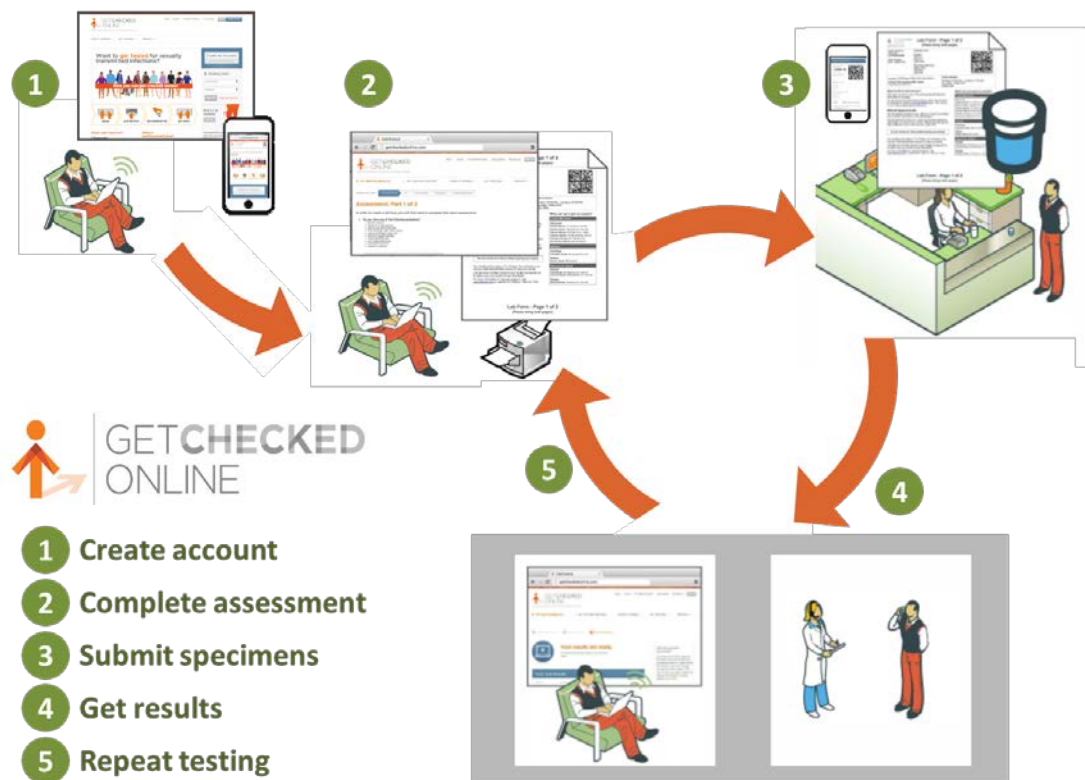


## Objective

To examine **contextual factors shaping the implementation** of GetCheckedOnline (GCO)—an **internet-based testing program** for sexually transmitted and blood-borne infections (STBBIs) available since 2014 in **British Columbia, Canada**



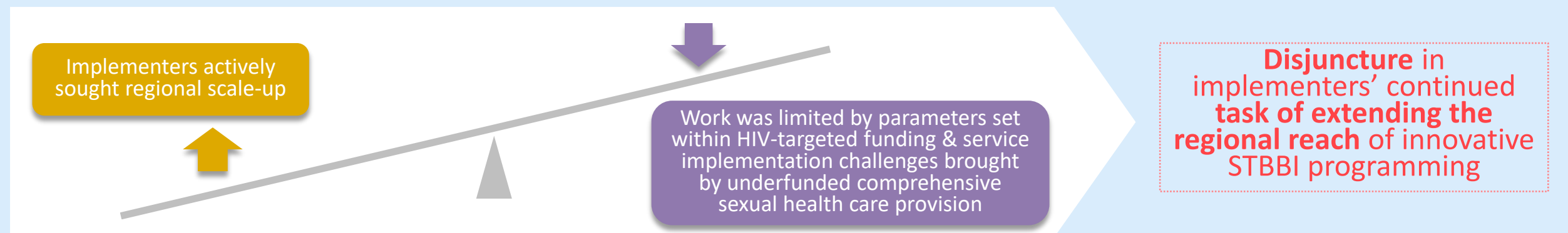
## Methods

**Institutional ethnography** to map factors shaping **regional scale-up of GCO**

- Data collection: Apr 2019-Feb 2020
- 25 interviews with implementers
- 21 observations of planning and operations meetings
- Textual analysis of key documents

## Findings

The **provincial 2012 HIV framework** *From Hope To Health: Towards an AIDS-free Generation* emerged as **central to the tasks of implementing sexual health services** in British Columbia, Canada



### 1<sup>ST</sup> SCALE-UP PHASE (2014-2016):

- Provincial HIV framework enabled implementers to **create the space for GCO's scale-up**
- Provided the **financial and operational means** for scale-up
- Encouraged **innovative programming**
- Helped implementers **fill in testing and health service gaps**

### 2<sup>ND</sup> SCALE-UP PHASE (2019):

- Implementers were able to **draw on the work of existing interdisciplinary teams** formed for the rollout of the HIV framework for GCO's scale-up
- Implementers had to **administer tight, targeted budget funds**
- Limits to scale-up were imposed by the HIV framework's **allowance for co-testing only when centred around HIV** – chlamydia was most commonly reported infection through GCO

## Discussion

- The work of continued scale-up made visible the **discursive and material limits of the provincial HIV framework** over time
- Targeted policy premised on **biomedical HIV exceptionalism paradoxically opens opportunities** for scale-up of STBBI programming **while closing other possibilities** over the implementation cycle
- **Policy can foreclose public health service availability**, thus **ongoing critical policy scrutiny** is necessary to promote change

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