

Queensland Sexual Health Framework

Principles ✓ Access ✓ Equity ✓ Person-centred and trauma-informed care ✓ Celebration of diversity ✓ Respect for human rights ✓ Partnership and collaboration



Vision

All Queenslanders experience optimal sexual and reproductive health



Supporting Queenslanders to achieve optimal sexual health is everyone's business. I commend this whole-of-government sexual health framework to you.

Hon Yvette D'Ath MP

Minister for Health and Ambulance Services
Leader of the House

Why does Queensland need a Sexual Health Framework?

The World Health Organization (WHO) recognises that good sexual and reproductive health is fundamental both to an individual's health and well-being and to the social and economic development of individuals, communities, and countries. Optimising sexual health involves more than the provision of equitable and convenient access to quality sexual healthcare services. The ability for an individual to achieve optimal sexual health and well-being depends on having access to comprehensive, good-quality information about sex and sexuality; knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity; the ability to access sexual health care and living in an environment that affirms and promotes sexual health. The WHO also acknowledges that sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, free of coercion, discrimination, and violence. As many social determinants significantly influence individual health outcomes, sexual health policy should acknowledge the strengths of priority populations and address the challenges they experience that impact on their sexual health.

Objectives

- ✓ Culturally responsive early education and preventive health measures for priority populations that focus on healthy relationships, sexual health, and pregnancy
- ✓ Ongoing activity to address stigma and discrimination and promote culturally responsive practice, with policy support for priority populations
- ✓ Cross-agency acknowledgement of social determinants of sexual health and including these in system responses
- ✓ Enhanced service provision and interagency collaboration
- ✓ Continuous improvement of interagency responses to preventing and managing sexual abuse and sexual violence

- ✓ Integrating technology and improving data quality to facilitate better access to care and inform more targeted health interventions
- ✓ Continuous improvements in opportunistic prevention, testing and treatment, and the development of innovative peer-led and multi-disciplinary models of care
- ✓ Continue to support better health outcomes through translational research.

How does the Queensland Sexual Health Framework link with other strategies and policies?

The Queensland Sexual Health Framework is supported by the Queensland Sexual Health Ministerial Advisory Committee and the underpinning Queensland blood-borne viruses and sexually transmissible infections (BBV/STI) action plans*. It encompasses broader determinants of sexual health and aligns with key Queensland Government strategies and frameworks including but not limited to:

- ✓ *Human Rights Act 2019 (Qld)*
- ✓ *My health, Queensland's future: Advancing health 2026*
- ✓ *First Nations Health Equity Reform agenda*
- ✓ *Queensland Prisoner Health and Wellbeing Strategy 2020-2025*
- ✓ *Queensland Women's Strategy*
- ✓ *State Schools Improvement Strategy 2021-2025*
- ✓ *Domestic and Family Violence Prevention Strategy 2016-2026*
- ✓ *Prevent. Support. Believe: Queensland's Framework to address Sexual Violence*
- ✓ *Queensland Youth Strategy*

Queensland Health established the Sexual Health Clinical Network (SHCN) in 2019 under the auspices of the Queensland Sexual Health Strategy 2016-2021 to share and provide expertise, advice, and recommendations to support high quality, evidence based, safe, effective, patient focused, equitable public sexual health services.

The Queensland Government is committed to ensuring that human rights are respected and that priority populations are meaningfully involved in decision-making and actions relating to sexual health.

*The Framework should be read in conjunction with the Queensland BBV/STI Action Plans which provide detailed priority actions, are aligned with the national BBV/STI strategies, and provide expanded detail around priority populations and activities to support them. Only high-level priority actions relating to BBV/STIs are included in this Framework. Action Plans can be accessed at <https://www.health.qld.gov.au/public-health/topics/sexual-health/strategy>

Priority actions	Partners in action	Information sources to monitor progress
1. Improving community awareness and information for all Queenslanders across their lifespan		
1.1 Support and facilitate access to information for all Queenslanders across their lifespan about sexual and reproductive health.	Department of Education (DoE), Primary Health Networks (PHNs), general practitioners (GPs), Non-Government Organisations (NGOs), Aboriginal and Torres Strait Islander community-controlled health services (ATSICCHS), community pharmacists <i>Lead: Queensland Health (QH)</i>	<ul style="list-style-type: none"> ✓ BBV/STI Action Plan indicators ✓ Funded organisation reports ✓ Agency reports
1.2 Deliver co-designed, culturally responsive and affirming health promotion messages which support personal risk identification and convey safe sexual practices.	DOE, PHNs, GPs, NGOs, ATSICCHS, community pharmacists <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ BBV/STI Action Plan indicators ✓ Funded organisation reports
1.3 Support targeted preventive approaches to reduce transmission of BBVs and STIs in priority population groups as detailed in the Queensland BBV/STI Action Plans.	ATSICCHS, DoE, Department of Justice and Attorney-General (DJAG), PHNs and GPs, community pharmacists, NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ BBV/STI Action Plan indicators ✓ Notifiable Conditions reports for BBV/STIs
1.4 Promote awareness of the evidence-based linkages between early, progressive, and comprehensive relationships and sexuality education and optimal sexual and reproductive health and improved social outcomes.	Queensland Police Service (QPS), PHNs, NGOs <i>Lead: QH, DoE</i>	<ul style="list-style-type: none"> ✓ Funded organisation reports ✓ Evaluation of agency activities ✓ BBV/STI Action Plan indicators
1.5 Address stigma and discrimination around sexual health generally, and that experienced by priority populations accessing healthcare services.	ATSICCHS, community pharmacists, QH, PHNs and GPs, NGOs <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Evaluation of inter-agency stigma campaign ✓ BBV/STI Action Plan indicators
2. Prevention and early education		
2.1 Provide access to information and interventions to raise awareness of sexualised behaviour, sexual assault, and child sexual abuse and ensure mandatory reporting obligations when children and young people disclose sexual abuse.	QH, DoE, QPS, DJAG, Department of Children, Youth Justice and Multicultural Affairs (DCYJMA), NGOs <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Evaluation of agency activities ✓ Agency reports
2.2 Support Queensland education providers in the delivery of comprehensive, inclusive, respectful, and culturally responsive relationships and sexuality education to Queensland students through Australian Curriculum content (P-Y10) and pastoral care programs (Y10-12).	Queensland education providers, NGOs <i>Lead: DoE, QH</i>	<ul style="list-style-type: none"> ✓ Implementation of Australian Curriculum content and pastoral care programs in Queensland schools
2.3 Support increased access to specialised sexual and reproductive health information and support for Queensland school communities through the school-based youth health nursing (SBYHN) network and local service providers.	Community pharmacists, PHNs and GPs, NGOs <i>Lead: QH, DoE</i>	<ul style="list-style-type: none"> ✓ SBYHN reports ✓ Funded organisation reports
2.4 Develop co-designed, strengths-based health promotion messages and prevention strategies/activities addressing the interaction between mental health, problematic alcohol and other drug use, and unsafe behaviours that can result in the transmission of BBV/STIs and other adverse sexual health outcomes.	NGOs, PHNs, ATSICCHS <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Funded organisation reports ✓ Changes to service models to incorporate sexual health
3. Supporting the needs of priority population groups		
3.1 Develop and embed community-led, community-based and culturally appropriate sexual and reproductive health information and/or services that enhance sexual health literacy and reproductive choice for all priority populations.	DoE, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP), NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Funded organisation reports
3.2 Partner with First Nations peoples and ensure their voices are heard, their strengths and needs are recognised and incorporated, and community-driven solutions are integrated into all sexual and reproductive health policy and system responses.	ATSICCHS, QH <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Implementation of co-design processes and health equity approach
3.3 Support enhanced access to safe, non-discriminatory, affordable, and multidisciplinary sexual and reproductive health information and services for gender, sex, and sexuality diverse people.	NGOs, Other government agencies as required <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Funded organisation reports ✓ Queensland Gender Clinic reports
3.4 Support access for sex workers to information and health services that are affordable and non-discriminatory.	NGOs, GPs, PHNs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Funded organisation reports
3.5 Enhance access for prisoners (including those on remand or recently released) to sexual and reproductive health information and services while in prison and linkage to appropriate services on release.	Queensland Corrective Services (QCS), ATSICCHS, QPS, NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Implementation of Queensland Prisoner Health and Wellbeing Strategy ✓ BBV/STI Action Plan indicators ✓ Funded organisation reports
3.6 Link people living with disabilities, older people, people experiencing homelessness, and young people disengaged from school, residing in out of home care or the youth justice system, to organisations providing sexual and reproductive health information and support.	QH, DCYJMA, DSDSATSIP, NGOs <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Agency reports ✓ Funded organisation reports
3.7 Enhance the Queensland Health and coordinated inter-agency service response to all victims of sexual abuse and sexual assault, including training for agency staff working with victims.	QH, QPS, DJAG <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Agency data and reports on the coordinated state-wide response
3.8 Acknowledge and support the unique sexual and reproductive health needs of women of reproductive age and before, during and after pregnancy.	QH, GPs, PHNs, NGOs, ATSICCHS <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ BBV/STI Action Plan indicators ✓ Clinical Network reports ✓ Funded organisation reports
4. Improving the service system		
4.1 The Sexual Health Clinical Network continues to lead and initiate system improvement initiatives for sexual health, including investigation/development of innovative models of care and integration of new technologies.	PHNs, PHUs, ATSICCHS, NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ SHCN reports
4.2 Continue to ensure sexual and reproductive health services are current, evidence-based, collaborative, available, accessible, culturally responsive, flexible, non-judgemental, customised to local need, and maximise opportunistic health promotion, testing and follow up, particularly for those who are less engaged with care.	ATSICCHS PHNs, community pharmacists, GPs, NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ SHCN reports ✓ Funded organisation reports
4.3 Continue use of innovative eHealth technology and explore the implementation of clinician support models that improve access to sexual and reproductive health services in rural and remote communities.	PHNs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Agency reports
4.4 Enhance appropriate and timely access to testing, treatment, contact tracing and support services through visible referral pathways between primary, secondary, tertiary and community health care services.	PHNs, GPs, NGOs, community pharmacists <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Health Pathways implemented ✓ Funded organisation reports
4.5 Support the development of sexual health awareness and skills amongst the broader health workforce.	Professional Colleges, professional associations, NGOs, GPs, tertiary sector, community pharmacists <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ BBV/STI Action Plan indicators
4.6 Enhance support for all healthcare providers to undertake culturally responsive contact tracing and referral by educating them about the importance of contact tracing in the clinical management of communicable diseases.	ATSICCHS, PHNs, GPs, NGOs <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ SHCN working group activities ✓ Future contact tracing KPI data from HHSs
4.7 Continue to support translational research into scientific, social, behavioural, clinical, and structural drivers of and barriers to achieving optimal sexual and reproductive health and support the trial, evaluation and reporting of innovative prevention testing, treatment, and management strategies.	Universities and researchers, NGOs, ATSICCHS, PHNs, GPs, community pharmacists <i>Lead: QH</i>	<ul style="list-style-type: none"> ✓ Outcomes from Sexual Health Research Fund
4.8 Ensure appropriate and comprehensive data collection and reporting to inform services and programs to support priority population groups.	QH, public and private pathology service providers, NGOs <i>Lead: Interagency Response</i>	<ul style="list-style-type: none"> ✓ Data collection processes improved to capture the spectrum of gender and cultural and linguistic demographic information