

**WA ADVISORY COMMITTEE ON HIV/AIDS AND STIs  
W.A.C.H.A.S.**

Dr David Worth  
Principal Research Officer  
Education and Health Standing Committee  
Parliament House  
PERTH WA 6000



Dear Dr Worth

Thank you for the opportunity to tender a submission to the Education and Health Standing Committee with reference to:

- I. compliance with or departure from the Reid Report and the health clinical services framework 200502015; and
- II. any outstanding gaps and needs within health care services.

The WA Committee for HIV/AIDS and Sexually Transmitted Infections (WACHAS) is a cross-sectoral committee that advises the Director General and the Department of Health on sexual health related matters. WACHAS is tasked with oversight the development and implementation of WA sexual health policy and planning that takes into account matters such as prevention, education, treatment, care, surveillance, research, legal and policy issues and evaluation.

The Reid Report does not have specific recommendations to the prevention and control of sexually transmitted infections and blood-borne viruses. It is assumed that all activity relating to sexual health and blood-borne viruses fall under the nomenclature of 'population health'. It is the view of WACHAS, that the Department has complied with the Reid Report recommendations 63 and 72, in that funding and services have been devolved to area/regionally based health services, and more specifically, to community based non-government organisations such as Family Planning WA, WA AIDS Council and Hepatitis WA. The Sexual Health and Blood-borne Virus Program within the Communicable Disease Control Directorate assumes a policy, planning and coordination role for state-wide STI/BBV prevention and control activities.

Similarly, communicable disease control has been addressed within the Health Clinical Services and the service configuration model outlined has been implemented.

Of concern to WACHAS is the risk to assured funding for the public health response to the STI and BBV epidemics within WA. Funding for the public health response to the epidemics is largely underwritten by the Commonwealth Department of Health and Ageing under the Public Health Outcomes Funding Agreement, Hepatitis C Prevention and Education and Needle and Syringe Program Enhancements under the Illicit Drug Diversion Initiative. These special purpose payments to WA Health have now been broad-banded under the National Health Care Agreement, making this funding vulnerable to encroachment by competing demands for the health dollar, particularly by the burgeoning costs of tertiary health care. WACHAS recommends that this public health

funding focused on population health outcomes should be quarantined by the Department of Health.

The epidemiology of sexually transmitted infections and blood-borne viruses in WA is alarming. The number of chlamydia notifications in WA rose almost three-fold from 1998 to 2007, with 7,743 chlamydia notifications in 2007. The number of gonorrhoea notifications has increased by 45% since 1998. Infectious syphilis notifications have more than doubled since 2005, and this was largely due to two outbreaks in the Perth metropolitan area. There has been a 45% increase in HIV cases notified to the Department of Health over the past 6 years. The largest proportional increase in HIV notifications has been in males through heterosexual exposure to the virus while overseas acquired. Local transmission of lymphogranuloma venereum, a rare STI in industrialised countries, has been reported by the Communicable Disease Control Directorate. There were 11 LGV cases notified in 2008 and many of the cases were HIV positive and had a recent history of infectious syphilis. This information is within the public domain and I enclose the Department of Health's report on the Epidemiology of Notifiable Sexually Transmitted Infections and Blood-borne Viruses in Western Australia 2007. The report can also be viewed at: <http://www.public.health.wa.gov.au/cproot/2145/2/STI%202007web.pdf>.

A glaring gap in the Reid Report and the Clinical Health Service framework is the lack of any focus of health services targeting youth as a priority population. Young people, aged 16-25 years of age, account for approximately 65% of chlamydia notifications within WA. Testing, treatment and contact tracing of sexual partners is most effectively provided by community based and area health services. However, primary care providers must be provided with expert clinical advice and referral services, when required. The provision of professional development for general practitioners and public health practitioners is best provided by clinical experts with recognised experience and clinical knowledge. The re-emergence of complex diseases such as syphilis and co-infections also requires the expertise and clinical management by a sexual health physician.

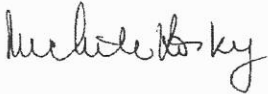
Youth focused clinical sexual health services would be best provided within a holistic, community based youth health service. A youth service that provided co-located primary medical care, mental health, drug and alcohol clinical and prevention services would ensure that young people accessing the service are not 'labelled' or stigmatised. Social and welfare services (such as employment, housing and Centrelink services) could also be co-located, creating a service hub or one-stop-shop for young health consumers. This type of service would improve access to health and social service for young people.

For some time, WACHAS has been concerned about the lack of investment by the Department into the sexual health workforce. The need for increased human resources is clearly identified within the Sexually Transmitted Infections (STI) Model of Care. The STI Model of Care is enclosed for your convenience and can also be viewed at: [http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/STI\\_Model\\_of\\_Care.pdf](http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/STI_Model_of_Care.pdf).

To date, engaging Area Health Services to enhance clinical sexual health services has been very difficult. Directly lobbying the Director General on this matter has also failed.

Once again, thank you for opportunity to provide a submission to the Education and Health Standing Committee. If you require any further information please do not hesitate to contact me by telephone on 9221 3422 or email [michele.kosky@hconc.org.au](mailto:michele.kosky@hconc.org.au).

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Michele Kosky'.

Michele Kosky  
**CHAIRPERSON**  
**WA COMMITTEE FOR HIV/AIDS AND STIS**

10 July 2009

Encl.