

Breaking barriers: Advancing WHO triple elimination goals in blood-borne viruses and sexually transmissible infection screening and care through integrated community outreach in western Sydney

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Introduction: The World Health Organisation's (WHO) Joint Global Health Sector Strategies (2022-2030) highlight the urgent integration of public health responses for key populations in community correction and prison settings, where HIV, viral hepatitis, and sexually transmissible infections (STIs) are disproportionately prevalent.

In line with WHO guidance, Western Sydney Local Health District's HIV and Related Programs and Storr Liver Centre implemented a successful integrated outreach pilot project for community correction services in western Sydney, highlighting the effectiveness of integrated blood-borne viruses (BBVs) and STI screening among at-risk populations.

Methods: The project implemented a nurse-led model of care in collaboration with community correction services, facilitating linkages to health promotion and clinical services. A combined blood collection for HIV, hepatitis B, hepatitis C, and syphilis, along with urine collection for gonorrhoea and chlamydia, was conducted by a phlebotomist and hepatology nurse. Incentives were used, and Hepatitis NSW peer workers with community correction experience were engaged for promotion and peer support.

Results: The pilot project sparked interest among district community correction services staff, leading to additional services signing up to participate. A total of seventeen BBV tests and five STI screenings were administered, with no positive results recorded.

The project successfully engaged numerous clients for BBV and STI screening, providing valuable testing opportunities for those previously untested by local services. Clients received coordinated care, with referrals to a liver clinic for hepatitis support, and a sexual health clinic for HIV and STI follow-up.

Conclusion: The strategic integration of services offers a pathway to achieve WHO's triple elimination goals for HIV, viral hepatitis, and STIs. This approach not only reduces duplication of effort and optimises resources but also enhances the service user experience. Additionally, there is potential for statewide scaling-up of this project model within other community correction settings in New South Wales to further extend its impact.

Disclosure of Interest Statement: None.