



Australian Government
Department of Health

FIRST

National Blood Borne Viruses and Sexually Transmissible Infections Research Strategy

2021–2025

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Foreword



The First National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Research Strategy 2021-2025 will ensure that future funded research activities best align with the priorities of the BBV and STI research agenda, and support measurable progress towards the goals and targets of the five National BBV and STI Strategies. Importantly, BBV and STI research will help to focus actions that improve the quality of life for people living with BBV and/or STI, and address barriers to services and supports that affect health seeking behaviours.

The First National BBV and STI Research Strategy will capitalise on the significant progress that has been made in recent years in our responses to BBV and STI. This includes the listing of pre-exposure prophylaxis for HIV prevention, additional HIV treatments, and ensuring the broadest possible access to direct acting antiviral treatments for hepatitis C on the Pharmaceutical Benefits Scheme. Despite this progress, BBV and STI remain significant public health issues.

A handwritten signature in blue ink that reads "Greg Hunt". The signature is fluid and cursive.

The Hon Greg Hunt MP
Minister for Health and Aged Care

The National Strategies recognise the considerable work already being progressed collaboratively by governments, community-based organisations, researchers, health professionals and communities. The success of the National Strategies relies on continuing to build a strong evidence base to better inform our responses, evaluating our approaches to identify what is most effective, and further strengthening our workforce, partnerships and connections to priority populations. There is a critical need to improve knowledge and awareness of BBV and STI to identify emerging issues and challenges. Maintaining our momentum is essential – we now have the potential to considerably advance our response across some critical areas and inform future health policy.

The development of the First National BBV and STI Research Strategy has highlighted the significant collegiality and commitment of all stakeholders to strengthen our BBV and STI response. With this foundation, Australia can continue to strive to achieve great things, and build on our reputation as a world-leader in both research and practice.

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1. Introduction

The five National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies¹ set the direction for Australia's continuing response, and represent the commitment of Australian governments, researchers and health and community organisations to address the impact of BBV and STI on the Australian community.

The First Blood Borne Viruses and Sexually Transmissible Infections Research Strategy 2021 —2025 (the Strategy) aims to support nationally relevant research and innovation, and capacity building in reducing the incidence and impact of BBV and STI in Australia. The Strategy builds on the considerable work already being progressed collaboratively by governments, community-based organisations, researchers, health professionals and communities to improve health outcomes for people at risk of, and living with, BBV and STI.

Australia supports the World Health Organization's (WHO) Global Health Sector Strategies on Sexually Transmissible Infections, HIV and Viral Hepatitis 2016–21, which have an overarching goal of eliminating BBV and STI as a public health concern by 2030. Meeting and exceeding the international obligations and targets is a critical part of Australia's response.

The Australian Government supports health and medical research through increased investment and work to strengthen safety and quality across the health system to reduce risks to patients and generate efficiencies. This aims to ensure Australia's health system is better equipped to meet current and future health needs by applying research,

evaluation, innovation, and use of data to develop and implement integrated, evidence-based health policies.

Responses to BBV and STI have been underpinned and strengthened by a partnership approach between the Australian and state and territory governments, community organisations, researchers, health professionals, people at risk of, living with and/or affected by BBV and STI. Supported by continued investment from governments, high quality and rigorous research conducted by the national centres of research excellence and other organisations is critical to Australia's robust response to BBV and STI.

The ambitious targets and goals outlined in the five National Strategies (the National Strategies) will continue to guide Australia's efforts to significantly reduce the transmission of BBV and STI, increase rates of diagnosis, and improve access to prevention, harm reduction, treatment and care services. The National Strategies also include guiding principles to support a high quality, evidence-based and equitable response to BBV and STI. They are drawn from Australia's efforts over time to respond to the challenges, threats and impacts of hepatitis B, hepatitis C, HIV, and STI. Importantly, they also focus on improving the quality of life for people living with BBV and STI, addressing the barriers to services and supports that affect health seeking behaviours and overall access.

¹ Third National Hepatitis B Strategy 2018-2022
Fourth National STI Strategy 2018-2022
Fifth National Hepatitis C Strategy 2018-2022

Fifth National Aboriginal and Torres Strait Islander
BBV and STI Strategy 2018-2022
Eighth National HIV Strategy 2018-2022

This includes stigma and discrimination experienced by marginalised and priority populations including:

- Aboriginal and Torres Strait Islander people
- culturally and linguistically diverse populations
- people who inject drugs and/or living with HIV, hepatitis B and/or hepatitis C
- sex workers
- gay men and other men who have sex with men
- trans and gender diverse populations
- people in custodial settings or history of incarceration.

Significance of BBV and STI Research

Australia has continued to make significant progress in the prevention and management of BBV and STI. However, diseases like hepatitis B, hepatitis C, HIV, syphilis, gonorrhoea, human papilloma virus (HPV) and other sexually transmissible infections remain significant public health issues. Persistent and emerging issues, such as anti-microbial resistance among key STI and human T-cell lymphotropic virus type 1 (HTLV-1) also require an ongoing and concerted effort.

Social, behavioural, epidemiological and clinical research is important in developing a strong evidence base for managing and preventing BBV and STI in the community. Research is an essential part of the health system, spanning a pipeline from concept to laboratory through to translational and implementation research, clinical and social application, and community benefit.

Policy relevant research needs to be responsive to changing evidence and emerging issues and be aligned to support the delivery of government's strategic goals. Continuous improvement of data collection and systems is also important to better

support a comprehensive understanding of BBV and STI in Australia. This includes understanding the social drivers that influence the rates of and responses to BBV and STI, evaluating surveillance data to monitor the impact of prevention interventions and harm reduction approaches, and identifying trends of concern and gaps in the current response.

Conducting independent research to inform, improve and monitor government policy is a challenge for both policy makers and researchers alike. The use of research in policy development can be encouraged by enabling timely access to relevant data and research findings, encouraging interaction between policy makers, healthcare providers, researchers, affected communities and consumers, and increasing individual and organisational capacity to use research.

The *Ottawa Charter for Health Promotion* provides the framework for effective actions under this Strategy. It facilitates the active participation of affected communities and individuals to increase their influence over the determinants of their health, and the formulation and application of laws and public policies to support and encourage healthy behaviours and respect for human rights. The Australian and international community expects research to be conducted responsibly, ethically and with integrity. The *Australian Code for the Responsible Conduct of Research* articulates the broad principles that characterise an honest, ethical and conscientious research culture. It establishes a framework for responsible research conduct that provides a foundation for high-quality research, credibility and community trust in the research endeavour.

Close collaborations between research agencies and funders, such as government and knowledge users², have been shown to be effective in generating policy-relevant research, particularly where funders are involved in decisions that drive the strategic directions of the program to deliver on priority outcomes. Partnerships between researchers, health professionals, and community and peer-led organisations are essential and valuable. Such organisations are often the first to identify cultural influences, social interactions, demographics of priority populations, and changes in behaviours due to their direct contact with affected communities and are therefore critical to a research-driven targeted response.

The Australian Medical Research and Innovation Strategy 2016–2022 identifies and articulates a number of challenges facing the health and medical research sector in Australia, including the BBV and STI landscape. These challenges need to be addressed, through applied and social research, to reduce the morbidity, mortality and impact of disease, and in turn lift and accelerate the social, health and economic gains to be made from research at individual and population levels.

² knowledge user is defined as an individual who is likely to use knowledge generated from research to make informed decisions about health research, health policies, programs and/or practices. A knowledge user can be, but is not limited to, a researcher, research

trainee, health practitioner, policy maker, educator, decision maker, health care administrator, national peak organisation, community organisation, person living with or at risk of BBV and STI and affected community, private sector organisation, or media outlet.

2. The Strategy

The Strategy sets out the aims and objectives of the multi-disciplinary research activities undertaken within Australia and supports the implementation of the five National BBV and STI Strategies by identifying challenges, barriers and opportunities to achieve the agreed goals and targets. The Strategy also identifies a series of Guiding Principles that have the potential to advance the BBV and STI policy landscape and increase the community use of research, creating greater impacts on prevention and diagnosis of infections, treatment and care of people living with infection. It will also address social barriers i.e. stigma and discrimination, thereby improving health outcomes both now and into the future.

The Strategy builds on the substantial advances that have been made in BBV and STI research programs over the last 20-30 years, through sustained investments made by Australian governments, in research conducted by National Centres of Research Excellence and other organisations.

Aim

To guide BBV and STI research and innovation to effectively inform the implementation of priority actions outlined in the five National BBV and STI Strategies, focused on reducing morbidity, mortality, stigma and discrimination, increasing access to new biomedical interventions and improving quality of life and health outcomes for people living with, or at risk of, BBV and STI.

Objectives

- Embed and foster research and innovative program design that directly addresses and implements goals and targets in the five National BBV and STI Strategies.
- Generate a holistic evidence base, informed by multi-disciplinary research, to guide policy development and co-designed health promotion, prevention strategies, and health services and programs.
- Address gaps in data and knowledge to identify emerging issues and challenges, and inform future priorities, meet new challenges and develop effective health policy.
- Drive collaboration and linkage across research programs, and encourage future adoption of research outcomes in policy and practice.
- Support a continuum of service delivery (i.e. Community and peer-led prevention interventions, diagnosis, treatment, care and social support services) to maximise impact and improve population health outcomes.
- Improve the impact of BBV and STI research to inform effective social and health policies and programs.

3. Guiding Principles

The four guiding principles provide a framework for identifying BBV and STI research priorities:

- 1. Translation:** focus on translation and implementation of research and innovation in the BBV and STI landscape to reform services and systems.
- 2. Data and infrastructure:** build on the strong evidence-base to identify and address gaps in knowledge and integrate BBV and STI translational, epidemiological, behavioural, clinical and social research to inform future health policies and programs, and ensure linkage and alignment with priority areas of action.
- 3. Health services and systems:** to discover, trial and evaluate innovative and sustainable models of healthcare to support the continuum of prevention interventions and care services for people at risk of or living with BBV and STI.
- 4. Capacity and collaboration:** encourage collaboration between researchers, research centres, health providers, community partners and peer-led organisations, and key stakeholders focusing on policy and practice solutions.

Translation

The elimination of BBV and STI as a public health concern requires new technologies and innovative approaches informed by up-to-date research and evaluation. It also requires effective engagement with affected persons and their communities to address longstanding disparities and issues such as stigma and discrimination, the current lack of treatment and prevention activities in custodial settings, and challenges in connecting with marginalised and priority populations.

There have been a number of advances in the prevention and treatment of BBV and STI in recent years. Some of note are:

- the advent of and unrestricted access to new direct acting antivirals (DAA) for curative treatment of hepatitis C and methods for monitoring antiviral resistance
- the widespread availability of antiretroviral drugs to reduce the risk of transmission and prevent acquisition of HIV
- access to and successful rollout of a highly efficacious vaccine for managing the prevalence and prevention of hepatitis B, particularly improving uptake among Aboriginal and Torres Strait Islander people
- point-of-care tests for HIV, hepatitis C and STI, which have been instrumental in providing same-day testing and treatment for vulnerable and marginalised populations
- dried blood spot testing for HIV and hepatitis C, allowing self-testing among target populations
- the introduction of Gardasil®9, which protects against nine types of human papilloma virus
- the use of pathogen genomics and molecular epidemiology to enhance the public health response.

High-quality research from a broad range of perspectives (clinical, epidemiological, social, and behavioural), has guided the development and implementation of these advances. However, there is scope for further research and innovation in practice to support the optimal adoption and scale-up by identifying novel ways to engage the BBV and STI affected communities and remove barriers to diagnosis, testing and treatment uptake.

Ongoing research and innovation is required along the entire continuum of BBV and STI prevention, education, health promotion, diagnosis, and treatment, cure and care services. This includes research that supports targeting, simplifying and adapting services and programs with community needs, removing barriers to accessing care, and supporting entry into care and retention.

Innovation is not only required to develop new technologies, interventions, improved models of care and other approaches, but is also a key to nationwide scale-up of existing interventions proven to be effective and to use existing tools more efficiently; adapting them for different populations, settings and purposes. Research that delivers new methods to avoid wasteful interventions, adopts best practice and fosters information exchange will allow community organisations and clinicians to benchmark with peers and lead to continuous quality improvement. This includes the importance of data analyses, mathematical modelling and health economics research and assessment of the efficiency of interventions at delivering outcomes.

Innovation in new diagnostics, prevention interventions, vaccines and curative treatments for BBV and STI will enhance impact and lead to improved health outcomes for people living with at risk of, or living with BBV and STI. Despite the major advances in the safety, potency and acceptability of medicines and regimens, a number of areas remain where improvements are required and possible. For example, the current approach to treatment for chronic hepatitis B infection is complex, reflecting a risk-benefit approach driven by the lack of an effective curative regimen. Also, while the advent of direct-acting anti-virals that cure hepatitis C infections has been highly successful, there remains an urgent need for a prophylactic vaccine for the prevention of HIV and hepatitis C, to help reach elimination targets set by the WHO in Australia and globally. Additionally, one of the major barriers to advancing BBV

and STI control and prevention is the lack of reliable, low-cost, point-of-care tests, particularly in rural and remote communities, and access to safe and effective self-tests.

Research is measured as having impact when research findings are translated and implemented to inform, drive and evaluate effective social policies and health programs. Most health systems are faced with high demand but have a limited budget with which to provide the necessary services. A cost-effectiveness analysis can help determine the best use of limited funds available to promote health, optimise prevention interventions and care to maximise value for money.

Transforming and communicating the purpose and role of BBV and STI research and effectively marketing its products and services to target marginalised and priority populations, including through knowledge translation will lead to positive clinical behavioural and societal changes.

Data and Infrastructure

The National BBV and STI Strategies are critical in guiding Australia's ongoing health sector and community response, significantly reducing the transmission of BBV and STI, improving clinical management, and reducing the impact of infection, stigma and discrimination. The costs of these interventions are assumed to be shared across different parts of the health sector. However, the total costs of implementation to achieve the goals and targets set out in the five National Strategies are unknown.

Costing data, drawn from research across demographic and population estimates, including the costs of stigma, discrimination, human rights and legal issues, must be reviewed and an evaluation of future costs provided to Government. This will help inform and build on the existing evidence-base, and translate research and costing data into future investments from different levels of government in the BBV and STI landscape.

Continuous improvement of data collections and systems is important to support a comprehensive understanding of BBV and STI in Australia. Cost-effective and systematic solutions, including the better use of existing data linkage resources, are required to facilitate continued improvement in the completeness of reporting and accuracy of estimates for notifiable BBV and STI in Australia. This will build on the strong evidence-base, and the ongoing surveillance and monitoring frameworks that are used to integrate BBV and STI data to support healthcare delivery, service improvement and best practice.

Accurate data that are easily accessible in a timely fashion are critical to responsive research. This Strategy will support development and application of new methodologies and opportunities for the research and analysis of factors that lead to the transmission of BBV and STI as well as the testing and evaluation of policies and interventions to improve health outcomes. Specialised research methods capable of collecting meaningful data about population groups that are often too small to be visible in population datasets are needed to understand community and cultural drivers of BBV and STI transmission and opportunities for prevention and enhanced intervention engagement at the local level.

This includes research to:

- identify gaps in policy and practice, and deliver tools to inform, monitor and evaluate population health responses to BBV and STI. There is a need to improve the timeliness and consistency of data and knowledge at the national and state and territory levels to better support completeness and comparability
- improve the level of detail and granularity of collected data to better identify trends and issues of concern in relation to specific priority and sub-populations. Data, where ethically permissible, should be appropriately

disaggregated to the regional, community and facility levels by age, sex, population and location to better understand subnational epidemics, assess performance along the continuum of BBV and STI services and guide more focused investments and services

- improve reporting of Aboriginal and Torres Strait Islander status in clinical and pathological settings i.e. all relevant data and administrative collections including pathology request forms, laboratory results and disease notifications.

An integrated national data framework, linking and providing access to clinician and community captured data and surveillance information, will improve the effectiveness, efficiency, and quality and safety of clinical service delivery to people living with BBV and STI and yield benefits for consumers, the community and the broader health system. It will also allow a more accurate assessment of the cascades of care, and evaluation of the quality of monitoring and care provided to people living with BBV and STI.

This research will not only address gaps in existing data but will also identify, examine and evaluate key changes in the epidemiology of BBV and STI within priority populations, emerging issues and concerns and influences on people's decisions with respect to risk taking and seeking testing, treatment and care.

Any data and infrastructure improvements, however, will need to adhere to the *National Statement on Ethical Conduct in Human Research (2007)* and best practice governance along with the jurisdictional guidelines on cultural security and competency.

Social research plays a significant role in investigating the experiences and needs of priority populations, and supports the targeting and outreach of services and programs. Responding to the BBV and STI epidemics requires an in-depth understanding of where, when, how and among whom new infections are occurring. This includes identifying the social, cultural and structural factors that facilitate transmission of BBV and STI, and individual and community needs and preferences in terms of access to and use of relevant services. Prevention interventions, treatment and care programs can then be prioritised and focused accordingly.

A robust strategic and research led information system that analyses and translates up-to-date research data on BBV and STI into usable information can leverage much needed political commitment. It will also create awareness and advocate for action and resources, to set national targets, plan for a focused response, and implement programs most efficiently in order to achieve greatest impact.

Health services and systems

The National BBV and STI Strategies include priority areas for action designed to support the achievement of goals and targets. Achievement of the WHO 2030 global health targets requires a robust and flexible health system with accessible and effective service delivery models, and timely access to accurate health information. People living with BBV and STI must receive the full range of relevant health services they need along with the prevention initiatives, both within the community and in correctional facilities.

Research must be focused on discovering innovative and sustainable community-centred models of service delivery, and identifying opportunities to improve patient management systems with a view to encounter future challenges, as well as future costs and benefits.

The inclusion of primary care and affected communities in this research is of utmost importance to encourage well-designed, culturally appropriate and impactful health and social outcomes.

Research is also not complete until the results and findings are reported back to community groups and key stakeholders involved in the research. Ideally a partnership approach should be taken from the conceptualisation stage of research, with meaningful consultation and collaboration prioritised throughout the research timeline. Participants should also have access to the data collected and be empowered to apply the research findings and recommendations. Strengthening research translation to guide interventions at the local and national level will better support the primary care and community sector workforce and ensure equitable and appropriate access to care and services.

A cascade analyses of different populations and settings for BBV and STI to determine the quality of services, service utilisation and acceptability will identify gaps and weaknesses in care services, inform possible remedial actions and help assess the effect of interventions, care and management. More broadly, research into the social context of the lives of service users and those not engaged in care, investigating the specific experiences and needs of marginalised and vulnerable populations will provide insight into effective models of engagement. For example, research indicates that greater integration and linkage of BBV and STI primary care services with other relevant health services (broader sexual and reproductive health, harm reduction and alcohol and other drug use disorders, blood safety, cancer prevention and management, and non-communicable diseases including mental health services) can speed up progress towards key milestones and targets and increase efficiency, access, acceptability and savings.

Identifying the best methods and approaches for delivering the continuum of BBV and STI services to different populations and in different locations, will help achieve equity, ensure access to quality, and culturally appropriate services, remove barriers to service access and maximise impact. A dynamic and informed community engagement mechanism in BBV and STI research, particularly with priority populations, will also address stigma and discrimination and minimise the impact on the health of people at risk of or living with BBV and STI.

Overall health impact is boosted when service delivery approaches fit the realities and needs of consumers (especially marginalised and priority populations) and end users, explore opportunity costs and minimise inefficiencies, use simplified and standard protocols, and fully engage communities. There are opportunities for further research and innovation in all those respects.

Capacity and Collaboration

The Australian Government encourages research whereby researchers, community organisations, affected communities and policy makers are meaningfully involved in all stages of research priority setting and co-design – from development to application, building an understanding of the way evidence is generated to allow for greater integration between research and the use of evidence. Collaborative BBV and STI research can guide and respond to future health policy and programs. A strong and concerted approach increases the likelihood that research will be timely, co-produced, policy aligned and applied in practice to improve lives and outcomes. This collaboration can occur at inter- and intra-government levels, within primary care settings, health services, community organisations and research centres, and incorporate meaningful community partnerships and consultation.

Research can sometimes be perceived as an imposition on communities and resources rather than as a means to reduce risk, increase access and service delivery, and improve health outcomes. It is important to develop and foster a research culture in BBV and STI across Australia that embeds research outputs as core business in strategic planning, policy, capacity building and workforce development strategies. Research activities must be valued and recognised as high quality and serving community needs. This will strengthen and enhance research literacy to enable and support national and international collaborations, which will in turn facilitate research translation to benefit research participants.

The success of BBV and STI research depends largely on workforce capacity and talent. Building research and workforce capacity includes enhancing the abilities of individuals, organisations and systems to undertake and disseminate high quality research efficiently and effectively, and the capacity of other sectors and stakeholders to engage with research and utilise knowledge derived from this process. In Australia, workforce capacity in BBV and STI research has been built through long-term investments by governments in research centres so that skills, knowledge and mentorship occurs, and relationships are built across communities and research centres rather than just individual researchers. This has been core to successful community-engaged research in BBV and STI prevention, treatment and care over many decades.

BBV and STI responses in recent years, in Australia and globally, have utilised research breakthroughs in basic science and technologies, and demonstrated that it is feasible to scale-up clinical and public health programs in challenging settings.

It is vital that research be undertaken in partnership with community-based organisations and service providers, and that a partnership approach is always taken in identifying and pursuing research priorities. Research collaboration with affected communities must continue, with the intent to stimulate innovation and effectiveness, as this is crucial to achieve targets and improved health and well-being outcomes. This includes social, behavioural, clinical and structural drivers for and barriers to achieving optimal health outcomes across areas of social impact such as sexual and reproductive health, harm reduction, drug and alcohol use disorders, sex work, mobility and migration, stigma and discrimination, particularly for marginalised and vulnerable population groups.

Research training and skills development should also be integral to the education of all health service providers. Infectious disease modelling, discovery, development, and commercialisation of research cannot occur without appropriate workforce capacity, effective implementation and a means to evaluate the impact this work has on quality of life for people living with or at risk of BBV and STI and the wider community.

The Government is willing to maximise ongoing and effective partnerships and shared goals amongst levels of government, national peak organisations, the clinical workforce, researchers, affected communities and all funding bodies. Through collaboration, researchers can be encouraged to adopt entrepreneurial approaches, test the implementation of science applications, and look for opportunities to deliver tools to inform, monitor and evaluate the population health responses in Australia.

4. Opportunities and Benefits

Research is vital in both supporting the health system and community-based organisations towards a tailored BBV and STI response. While research is sometimes invisible to the larger community on the frontline of care, these activities are often operating behind the scenes to make a difference in the type, quality and effectiveness of health services, and the care delivered.

The National BBV and STI Strategies have capitalised on the significant headway in technological advances, testing, care and treatment approaches that have been made in recent years in response to BBV and STI. The National Strategies for many years have also prioritised high quality and innovative translational, epidemiologic and social research that has enabled us to understand cultural and behavioural drivers of BBV and STI transmission, testing and treatment uptake and engagement in care. Despite efforts, the National Strategies identify trends of concern and gaps in the response. It is critically important to continue to build on the strong evidence base for effectively responding to existing and emerging BBV and STI issues and challenges.

Maintaining a strong multi-disciplinary research agenda to inform and support the implementation of the National BBV and STI Strategies is essential.

The Australian Medical Research and Innovation Strategy 2016–2021 notes that an improvement in health and well-being provides additional benefits to the economy and to society. It:

- enhances productivity gains by avoidance of premature mortality and morbidity
- reduces care, carer and aids costs
- reduces loss associated with government transfers such as taxation revenue forgone and welfare and disability payments.

Targeted BBV and STI research will enable researchers to answer questions about the causes, prevention, treatment, management and minimisation of impact of disease. In doing so, it will also provide comprehensive advice to governments, both at the Commonwealth and state and territory levels, to provide certainty for research funding and longer-term investment in this sector to ensure improved outcomes. Long-term investment in BBV and STI research also has the potential to benefit the quality of research by retaining research expertise and engaging communities in a sustained manner.

Collaborative efforts between communities, organisations, researchers and health professionals offer opportunities to combine the strengths of all partners to identify research priorities of most value to communities, policy and practice.

5. Key Areas for Action

This Strategy provides direction for researchers to define, innovate and accelerate the existing BBV and STI research agenda, requiring the research community to break new ground to:

- support research that directly addresses the National Strategies targets and uses process and impact evaluation for validation
- address knowledge gaps to build the evidence base to inform future priorities for health policies and programs, and ensure linkage and alignment with priority areas of action
- evaluate processes and impacts to validate proactive and new approaches to BBV and STI prevention, treatment, care, education and health promotion.

- deliver new methodologies and curative treatments, use existing tools more efficiently, and to adapt them for different populations, settings and purposes
- encourage translational research aimed at preventing and eradicating BBV and STI
- evaluate the efficiency and affordability of interventions including cost-effectiveness analysis, return on investment and budget impact assessment through health economics research.

- understand and address the barriers to services and support that affect health seeking behaviours and overall access, e.g. stigma and discrimination experienced by marginalised and priority populations
- promote dynamic and informed community engagement in BBV and STI research, particularly that of priority populations
- encourage pioneering methods of evaluation, and research that validate improved clinical testing and treatment efficacy, leading to improved mortality rates, and quality of life outcomes
- address gaps in research literacy among the BBV and STI sector workforce and support research translation.

- ensure equitable and effective treatment in all health service contexts, recognising the dignity of all, and the right and responsibility of individuals to own and participate in the achievement of their own health goals and outcomes
- understand the social contexts that shape or influence health related practice and healthcare engagement

- strengthen ongoing effective partnerships and shared goals amongst governments, community sectors, peak organisations, researchers, the workforce, communities and all funding bodies.

6. Governance and Implementation

The research and evaluation underpinning the BBV and STI service environment over many years has ensured substantial progress in clinical, personal and social responses to key issues. This has resulted in greater clinical testing and treatment efficacy, population-level effectiveness, more socially informed discourse towards addressing issues such as stigma and discrimination, and increased personal empowerment.

The research pathway must follow a targeted approach to improve the availability, appropriateness, effectiveness, efficiency, quality and safety of service delivery to yield substantial benefits for consumers, the community and the health system – one from which future generations will benefit.

The Australian Government is committed to providing strong leadership by working across portfolios, jurisdictions and key stakeholders including community-based organisations to achieve the goals of the National Strategies. The Australian Government Department of Health will ensure that the BBV and STI research agenda remains responsive and transparent and promote translation of research outputs into evidence-based policy and practice.

The Strategy also recognises the considerable work already being progressed and encourages flexibility on how research funds are distributed by Government. This can occur via an approach to market to undertake a limited or open tender process, by an independent expert selection process, or by direct funding to any eligible organisation.

Research entities make a valuable contribution to the promulgation of evidence-based policy. This Strategy defines the process for validating the benefit of funded research towards the implementation of the National BBV and STI Strategies and ensures that research funded by the Commonwealth supports the aims, objectives and targets of the current National Strategies, and beyond.

Grants are widely used to achieve government policy outcomes that support Australia's jobs, growth and innovation. The Commonwealth Grants Rules and Guidelines (CGRGs) establish the whole-of-Government grants policy framework, under which non-corporate Commonwealth entities undertake grants administration. The CGRGs contain key legislative and policy requirements, and explain the better practice principles of grants administration.

The seven key principles for grants administration that apply to the grants lifecycle and all grant opportunities are:

- robust planning and design
- collaboration and partnership
- proportionality
- an outcomes orientation
- achieving value with relevant money
- governance and accountability
- probity and transparency

Ensuring that the requirements of the CGRGs are understood and effectively incorporated will ensure that potential grantees best suited to undertake grant activities apply for and receive a grant. This will facilitate the achievement of outcomes that align with the targets and priority areas for action in the National BBV and STI Strategies.

The success of this Strategy is contingent on productive partnerships between Commonwealth, state and territory governments, community-based organisations, health professionals and researchers.

Evaluation of effective research programs and policies will also provide a more definitive evidence base and inform the development of subsequent National BBV and STI Strategies. It also aims to enhance the conduct and use of research to advance the BBV and STI policy landscape, thus creating greater impacts on BBV and STI outcomes, both now, and into the future. This will further reduce the rates of morbidity and mortality that impact affected communities and the health system.

The Strategy will be reviewed in 2025, to align with the National BBV and STI Strategies, and ensure alignment with identified goals and targets.

With this foundation, Australia can continue to achieve great things, building on its reputation as a world-leading model of best practice, particularly in BBV and STI research and innovation.

For more information go to [health.gov.au](https://www.health.gov.au)