Mr Andrew Barr
Chief Minister
ACT Government
GPO Box 158
Canberra ACT 2601

Dear Chief Minister

**2018 – 19 Budget Consultation Process**

Thank you for the opportunity to input into the development of the 2019/20 ACT Budget. This submission is presented to Government on behalf of Hepatitis ACT, the AIDS Action Council and Sexual Health Family Planning ACT (SHFPACT).

This submission explores a specific opportunity to increase the availability, access and awareness of BBV/STI prevention strategies (including HIV and Hepatitis C) using existing networks, outreach capability and peer based strategies. This submission highlights the current costs of declining HIV rates among at-risk communities and the increase in other STIs within these communities.

We propose the introduction of an outreach program specifically aimed at increasing testing and awareness of testing. While the proposal does require a relatively modest investment of funds, there is evidence that this will deliver significant economic, health and social benefits.

We continues to work in partnership with the ACT Government, health practitioners and other community organisations to delivery in ways that are efficient and effective. We work together in this area however the opportunities to strengthen the peer led, community approach within community based setting, remain significant.

Please accept this submission to the ACT Government Budget Consultation Process on behalf of Hepatitis ACT, the AIDS Action Council and Sexual Health Family Planning ACT.

Kind regards

Philippa Moss
AIDS Action Council
**Executive Director**
29 October 2018

# ACT Budget Consultation and Submission Process

## BACKGROUND

Hepatitis ACT, the AIDS Action Council and Sexual Health and Family Planning ACT, and other relevant health and community service organisations, including Canberra Sexual Health Centre, have a demonstrated track record of collaborating to identify and trial community based, outreach, health promotion and BBV/STI testing strategies with priority populations.

Building on successful collaborative project trials and engagement over recent years, the project partners have identified a number of outreach and priority population health promotion and testing opportunities.

Evaluative reflection on the 'ACT Testing Month' collaboration in 2014 and again in 2015 and the recent 'BBV/STI Pilot' in 2017 identified that partnership activities offer the opportunity to facilitate new engagement strategies and settings, and to incorporate the successful innovations into 'business as usual' activities. In addition, partnerships provide opportunities for enhanced service provision and value for money for Government. The 2017-18 funding enabled collaborative trial of concept projects, demonstrated the continuing value of interagency collaboration, supported the development of new partnership relationships, and supported the extension of greater regional delivery of testing and health promotion services. Lessons learned include the value and importance of multi-year funding and partnership commitments to support and trial innovative approaches and extend reach.

The recommendations from the BBV/STI pilot project undertaken in 2017 provide a sustainable and strong foundation for the framework of this project going forward including to –

1. Ensure defined roles for project partners and further ensure project partners are appropriately recognised and resourced.
2. Provide multi-level investment to ensure sustained health outcomes.
3. Ensure a common monitoring and evaluation framework for continual improvement.
4. Link and leverage off existing health and community service facilities and infrastructure to provide a setting approach.

By way of background, we would also like to highlight the Legislative Assembly recommendations on 31 July 2018 from the Report on the Appropriations Bill. The Recommendations (69 6.115, 70 6.116, 71 6.117 and 72, 6.118) seek to support an increase in resourcing and capacity in sexual health. the community sector is well placed to respond. Specifically recommendation 70 6.116 requests partner agencies like Sexual Health and Family Planning ACT, AIDS Action Council and advisory committees develop more targeted sexual health awareness campaigns to address the increase in STIs.

This submission proposes to increase staff and resource capacity over a 4 year period to provide a rolling set of capacity building, health promotion, outreach testing, and primary healthcare engagement activities specifically addressing BBV/STI's. These will be augmented and supported by the existing and ongoing services provided by the partners, but will focus on activities not currently undertaken due to resource constraints. This will ensure a sustained, ongoing capacity within the sexual health services for outreach testing into the future.

## WHAT ARE THE ISSUES?

**Health Expenditure is a major budget item which is increasing. An increase in testing and awareness of treatment options as early detection will make a difference.**

We note that health funding is one of the largest expenditure areas of the Territory budget, accounting for approximately a quarter of annual expenditure. Access to affordable and high quality health care is a core responsibility of Governments, but is not something that can be achieved in isolation. There are huge challenges in responding to demographic shifts, which has seen a shift from the need to provide acute health care, to provide a broader range of primary health care services and respond to the growing prevalence of chronic health care management.

While Australia has been very successful in preventing new HIV infections, both here and across the world, Hepatitis, HIV and STI infection remain major public health issues. Responding to the patterns of changing epidemiology and priority populations requires trusted service providers and a willingness to trial different engagement and service models with affected communities in partnership approaches.

Sexual health is an important yet under-recognised aspect of people's general wellbeing. The sexual lives of Australians vary significantly both between and within subpopulations and this has implications for supporting good health for individuals and for public health.

Sexually transmitted infections are more likely to occur where high risk populations are unaware or indifferent. Increasing awareness of the need for regular testing, and providing an easy, accessible peer and community based testing models will reduce the rate of new infections.

Experiences of stigma, discrimination and inequality can play a detrimental role in the ability of individuals and groups to maintain good sexual health. In order to ensure that people are able to attain a high level of sexual health, it is important that human rights issues are addressed, and this remains a key concern. Discrimination and the fear of discrimination can cause people to less commonly disclose their sexual practices to healthcare providers which can reduce the quality of services that they receive. People who use drugs or who are HIV positive or have viral hepatitis can experience multiple and intersecting layers of stigma and discrimination which can impact on their sexual health. Risk of STI/BBV infection arises from sexual behaviour that is also associated with other major health and social impacts – for example, unplanned pregnancy, relationship violence – that are require equally sensitive approaches by trusted health service providers, and which also benefit from prevention and early intervention strategies.

Individually and collectively we have over three decades of experience working with communities to improve their sexual health. Our work has become more nuanced and sophisticated over time, situating sexual health in the broader context of people's lives – requiring work in areas such as mental health, drug and alcohol use, safety and inclusion. If we are adequately resourced, together we can reverse the increase in STI's in the ACT.

Health promotion and peer education are effective methodologies for responding to sexual health, acknowledging that sexual behaviours are influenced by a range of factors, at personal, community and structural (including resources) levels. Social marketing engagement has been a cornerstone of the response to sexual health over the last several decades. Current social marketing requires the production of a range of tailored messages, which are distributed through a range of channels. Given increased competition for attention online, it is important that campaign and social marketing strategies have impact and cut through for the intended audience. Engaging with the reality of the

diverse sexual lives of our communities is essential in order for us to be seen as authoritative and authentic. Taking an empowering, 'sex positive' approach also allows for greater engagement – historical approaches based on fear or shame have shown to be counterproductive and conducive to avoidance behaviour. Our experience is that it is also important to provide sexual information applicable to the context of people's lives where other influences such as drug and alcohol use, mental health issues, feelings of inclusion and safety, and experiences of domestic and family violence impact on sexual health decisions, attitudes and behaviours. This realistic approach also empowers action.

## THE PROPOSAL: INTRODUCE INCREASED TESTING OPTIONS IN COMMUNITY SETTINGS USING PEER BASED, BROAD RANGE STRATEGIES WHICH ARE EVIDENCE BASED AND SUSTAINABLE

There are a number of programs operating with community based service delivery models in Australia.[1] Evaluations of these services indicate that community-based models for testing significantly reduce the barriers to testing.[2], [3], [4]

**Program features**

We propose to build on the existing evidence base and introduce a broad range peer based testing program in the ACT oriented towards at-risk communities who are unlikely to access existing testing mechanisms and programs. Based on the evidence available from current operating programs it is proposed that this service:

- Design and deliver a comprehensive, unique and best practice communication strategy to build capacity and awareness of testing including interactive google mapping and other technological design.
- Using evidence-informed, peer based engagement models specifically targeting communities at high risk, and known to be testing at levels well below the recommended rate.
- Strengthening existing and building new health promotion partnerships with other community organisations and health service providers who are connected to underserved and under-tested populations in our community.
- Building on the health promotion, health-seeking and prevention benefits of outreach STI/BBV testing and screening, in addition to its function as a detection/diagnostic tool. In this, it would be seen as a complement to traditional testing but not a replacement and retain strong links with primary health care and secondary referral providers.
- Provides a free service to affected communities and priority populations in a range of outreach settings.
- Include the provision of Rapid HIV Testing (RHT) targeting gay and bisexual men (GBM) in community owned places and spaces deemed to be safe and welcoming using peer educators – see attachment one for rationale on RHT.

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[1] Ellard, Dr J. (n.d.) *Community-based HIV testing approaches for gay and bisexual men: Reflections from the field.*

[2] Centre for Population Health, Burnet Institute (n.d.)/. *Concept Paper: Trial of a Community-Based Rapid Point-of-Care HIV Testing Service Targeting Gay and Other Men Who Have Sex With Men in Melbourne.*

[3] Yang M, Prestage G, Maycock B, et al. *The acceptability of different HIV testing approaches: cross-sectional study among GMSM in Australia.* 2014;90:592–595.

[4] Ellard, Dr J. (n.d.) *Community-based HIV testing approaches for gay and bisexual men: Reflections from the field.*

- Demonstrate the value of integrating community support into clinical services and maximising the role of mixed models of care using clinical health professionals, community educators and community navigators for people at higher risk of STI and BBV and less likely to access regular GP care or other health services.
- Demonstrate the value of delivery through peer-based models (there is good evidence about the effectiveness of using peer educators. [5] [6]
- Support self-testing with enabled access to community supports at all points of the process.
- Build connections with other organisations and workers to familiarise them with services offered by community health organisations that can be built on to link them with further support and referral.
- Reach outer geographic regions of Canberra (Tuggeranong, Gungahlin, West Belconnen) with an access point for BBV/STI testing and support for key priority populations and affected communities engaged by the project partners.
- Reach young people through testing at universities and colleges including halls of residence, trade field days and expos.
- Provide health promotion and testing at appropriate Aboriginal and Torres Strait Islander agencies, events and functions including UC Ngunnawal Centre.
- Enhance access to BBV/STI testing and diagnosis for priority populations, including people who use drugs.

This model is more than comprehensive testing as it provides a health promotion, education and information service to promote the testing agenda broadly.

**How much investment is required from the ACT Government to establish the project?**

An annual budget has been developed on the above model which sees a peer-based community outreach model, utilising both clinical and peer mentoring staff to roll out the program. This sees a target of 1000 tests being administered over a twelve month period. Over a three year period, the total investment required would be an annual investment of approximately $284,000.00.

***Proposed annual budget***

| Staffing | Annual budget | Comments |
|---|---|---|
| Clinical Staff Resourcing (3 days a week)[*1] | $91,100.00 | Inclusive oncosts RN 0.6FTE SMO 0.1FTE |
| Community/peer staff resourcing (3 days a week) | $53,400.00 | Inclusive oncosts project coord 0.6 FTE |
| Staff training/peers in RHT | $5,000.00 | Included in oncosts above |
| Pathology costs | $30,000.00 | This is a contingency, mix of tests required, some MBS billable, others paid outright. |
| RHT Kits | $21,600.00 | 60 per month at a cost of $30 each |
| Communication (branding, capacity building, promotion, social media and marketing), primary care engagement strategy | $9,000.00 | Combined with primary care engagement strategy |

[5] See http://pronto.org.au/frequently-asked-questions/#sthash.rPyCtNZv.dpuf

[6] AFAO (2014) *Discussion Paper: HIV testing among gay men and other men who have sex with men.* Available from https://www.afao.org.au/library/topic/msm/HIV_Testing_DP_ONLINE-July-2014.pdf

| | | |
|---|---|---|
| Monitoring and Evaluation framework to ensure continual improvement | $15,000.00 | First year, could be less in subsequent years. |
| Counselling services (to ensure wrap around multi-faceted services especially in the light of positive diagnosis) | $6,000.00 | 50 x $120 |
| Incentives | $10,000.00 | |
| Sub total | $236,700.00 | |
| Project Management Fees – 20% | $47,340.00 | |
| **TOTAL** | **$284,040.00** | **second and third year with CPI increases** |

[*1] Currently the TGA requires clinical staff to supervise RHT

## CONCLUSION and FUNDING REQUEST

There have been many studies into the return on investment for prevention programs. The findings consistently demonstrate that the cost of prevention programs is far exceeded by the savings in clinical care. Using HIV/AIDS as an example: an analysis of the economic impact of the NSW investment in the public health response to HIV/AIDS[7] concluded that for an investment of $355 million between 1981 and 2005, a total of $18,027 million in clinical care costs will be avoided over the lifetime of those persons who were not infected with HIV because of the preventative programs.

There is a strong public health need and economic rationale for strategic investment in strategies that promote early detection and treatment of BBV/STIs.[8] Australian modelling[9] shows that increased coverage and frequency of testing among at risk communities will be the most cost effective public health intervention to reduce future transmissions of BBV/STIs. Nationally, hepatitis C related morbidity and mortality have doubled in the past decade, with health care costs of $220M/annum[10]. The advent of simple HCV regimens – direct-acting antivirals (DAAs) – has transformed the clinical management of HCV infection and increasing access to HCV testing and therapy is a key objective of national Hepatitis C Strategy. Innovative approaches that promote ease of testing and treatment will be paramount if Australia is to meet its World Health Organisation HCV elimination targets by 2030.[11]

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*[7] Health Outcomes International in Association with The National Centre in HIV Epidemiology and Clinical Research (2007) The impact of HIV/AIDS in NSW mortality, morbidity and economic impact: Health Outcomes International Pty Ltd in association with The National HIV Centre in HIV Epidemiology and Clinical Research. http://www.health.nsw.gov.au/sexualhealth/Publications/impact-statement.pdf*

*[8] Centre for Population Health, Burnet Institute (n.d.) Concept Paper: Trial of a Community-Based Rapid Point-of-Care HIV Testing Service Targeting Gay and Other Men Who Have Sex With Men in Melbourne.*

*[9] Wilson DP, Hoare A, Regan DG, Law MG. Importance of promoting HIV testing for preventing secondary transmissions: modelling the Australian HIV epidemic among men who have sex with men. Sex Health. Mar 2009;6(1):19-33.*

*[10] Sievert W, Razavi H, Estes C, et al. Enhanced antiviral treatment efficacy and uptake in preventing the rising burden of hepatitis C-related liver disease and costs in Australia. J Gastroenterol Hepatol 2014; 29 Suppl 1: 1-9.*

*[11] WHO. Global health sector strategy on viral hepatitis 2016-2021. 2017.*

Hepatitis ACT, the AIDS Action Council and SHFPACT as a local NGOs are well placed to increase testing awareness and provide community based testing services. The ACT is falling behind other states and territories who all already provide this much needed service to the community.

We recognises the significant pressures on the ACT Territory budget. In this environment it is tempting to discount any new expenditure measures given the immediate impact on the budget's 'bottom line'. Prudent investment however, will deliver significant results that will improve both the effectiveness and efficiency of health expenditure and improve the quality of life for Canberrans.

**Attachment one**

**About HIV and peer based Rapid HIV Testing (RHT)**

**The costs of treating HIV in Australia are significant- preventing new infections is important.** While HIV is now managed in Australia as a treatable chronic disease, antiretroviral therapies come at a significant cost to both the individual and the health system. The lifetime treatment costs per person living with HIV is estimated to be $500,000, with an annual approximate cost to the Commonwealth Government budget of $14,000. [12]

Ending HIV transmission in the ACT and Australia is heavily reliant on increasing the proportion of GBM (gay, bisexual men) testing, and increasing the frequency of testing.

The ACT now lags significantly behind comparable jurisdictions, and many low and middle income countries, in terms of the mix of cost effective testing options available to increase testing. Unless the testing options are increased the ACT will not be able to meet the ambitious goals and targets established in the National Strategies.

There have been a number of studies in Australia on the barriers to frequent HIV testing for GBM. One comprehensive study of 1093 GBM in four sexual health clinics in Sydney during 2011- 2012 reported that the most commonly experienced barriers to testing were: annoyance at having to return for results (30.2%), not having done anything risky (29.6%), stress in waiting for results (28.4%), being afraid of testing positive (27.5%), and having tested recently (23.2%).[13] A peer based testing program addresses these barriers, at least in part, and provides a platform for further engagement.

**Why this approach? What are the advantages?**
Peer based testing to be taken to where the population gathers, rather than gathering a population where the testing is available. It also allows testing to be administered outside of a medical setting, by trusted peers, in places perceived by the community as safe. In doing this the rate of testing is increased, at low cost and in a sustainable way. While RHT is not an adequate diagnostic alternative to conventional HIV tests as it has a longer 'window period' than conventional test (increasing it to between 3-4 weeks) [14] and give a slightly higher number of false reactive (false positive) results, they do make testing easy, relatively cheap and able to be delivered at home or in social settings [15] Therapeutic Goods Administration (TGA) conditions require a person with a reactive test result (a positive result) to also have a confirmatory laboratory test before confirming a HIV positive diagnosis.[16] However, in a peer based testing environment RHT allows both information and screening to be undertaken in a culturally appropriate and sensitive way. It allows for peer based

[12] Centre for Population Health, Burnet Institute (n.d.) Concept Paper: Trial of a Community-Based Rapid Point-of-Care HIV Testing Service Targeting Gay and Other Men Who Have Sex With Men in Melbourne.

[13] Conway DP, Holt M, Couldwell DL, Smith DE, Davies SC, McNulty A, Keen P, Cunningham P, Guy R, on behalf of the Sydney Rapid HIV Test Study (2015). Barriers to HIV testing and characteristics associated with never testing among gay and bisexual men attending sexual health clinics in Sydney.

[14] AFAO (2014) *Discussion Paper: HIV testing among gay men and other men who have sex with men.* Available from https://www.afao.org.au/library/topic/msm/HIV_Testing_DP_ONLINE-July-2014.pdf

[15] Personal communication from Phillip Keen, Kirby Institute, cited in AFAO (2014) *Discussion Paper: HIV testing among gay men and other men who have sex with men.* Available from https://www.afao.org.au/library/topic/msm/HIV_Testing_DP_ONLINE-July-2014.pdf

[16] Ministerial Advisory Committee on AIDS Sexual Health and Hepatitis. (2011). National HIV Testing Policy. Commonwealth Government Department of Health and Ageing.

education and encouragement for lab testing to be provided and it increases awareness of the importance of regular testing.

Peer based testing provides an opportunity to reach GBM who would otherwise not have tested and provide accurate, context specific and compelling information for individuals to act on. Research suggests that the features of peer based rapid testing do eliminate many of the barriers reported for conventional testing, particularly as it can be done quickly, can be conducted in non-clinical settings (including 'safe spaces' for this group), is administered by people other than medical practitioners and provided in a way that provides a positive 'first time' testing experience. [17] [18] [19] Research has also found that GBM would test more if rapid testing was more available, and this is likely to be amplified in a peer based delivery mode.[20] [21] [22]

[17] Prestage, G., McCann, PD., Hurley, M., Bradley,
J., Down, I., Brown, G., (2010). Pleasure and Sexual Health: The PASH Study, 2009. Monograph,
National Centre in HIV Epidemiology and Clinical Research, Sydney.

[18] Prestage, G., McCann, PD., Hurley, M., Bradley,
J., Down, I., Brown, G., (2010). Pleasure and Sexual Health: The PASH Study, 2009. Monograph,
National Centre in HIV Epidemiology and Clinical Research, Sydney.

[19] Prestage, G., McCann, PD., Hurley, M., Bradley, J., Down, I., Brown, G., (2010). Pleasure and Sexual Health: The PASH Study, 2009. Monograph, National Centre in HIV Epidemiology and Clinical Research, Sydney.

[20] Chen MY, Bilardi JE, Lee D, Cummings R, Bush M, Fairley CK. Australian men who have sex with men prefer rapid oral HIV testing over conventional blood testing for HIV. Int J STD AIDS. Jun 2010;21(6):428-430; Bilardi, J. E., Walker, S., Read, T., Prestage, G., Chen, M. Y., Guy, R., Fairley, C. K. (2013). Gay and bisexual men's views on rapid self-testing for HIV. AIDS and Behavior, 17(6), 2093-9. doi:http://dx.doi.org/10.1007/s10461-012-0395-7; Conway DP, Guy R, Davies SC, Couldwell DL, McNulty A, Smith DE, et al. Rapid HIV Testing Is Highly Acceptable and Preferred among High-Risk Gay And Bisexual Men after Implementation in Sydney Sexual Health Clinics. PloS one. 2015;10(4):e0123814; Keen P, Conway DP, Cunningham P, McNulty A, Couldwell DL, Davies SC, Smith DE, Gray J, Holt M, O'Connor CC, Finlayson R, McAllister J, Hughes B, Carmody C, Varma R, Smith D, Read P, Callander D, Pickles R, and Guy R. (2015) Performance of the Trinity Biotech Uni-Gold HIV 1/2 Rapid Test as a first-line screening assay for gay and bisexual men compared with 4th generation

[21] Chen MY, Bilardi JE, Lee D, Cummings R, Bush M, Fairley CK. Australian men who have sex with men prefer rapid oral HIV testing over conventional blood testing for HIV. Int J STD AIDS. Jun 2010;21(6):428-430

[22] Read, T., Morrow, A., Hocking, J., Bradshaw, C., Grulich, A., Fairley, C., et al. (2012, 15 October).
Do Homosexual Men have HIV Tests More Frequently if Offered Rapid Point-of Care HIV Testing in a Sexual Health Centre?, Presentation at Australasian Sexual Health Conference, October 2012, Melbourne.