Blueprint objective	**3. A health workforce that exists to serve and meet population health needs.**
Case example	**Reducing the impact of HIV, hepatitis B, hepatitis C and sexually transmitted infections in the community, through improved screening, testing and treatment**
What is the community need or problem being addressed?	A significant number of Victorians are burdened by blood borne viruses (BBV) such as HIV, hepatitis B and hepatitis C.[1] If left untreated, both hepatitis B and hepatitis C can lead to serious liver disease, liver cancer and death.[2] HIV progressively weakens the immune system, leaving people living with the virus susceptible to infections and cancer, and at an increased risk of death.[3] Fortunately, effective treatments are available. The treatments for HIV and hepatitis B control these viruses and slow the progression of symptoms enabling people to stay healthier for longer.[4] The treatments for hepatitis C provide a cure, thereby providing an opportunity to reduce transmission, prevent reinfection and eradicate the virus. However, many people living with a BBV are not accessing treatment. This may be due to a range of factors, including but not limited to under-diagnosis of all three BBVs, stigma and discrimination, poor health literacy, lack of appropriate access to medical care for testing, management and treatment, and gaps in health workforce capability.[5]

What is the approach being implemented?

Victorian HIV Hepatitis Integrated Training and Learning (VHHITAL) is a statewide program that seeks to reduce the impact of sexually transmissible infections (STIs) in the community, through improved prevention, testing and treatment. The program aims to:

- Improve general practice workforce capacity to screen, treat and manage HIV, hepatitis B and hepatitis C.
- Improve alignment of certified general practitioners (GPs), priority populations and geographical areas of high prevalence for HIV, hepatitis B and hepatitis C screening and treatment.
- Improve access to community testing and prescribing for HIV, hepatitis B and hepatitis C.
- Improve networking opportunities for prescribers of HIV and viral hepatitis.

Achieving this involves providing STI education to GPs and primary care practitioners, including the localisation and delivery of training for practitioners across Victoria, with at least 200 practitioners participating so far.

This education and training is supported by the development of localised HealthPathways to guide health workers in the best practice care and management of STIs including Chlamydia, Gonorrhoea and Syphilis.

Collective education efforts of partners and stakeholders are enabled through an online state-wide BBV and STI education calendar for use by the whole sector, supporting shared planning, engagement, and coordination of approach.

What have been the key enablers to the success of this approach?

Key enablers included:

- Robust governance through a consortium model approach involving North Western Melbourne PHN (the lead agency), all Victorian Primary Health Networks (PHNs), Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), The Peter Doherty Institute and Alfred Health.
- Formalised structures for clinical leadership with partners such as the Melbourne Sexual Health Centre and other local clinical champions and experts.
- Collaboration with the six Victorian PHNs to facilitate a statewide and local approach to workforce capability building.

What have been some of the challenges to the success of this approach?

Training outcomes are maximised when coupled with other strategies to provide ongoing support, follow-up and mentoring of primary care practitioners engaged in BBV and STI treatment and management. As such, there is opportunity to formalise elements of approach.

What is needed to scale-up the successes?	The model would benefit from a scope which planned for the needs of state prison programs, strengthened the interface between GPs and specialists (and supported connectivity to optimise this), and linked service planning and capacity in the specialist sexual health service sector. Approaches which support strategic alignment of strategies and activities optimise the potential for outcomes. There is the potential to draw from the Victorian experience in other jurisdictions. PHNs are ideally suited to this role given provider engagement, education, and pathways functions.
More information	Victorian PHN Alliance website - http://vphna.org.au/victorian-hiv-and-hepatitis-integrated-training-and-learning/ North Western Melbourne PHN Website - http://nwmphn.org.au/working-with-us/partnerships-collaborations/vhhital/ Email - vhhital@nwmphn.org.au Phone - (03) 9347 1188
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Victorian HIV Hepatitis Integrated Training and Learning is supported by the Victorian Government. The Primary Health Networks Programme is an Australian Government Initiative.