barriers to accessing healthcare due to distance, transportation and costs associated with travelling to secondary and tertiary services to receive healthcare¹⁰⁵.

At the same time individuals may be dealing with additional stressors including social exclusion, incarceration, mental health issues, drug and alcohol, chronic or complex conditions which add further challenges to accessing healthcare services and initiating and maintaining testing and treatment regimes.

Stigma and discrimination can be reduced through delivery of sensitive, discreet and confidential healthcare provided in settings that are familiar and friendly towards specific population groups¹⁰⁶.

LGBTI people will often look for signs that the service will meet their healthcare needs free of judgement. The Rainbow tick accreditation as outlined by Quality Innovation Performance (QIP) and Gay and Lesbian Health Victoria (GLHV) provides a framework to guide LGBTI practice¹⁰⁷.

Peer support is known to improve access to information and services in turn empowering people to seek access to care through increased knowledge and understanding of their healthcare needs.

Community based and outreach services offering flexible operating hours, including outside of work hours, will assist in improving access to services that offer sexual and reproductive healthcare and counselling support.

Reducing barriers to service integration and innovative models of care will assist to provide the best person centred healthcare experience possible. Service integration is best described as:

“The management and delivery of health services so that the clients receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system” ¹⁰⁸.

Development of referral pathways and coordinated responses between primary healthcare and specialised sexual health services, non-government organisations and social service sectors will assist to provide wrap around support for individuals with complex health and social needs.

Service hubs or sexual health services that are co-located with other services, for example drug and alcohol services, mental health services, endocrine services, refugee health or vaccination services may assist in making sexual health services more accessible.

Outreach models of care using hub and spoke care delivery through satellite clinics, pop-up clinics and use of technology assists to increase accessibility to sexual and reproductive health services in rural and remote locations.

Partnerships and collaboration

Engagement with specific populations and communities is an essential way to positively influence health promotion and prevention activities and encourage access to health services that are sensitive, informed and responsive to community need¹⁰⁹.

Partnership and collaboration between primary healthcare providers, community based organisations and specialised sexual health services is vital in providing a range of service responses and interventions; particularly outside of urban areas.

The statewide sexual health mapping survey indicates sexual health service providers in Queensland have a proven willingness to partner with other organisations with 90 per cent of respondents indicating they already have sustainable partnerships¹¹⁰.

These collaborations ensure testing, treatment and ongoing management and support is available and referral to appropriate services is maintained. Partnerships may be strengthened through formalisation of referral pathways, development of local level protocols and special interest networks.

Partnerships, collaboration and communication across sectors is to be encouraged to ensure members of specific population groups are being supported to access sexual and reproductive healthcare and receive optimal treatment choices.

Coordinating care can have significant social and financial impacts so service responses and interventions that are coordinated will better meet the needs of individuals with complex healthcare needs.

Service profile

It is important to understand the full range of services required to support client focused, holistic sexual and reproductive healthcare. These include primary, secondary and tertiary health services supported by public health, health promotion and allied health teams.

Primary health care

Primary healthcare services are often the first point of contact for individuals seeking sexual and reproductive healthcare, counselling or advice and may be delivered by providers such as GPs, nurses, health workers, pharmacists and community based organisations.

Primary healthcare providers play a pivotal role in health promotion, prevention, testing, treatment, referral and ongoing care of individuals' sexual and reproductive health needs and is delivered in community settings.

There is potential to further support GPs, nurses, health workers and community based organisations in the delivery of sexual healthcare through provision of education, resources and innovative models of care¹¹¹.

Community based organisations provide a variety of services including health promotion and resource development, advocacy and support, peer education and clinical services for targeted population groups.

Private providers of psychological services have an important role to play in delivery of assessment and support for specific population groups; however, cost for private services is often a barrier.

In Queensland, primary healthcare providers are supported by Primary Health Networks (PHN) who partner with Hospital and Health Services (HHS) to identify local community need and work towards addressing service gaps.

Increasing workload placed on GPs in managing complex sexual health clients including transgender care creates a need for referral to local sexual health services which offer an increasingly specialised service.

Secondary care

In Queensland, sexual health services are located at Brisbane (Biala), Redcliffe, Princess Alexandra Hospital, Gold Coast, Ipswich, Toowoomba, Sunshine Coast, Bundaberg, Rockhampton, Mackay, Townsville, Palm Island, Cairns, Mount Isa, Cape York, Bamaga and Thursday Island. These services offer specialised sexual and reproductive healthcare to all Queenslanders including specific population groups and may be hospital or community based.

State operated sexual health services play a role in the delivery of sexual healthcare to all Queenslanders who require specialised sexual healthcare. Often sexual health services tailor services to meet the needs of specific populations by offering comprehensive, flexible, culturally safe and accessible service that can quickly respond to the emergent needs of the community.

Sexual health services offering a multidisciplinary team approach support the delivery of holistic care to clients with complex needs. Collaborative approaches and partnerships across disciplines and with other health services is essential to providing a seamless client focused care pathway to access a range of services.

Many sexual health services are collocated with other community health services including mental health services, alcohol and other drugs services and needle and syringe programs. Currently sexual health services offer a variable range of reproductive health services and some services partner with or refer clients to other government, non-government or private services.

Public health units support the work of clinical service providers through collection of data, enhanced surveillance, education and advice. These activities inform responses to emerging trends in infectious disease and outbreaks of STI. Through epidemiological and population based research and evaluation public health teams can guide the delivery of sexual health care.

Health promotion activities in sexual health include service provider and community education, quality assurance programs, liaison and coordination of preventative activities. Health promotion teams partner with public health and sexual health services to support clinical services through education programs, outreach and community development.

Tertiary care

Specialist services are delivered in a hospital setting under specialist medical care providing specialised assessment, advanced intervention, support and follow up for highly complex or significant physical and psychological needs. Tertiary services may be required for diagnosis, treatment and ongoing management of specific or advanced infectious disease including HIV and viral hepatitis.

Medical specialties and psychological services are required in the diagnosis and management of transgender and intersex people. It is important to recognise the complexity of social and economic factors that may complicate access to specialist services in specific populations.

Victims of sexual abuse and assault who require a forensic medical examination will often receive these services in a tertiary setting by trained specialist paediatric or forensic clinicians.

The interface between primary, secondary and tertiary care; these services act as part of a continuum of care and to ensure individuals receive timely referral to appropriate services at any level of care. Recognised referral pathways, and adequate information exchange will facilitate a smooth transition of care.

Service response to child sexual abuse and sexual assault

The *National plan to reduce violence against women and their children* supports collaborative service models, information sharing protocols and risk assessment tools to strengthen systems and support service integration to ensure specialist responses for women and children who have experienced sexual violence¹¹².

The Queensland Government is committed to ensuring a coordinated response to victims of sexual assault. This is evidenced by the development of *Response to sexual assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault* in which a number of government agencies have outlined their role in response to the often violent and complex nature of sexual assault.

Victims of sexual assault require access to services that are sensitive to, and can respond appropriately to their needs. In responding to a disclosure of sexual assault the following should be addressed; prioritising the safety, medical and health needs of the individual; options for pursuing justice and ongoing emotional needs for long term wellbeing¹¹³.

It is imperative that healthcare professionals respond to the immediate health and sexual health needs of the individual as a first priority to assess, treat and document injuries. Health services may provide access to a forensic pathway of care which requires a specialist forensic medical assessment.

The victim of sexual assault has the right to information about a forensic medical examination and the right to accept or decline a forensic examination and to change that decision. The forensic medical examination is performed by a trained forensic medical officer (FMO) or forensic nurse examiner (FNE).

Health services play a role in immediate response to children and young people up to 14 years of age who have experienced child sexual abuse. Following initial emergency medical treatment to assess and treat injury a paediatrician may perform a forensic medical examination.

Appropriate and responsive services should be available to support children and young people who have experienced child sexual abuse. These needs are immediate and may continue to impact on the child or young person as they develop and may continue into adulthood. Department of Communities, Child Safety and Disability Services (DCCSDS) allocate funding to non-government organisations to assist victims of sexual assault. These sexual assault services offer flexible, holistic support including advocacy and sexual assault counselling including crisis counselling.

Victim Assist Queensland (VAQ) provides access to specialised support services and financial assistance for victims of personal acts of violence including sexual assault and provides information, referrals and support to victims, including assistance in making a victim impact statement¹¹⁴.

Cross sector wrap around support for victims of sexual assault will assist victims in their recovery. There are a number of government agencies who collaborate with Queensland Health to provide an integrated service response to support victims of sexual abuse these include, Queensland Police Service, DCCSDS and Department of Justice and Attorney-General.

Workforce profile

This Strategy acknowledges the sexual and reproductive health workforce in Queensland is varied and includes healthcare professionals as well as a community-based workforce comprising community workers, peer educators and support workers.

It is vital to recognise the role peer educators, migrant and refugee health workers and Aboriginal and Torres Strait Islander health workers play in engaging specific population groups. Evidence suggests that peers are a trusted source of information and can assist with delivery of education and support to navigate the health system¹¹⁵.

The sexual and reproductive health services within Queensland have inherently experienced difficulties in recruiting and retaining adequately skilled staff across all disciplines.

Quality, safe, efficient and non-discriminatory care relies on the right mix of staff with expert knowledge and skills and evidence-based standards of practice to ensure consistency of care delivery.

Creating an appropriately skilled workforce is contingent upon the availability of undergraduate and postgraduate education, training and continued professional development programs specific to sexual and reproductive health.

Formalised referral pathways between primary healthcare providers, secondary and tertiary services assist timely appropriate care for individuals requiring more specialised care.

Furthermore, access to best practice sexual healthcare for specific populations with complex or chronic conditions may be enhanced through implementation of collaborative models of care that support primary health care providers.

Medical workforce

GPs are often the first point of contact for people with sexual health concerns. Ongoing professional support and training for GPs is essential to enable initial conversations and provision of testing, treatment, counselling and advice about sexual and reproductive health to be addressed in a sensitive way¹¹⁶.

The majority of Queenslanders will access sexual and reproductive healthcare through the primary health sector. Primary healthcare providers will require support through ongoing professional development to build confidence and capability in delivering a broad range of sexual and reproductive health care.

If a GP wishes to advance their career in the specialist field of sexual health, they can undertake training to become a Fellow of the Australasian Chapter of Sexual Health Medicine of the Royal Australasian College of Physicians.

However, competing clinical demands, time constraints, complexity of care and lack of support and incentives have been cited as barriers to the uptake of specialist sexual health training by GPs¹¹⁷.

GPs who are HIV treatment prescribers (S100 prescribers) provide treatment and ongoing clinical management of people living with HIV in a community setting. In Queensland, the numbers of S100 prescribers are low, course uptake is marginal and the current prescribers are ageing. Support and incentives may encourage training uptake and increase the number of authorised S100 prescribers to improve HIV treatment in the community.

Currently treatment for HIV and viral hepatitis is subsidised under the PBS when it is prescribed by a specialist, therefore GP share care models with specialists are required for treatment and management of HIV and viral hepatitis.

Medical specialists offer support, education, training and research capacity as well as providing a consultancy service for all clinicians in sexual and reproductive health care.

Increased accessibility to specialist mentoring through uptake of support network initiatives may serve to support primary healthcare providers to treat and manage HIV and hepatitis C in local community based settings.

Nursing and midwifery workforce

Nurses and midwives play an important role in the delivery of sexual and reproductive healthcare across a broad range of services. Sexual and reproductive health promotion and brief interventions can be integrated into healthcare delivered by all nurses including midwives, child and family health nurses, SBYHNs, rural and remote nurses, general practice nurses, mental health and drug and alcohol nurses.

It is essential for nurses and midwives working across all settings to have the knowledge, skills and cultural competence to support individuals seeking access to sexual and reproductive healthcare. Guidance and advice provided in a non-discriminatory, confidential and sensitive way will facilitate access to appropriate healthcare.

The nursing profession is flexible, responsive and affordable; therefore health services can be strengthened through the optimisation of nursing positions to support delivery of care in a variety of settings.

Coordinated education, training, and continued professional development programs and opportunity to maintain skills are essential to support advanced practice nurses in sexual and reproductive healthcare.

Advanced skills and knowledge can be obtained through the completion of relevant postgraduate qualifications and skill sets including cervical screening qualifications and vaccination endorsement.

Advanced practice nurses with approved education and clinical experience are guided by a HHS endorsed health management protocol (HMP) and can supply medication under an approved formulary or drug therapy protocol (DTP). Expanded scope of practice is highly desirable in a sexual health service, rural and remote locations and prison health services.

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively within a multidisciplinary team in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, referral to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.

Queensland Health is currently introducing a nurse navigator model of care that will see an additional 400 nursing roles progressively rolled out in HHSs over the next four years. Nurse navigators play a key role in supporting and coordinating a patient's entire health care journey, rather than focusing on just a specific disease or condition.

The nurse navigator roles are clinical roles held by experienced nurses with expert clinical knowledge and in-depth understanding of the health system, whose focus is to support patients with complex healthcare needs, including sexual and reproductive health needs.

Aboriginal and Torres Strait Islander health workers

There are a number of facets to sexual and reproductive healthcare and related socio economic, cultural and health issues may add to the complexity of care. Understanding how culture, traditions, customs and history can influence health is integral to providing effective and culturally competent sexual and reproductive healthcare for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander health workers can assist to strengthen and promote tailored sexual and reproductive healthcare for Aboriginal and Torres Strait Islander people.

Barriers to education and training in skills specific to sexual and reproductive health include cultural and practical issues with training often not available in regional or rural areas.

The Aboriginal and Torres Strait Islander health worker workforce is predominately female, and the underrepresentation of males may impact the delivery of culturally appropriate sexual and reproductive health care.

Resources and initiatives dedicated to recruiting, retaining, and training a higher number of male Aboriginal and Torres Strait Islander health workers would help to meet this need.

Allied health professionals

Allied health professionals, including social workers, psychologists and pharmacists, make an important contribution to the health and wellbeing of the Queensland community and comprise a core component of integrated sexual and reproductive healthcare across the care continuum.

Allied health professionals generally work with individual patients, assessing, diagnosing and treating a wide range of conditions, such as, mental health and complex psychological conditions. In addition, health promotion forms a vital component of their role, often educating their patients to promote self-care.

eHealth, metrics and evidence

Health Technology (eHealth)

eHealth has become a field in which health professionals and health consumers create and seek information. eHealth refers to internet-based healthcare and information delivery and seeks to improve health service locally. It presents new opportunities to provide online sexual health services irrespective of gender, age, sexual orientation and location.

The provision of sexual health services can continue to be enhanced through the utilisation of eHealth technology such as telehealth. The use of eHealth can empower all Queenslanders to engage with information technology to enhance their sexual health knowledge and quality of life, and address some of the stigma associated with diversity in sexualities and sexual health experiences.

In addition, e-sexual health may better support and enhance the relationship between consumers and their healthcare providers across different locations.

However, a systematic and focused approach to research and the application of findings in policy and practice is required to ensure that eHealth benefits all population groups and the information is current and clinically valid and effective, including preventative approaches for various specific population groups with diverse needs.

Surveillance and Monitoring

Surveillance and monitoring currently captures a variety of data used to build a picture of emerging trends in notifiable and other conditions. Incomplete data collection reduces the ability to analyse trends and inform interventions at a local level. Improving the completeness of surveillance data collection will assist in responding to identified need.

Surveillance programs need to adapt and evolve to accommodate innovation and advances in the scientific and health technology areas, such as advances in treatment and testing.

An important gap is the ability to monitor the health impact of stigma, discrimination, and legal and human rights on specific populations. Options should be explored to develop an indicator related to removing barriers to equal care that informs activities and strategies in a meaningful way.

Furthermore, comprehensive behavioural surveillance encompassing risk behaviours, prevention practices, testing routines, treatment uptake, and health needs and service use with specific populations should be maintained to better inform policy and programs addressing emerging prevention, testing, treatment, care and support needs.

Research and Evaluation

A culture of continuous improvement needs to underpin program and service development, including strong formative and evaluation research.

It is important that research is undertaken in partnership with community-based organisations and a partnership approach is taken to identify research priorities. The translational mechanisms by which research can inform policy and practice, and vice versa, are strengthened through continued collaboration across disciplines. Social, behavioural and biomedical research should be well connected, including in relation to emerging issues in the changing landscape of prevention and treatment.

In partnership with the community sector, research will continue into the social, behavioural, clinical and structural drivers for and barriers to achieving optimal sexual health for all Queenslanders. This includes research on patterns of sex work, mobility and migration, and barriers to accessing services, with a focus on identifying particularly vulnerable or marginalised groups.

In addition, identifying specific research priorities in relation to primary healthcare access, epidemiological surveillance and health promotion needs for Aboriginal and Torres Strait Islanders is also critical.

Priority actions

The priority actions are aligned to six strategic outcomes.

1. Improving community awareness and information

- 1.1 All Queenslanders have access to information about STIs, HIV and viral hepatitis
- 1.2 Deliver health promotion messages that convey safe sexual practices
- 1.3 All Queenslanders have access to information on contraceptive options
- 1.4 Women have timely access to information, counselling and support in relation to pregnancy consistently applied across the public health system
- 1.5 All Queenslanders have access to information to raise awareness about sexual assault and child sexual abuse
- 1.6 Establish visible and accessible care pathways for consumers to access sexual and reproductive healthcare
- 1.7 Increase community awareness and understanding of gender and intersex variation

2. Support healthy ageing

- 2.1 The sexual and reproductive health needs of older Queenslanders are recognised and supported in policy and programs
- 2.2 Health promotion messages are targeted to older Queenslanders
- 2.3 Information is provided to aged care services on strategies to promote the sexual health, sexual safety and wellbeing of older people
- 2.4 Information on safe sexual practices is available to older Queenslanders who are repartnering following separation or loss of a partner
- 2.5 Work with the Australian Government to implement the National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy
- 2.6 Aged care services are inclusive of the full diversity of sexual orientation and gender identity and are educated on the needs of older LGBTI people and older people living with HIV

3. Improving education and support for children and young people

- 3.1 Inform parents and carers of the benefits of protective behaviours education for young children
- 3.2 All Queensland schools implement the Australian Curriculum, health and physical education - relationships and sexuality education for students in years P – 10 to promote optimal sexual and reproductive health, minimise harm, reduce stigma and discrimination and highlight the importance of respectful relationships and violence prevention
- 3.3 All Queensland schools provide curriculum based relationships and sexuality education for students in years 11 and 12
- 3.4 Queensland school communities have improved access to school based youth health nursing (SBYHN) to support the delivery of relationships and sexuality education programs and provide an enhanced service which includes pregnancy testing and condom distribution
- 3.5 Queensland schools may use Safe Schools Coalition materials, in consultation with parents and the school community.
- 3.6 Connect young people, who are disengaged from school, reside in out of home care, in the youth justice system or homeless to organisations that provide sexual and reproductive health information and support
- 3.7 Deliver health promotion messages that address the interaction between alcohol and other drug use and risky behaviours relating to the transmission of STIs, HIV and viral hepatitis
- 3.8 Parents and carers, teachers, health professionals and social service agency employees can recognise normal sexual behaviour and respond to inappropriate or problem sexual behaviour and act early when children disclose sexual abuse

4. Responding to the needs of specific population groups

- 4.1 Deliver culturally appropriate sexual and reproductive health information, relevant to Aboriginal and Torres Strait Islander culture and community to enhance health literacy, prevent infectious disease and unplanned pregnancy
- 4.2 Deliver targeted preventative approaches to reduce transmission of HIV, STIs and viral hepatitis in LGBTI people
- 4.3 Ensure post exposure prophylaxis (PEP) is available and accessible to those in need and introduce pre-exposure prophylaxis (PrEP) as an effective treatment in the prevention of HIV
- 4.4 Maximise the overall health, psychological wellbeing and self-fulfilment of transgender persons through access to non-discriminatory, affordable and multidisciplinary healthcare

- 4.5** Customise sexual and reproductive health information and services to the needs of culturally and linguistically diverse (CALD) populations including international students and travellers
- 4.6** Ensure health promotion programs for CALD populations are community led and community-based
- 4.7** People with disability/impaired capacity, their carer's and families receive comprehensive relationships and sexuality education and personal safety information that is adapted to individual learning needs and is available across the lifespan
- 4.8** Sex workers have access to information and health services that are affordable and non-discriminatory and that collaborate with other sectors to provide a wraparound response in crisis situations
- 4.9** Prison populations have access to sexual and reproductive health information through delivery of health promotion and related education programs in prisons

5. Prioritise prevention

- 5.1** Improve rates of HPV vaccination in Aboriginal and Torres Strait Islander young people, migrant and refugee populations and young people who are disengaged from school
- 5.2** Eliminate congenital syphilis in Aboriginal and Torres Strait Islander communities
- 5.3** Build on current practices to improve the rates of early testing and treatment of all pregnant women for STIs HIV and viral hepatitis
- 5.4** Increase access to screening, testing and treatment for STIs, HIV and viral hepatitis through embedding testing in primary health care
- 5.5** Increase the number of point of care testing locations to test and treat for HIV and STIs in accessible locations where need is identified
- 5.6** Support all healthcare providers to undertake contact tracing/ partner notification and referral through educating clinicians on the importance of contact tracing in the clinical management of STIs, HIV and viral hepatitis
- 5.7** Enhance surveillance systems to inform policy and programs in responding to emerging sexual and reproductive health needs
- 5.8** Increase reactive patient partner treatment through uptake of Expedited Partner Treatment methods
- 5.9** Maintain the STI drug replacement program for eligible health services
- 5.10** Improve Indigenous identification in relation to the Notifiable and Other Conditions (NOCS) data base
- 5.11** Continue research into scientific, social, behavioural, clinical and structural drivers for and barriers to achieving optimal sexual health
- 5.12** Support trial evaluation and reporting of innovative prevention strategies

6. Provide quality care at the right time and place

- 6.1** Sexual and reproductive health services are available, accessible, flexible and customised to local need
- 6.2** Identify local need and service gaps through the collaborative work of Primary Health Networks (PHN) and Hospital and Health Services (HHS) and encourage health services to collaborate and partner with non-government organisations to expand the range and reach of service responses
- 6.3** Adopt models of care and technology that supports access for rural and remote communities
- 6.4** Increase appropriate and timely access to treatment and support services through formalisation of referral pathways between primary, secondary and tertiary health care services
- 6.5** Expand multidisciplinary services for children experiencing gender dysphoria to respond to increasing demand
- 6.6** Provide a coordinated service response to all victims of sexual abuse and sexual assault including the implementation of the Response to Sexual Assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault
- 6.7** Enable reproductive choice through consistent implementation of the Queensland Health therapeutic termination of pregnancy guidelines across the public health system.
- 6.8** Build partnerships with the education sector to develop and provide graduate and undergraduate training opportunities in sexual health
- 6.9** Provide coordinated education, training and continuing professional development opportunities for all clinicians including primary health care providers and international medical graduates
- 6.10** Build sexual health workforce capacity through an increase in the number of sexual health physician training positions, S100 prescribers, advanced practice nurses and syphilis surveillance nurse positions
- 6.11** Continue use of innovative eHealth technology and explore the implementation of clinician support models

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