Australian Health Protection Principal Committee

Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS)

Terms of Reference

Purpose

BBVSS provides national leadership and advice to AHPPC on strategic policy, social issues, emerging risks, and priority actions related to HIV, hepatitis B and hepatitis C, and other blood borne viruses (BBV) and sexually transmissible infections (STI).

The role of the BBVSS is to:

- embody national leadership through cross jurisdictional and community collaboration on BBV and STI matters, including through the development, implementation, monitoring, and evaluation of Australia's National BBV and STI policies;
- provide a forum for nationally coordinated prevention of, and response to, BBV and STI, bringing together Australian government, state and territory governments, peak bodies representing communities and the health workforce, research centres and other key organisations;
- advise AHPPC on national policy development and implementation on BBV and STI related health protection threats, using an evidence-based approach,
- undertake horizon scanning to identify emerging risks related to BBV and STI, and take a risks-based approach to reporting to AHPPC;
- provide advice and guidance on the direction of BBV and STI research needs and potential gaps; and
- ensure consistent, timely and accurate communication between jurisdictions and other relevant organisations.

In delivering its role, the BBVSS will:

- advise and make recommendations to AHPPC on health protection matters to mitigate emerging health threats related to BBV and STI;
- advise AHPPC on national BBV and STI health protection priorities;
- through AHPPC, enable the development and adoption by states and territories of national health protection policies, guidelines and standards on BBV and STI;
- take strategic direction from AHPPC;
- consult and negotiate with other relevant agencies and committees, including other relevant expert committees, on the development of national BBV and STI public health protection priorities and strategies;

- promote the alignment of jurisdictional strategic plans and activities with agreed national priorities;
- consider emerging trends in the epidemiology and surveillance of BBV and STI in liaison with the CDNA and its sub-committees as appropriate;
- ensure that national, state and territory policies reflect and address the personal, social and community aspects of BBV and STI; and,
- consider the role of BBVSS in the context of Aboriginal and Torres Strait Islander health outcomes.

Chairing

The BBVSS Chair and Deputy Chair are nominated by the full BBVSS committee for a term of two years. The Chair and Deputy Chair positions may only be filled by jurisdictional members, which includes the Commonwealth. The Chair and Deputy Chair positions are for a term of two (2) years.

The Deputy Chair's role is to fill in for the Chair when they are unavailable or unable to chair a meeting.

It is the responsibility of the Chair to report the outcomes of BBVSS meetings to the AHPPC.

Membership

Each AHMAC member jurisdiction, including New Zealand, is to be represented on the BBVSS, unless otherwise agreed by individual jurisdictions. Each jurisdiction is to be represented by a senior officer, nominated by their respective Health department, who has authority to make decisions or commitments on BBV and STI issues on the behalf of their jurisdiction.

Community representative members are nominated by their organisation.

All members are appointed as representatives of their organisation/ jurisdiction.

Subject to AHPPC agreement, the Chair of BBVSS may also invite other persons to join the committee where their representative input will significantly add value to the committee's work.

In the event that a member cannot attend an alternative representative may attend as a proxy with notice to be provided to the Chair and the Secretariat.

All members must abide by the AHMAC Statement of Expectations.

Membership numbers must give due regard to an appropriate gender balance, and representation of priority populations for BBV and STI issues. It may be appropriate to establish time limited expert reference panels for issues where representation could be enhanced, with the approval of AHPPC.

Where possible members appointed to BBVSS should overlap with related committees, such as the Communicable Diseases Network Australia (CDNA), and the CDNA National BBV and STI Surveillance Sub-Committee (NBBVSTISC). Cross-collaboration efforts should be fostered by appointing these members as formalised reporting and information-sharing channels.

Membership of BBVSS comprises:

- a chairperson and deputy chairperson;
- as appropriate to the internal structures of each Australian state and territory government health department, one representative for BBV and STI policy and programs;
- as appropriate to the internal structures of the Australian Government Department of Health, one representative for BBV and STI policy and programs, including Aboriginal and Torres Strait Islander health;
- as appropriate to the internal structures of the New Zealand Government, one representative for BBV and STI policy and programs;
- one representative from the Australian Federation of AIDS Organisations;
- one representative from Hepatitis Australia;
- one representative from the Australian Injecting and Illicit Drug Users' League;
- one representative from the National Association of People With HIV Australia;
- one representative from the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine;
- one representative from Scarlet Alliance, Australian Sex Workers Association;
- one representative from the Australian Indigenous Doctors' Association; and
- one representative for the Aboriginal and Torres Strait Islander people and communities on health issues relating to BBV and STI.

Standing Observers

Standing Observers include:

- representative(s) from the Australian Government Department of Health, including persons working on BBV and STI, and Aboriginal and Torres Strait Islander health;

Other Observers and Guests

From time-to-time other observers or guests may be invited to meet with BBVSS, including:

- representative(s) from other Australian Government departments, as applicable to the issues under discussion;
- representative(s) from BBV and STI research and clinical organisations, as applicable to the issues under discussion; and
- representative(s) from related BBV and STI committees.

Proxies

In the event that a member cannot attend, an alternative representative may attend as a proxy with notice to be provided to the Chair and the Secretariat.

BBVSS Jurisdictional Executive Group (BBVSS JEG)

BBVSS JEG is comprised of the jurisdictional members of BBVSS. A separate set of ToR apply to BBVSS JEG.

Reporting arrangements

BBVSS is expected to develop a work plan, endorsed by AHPPC, reflecting the priorities identified by the AHPPC, AHMAC and CHC, and report regularly on the progress of implementation. A BBVSS Report shall be supplied to each meeting of the AHPPC.

Work plan

The BBVSS will include items on their work plan that address Aboriginal and Torres Strait Islander people's health and wellbeing, reflecting areas of high priority.

The BBVSS work plan will be reviewed annually, in line with the AHMAC Annual Planning and Priority Setting (APPS) process.

Meetings

The BBVSS will meet face-to-face two times per year. When face to face meetings are required, the host will ensure there are satisfactory facilitates available for other members that wish to participate but are unable to be present in person.

BBVSS may also hold an additional 1 day face-to-face meeting annually, focussed on Aboriginal and Torres Strait Islander health issues.

In addition to regular BBVSS meetings, the BBVSS may convene extraordinary or emergency teleconferences or workshops, as required, to discuss BBV and STI health protection matters of national significance as they arise.

A proposed meeting schedule will be prepared and endorsed annually, for provision to AHPPC for endorsement.

Review

The Terms of Reference will be reviewed and re-endorsed by AHPPC every three successive financial years, or as requested by AHPPC.

Related documents

The BBVSS Terms of Reference should be read in conjunction with the Council of Australian Governments (COAG) Health Council Operating Guidelines, Australian Health Ministers Advisory Council (AHMAC) Statement of Expectations and AHPPC Operational Guidelines.