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Mr Andrew Barr
Chief Minister
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Dear Chief Minister

2018 – 19 Budget Consultation Process

Thank you for the opportunity to input into the development of the 2018/19 ACT Budget.

This submission explores a specific opportunity to increase the efficiency and effectiveness of HIV prevention strategies using existing networks and peer based strategies to increase testing coverage. This submission highlights the current costs of low, and declining, rates of HIV testing among at-risk communities and proposes the introduction of a new program specifically aimed at increasing levels of HIV testing and decreasing levels of new HIV infection. While the proposal does require a relatively modest investment of funds, there is evidence that this will deliver significant economic, health and social benefits.

The Council continues to work in partnership with the ACT Government, health practitioners and other community organisations in proposing ways that health services and programs can be delivered in ways that are efficient, effective and where appropriate target at risk populations. We work together in this area however the opportunities to strengthen our approach, in a community based setting, remain significant.

Please accept this submission to the ACT Government Budget Consultation Process.

Kind regards

Philippa Moss
Executive Director
24 October 2017

AIDS Action Council

ACT Budget Consultation and Submission Process

BACKGROUND

Who is the AIDS Action Council of the ACT?

The AIDS Action Council of the ACT (the Council) is the ACT's leading community based HIV organisation. The Council provides care and support to people living with and impacted by HIV and AIDS as well as education, prevention and health promotion activities. One of the Council's primary population groups is lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities, and as such it provides current information, support and education on all aspects of health and welfare related issues affecting LGBTIQ people.

What is the Council's particular area of interest?

The Council's purpose and vision leads to a particular interest in the prevention and treatment of HIV in our community. The prevention and management of HIV is a global medical success story as medical advances has seen this disease in the developed world moving from an acute terminal illness to a treatable chronic condition. We know however, that treatment has a significant impact on the health and wellbeing of individuals, and is costly for both the individual and the community. Despite the availability of testing and treatment options, people still delay testing and treatment. The Council advocates for programs that reduce the level of HIV infection in the ACT and the associated stigma and discrimination.

WHAT ARE THE ISSUES?

Health Expenditure is a major budget item which is increasing- better prevention and early detection of HIV will make a difference

The Council notes 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, HIV infection remains a major public health issue.

New HIV infections are more likely to occur where high risk populations are unaware or indifferent to their HIV status. Increasing awareness of the need for regular testing, and providing an easy, accessible peer based test will reduce the rate of new infections

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.[1] Additionally, there is significant morbidity associated with AIDS given the higher risk of related illness. Prevention of new infections is a cost effective and sustainable strategy.

Evidence and target groups

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. At present there are a number of potential new testing options available. These include home based screening, rapid point of care screening in community settings and dried blood spot HIV screening. Faster result times from venous blood draw testing (usual testing) are also now possible. However, there remain significant structural, regulatory and social barriers to making these testing options available in Australia.

The ACT now lags 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 HIV Strategy.

While HIV testing is acknowledged as an important tool to reducing infection rates, the level of testing is low in high risk populations – the ACT has the community based services with the credibility to engage high risk populations

Australia offers free and confidential HIV testing. Despite this, data indicates that rates of HIV testing among GBM at recommended frequencies are low. HIV testing data from high caseload clinics in Melbourne suggests that as few as 35% of GBM are having recommended annual HIV tests and as low as 15% of "high risk" GBM are having the recommended two to four HIV tests per year.[2] The AIDS Action Council has success with engaging highrisk populations with peer based education. Adding testing to the educative function will improve outcomes.

Current HIV testing methods creates barriers in GBM seeking information regarding their HIV status – removing the barriers to testing is an effective strategy

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

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[1] 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.

[2] Guy R, Goller JL, Spelman T, et al. Does the frequency of HIV and STI testing among men who have sex with men in primary care adhere with Australian guidelines? Sex Transm Infect. Oct 2010;86(5):371-376

(28.4%), being afraid of testing positive (27.5%), and having tested recently (23.2%).[3] A peer based testing program addresses these barriers, at least in part, and provides a platform for further engagement.

THE OPPORTUNITY: INCREASING ACCESS TO HIV TESTING THROUGH BROAD RANGE PEER BASED TESTING

What is Broad Range Peer Based Testing?

Broad range peer based testing used Rapid HIV testing (RHT) delivered by trained peers in non-medicalised settings to both increase the frequency of testing and ensure connection and re-connection to treatment of those who test positive to HIV. RHT is an alternative to conventional HIV testing in which the results of a test for HIV antibodies can be ascertained quickly, often within 30 minutes. While conventional HIV testing usually requires a venous blood sample to be drawn, RHTs can be conducted on an oral swab or blood from a finger prick. Rapid HIV tests can be conducted 'on site' by someone with training rather than sending samples to a testing facility. For this reason, RHT is sometimes referred to as 'point-of-care' testing.[4] RHTs are screening tests, rather than diagnostic tests.

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)[5] 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[6] 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.[7] 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 education and encouragement for lab testing to be provided and it increases awareness of the importance of regular testing.

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[3] 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.

[4] Holt M (2009) Rapid HIV Testing: A Literature Review. Australian Federation of AIDS Organistions INC. Available from https://www.afao.org.au/__data/assets/pdf_file/0011/4610/LR09_Rapid_HIV_Testing.pdf

[5] 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

[6] 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

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

What is the potential benefit in providing peer based testing for at risk communities?

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. [8] [9] [10] 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.[11] [12] [13]

How accessible is RHT in the ACT currently?

RHT is currently available in a clinical setting in one Canberra based general practice. Unlike conventional HIV testing, health consumers are required to make an out of pocket contribution of approximately $20 in addition to any medical consultation costs. The target group is unlikely to perceive a need for regular HIV testing, is less likely to access it in the context of a medical service, and even a modest out of pocket cost will deter some cohorts within the target population. Behavioural studies indicate individuals are more likely to act when the required activity is easy, simple, and quick, in a known and safe environment and encouraged by trusted peers. The strategy proposed by the Council builds on these innate behavioural inclinations.

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[8] 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.

[9] 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.

[10] 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.

[11] 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

[12] 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

[13] 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.

Home based testing as an adjunct to peer based and community based testing

This new additional model of testing aims to increase access to and uptake of HIV testing by complementing existing models. In addition to peer based community level testing participants would be educated on the ability to order their free HIV self-test online via a portal at the AIDS Action Council website. The test would use the TGA-approved OraQuick 20 minute HIV ½ antibody rapid self-test. The model would be designed so at all times the participants would have the ability to engage with AIDS Action Council community services both before and after testing.

THE SPECIFIC PROPOSAL: INTRODUCING INCREASED TESTING OPTIONS, PEER BASED, BROAD RANGE, NON-MEDICALISED, EVIDENCE BASED AND SUSTAINABLE

The evidence base supporting the model

There are a number of pilot programs operating in Australia that are using RHT in community based service delivery models In Australia, with services operating in Sydney, Perth, Melbourne and Brisbane.[14] In December 2016, Queensland launched its first HIV self-testing program. Evaluations of these services indicate that community-based models of rapid HIV testing reduce the barriers to frequent testing by GBM.[15], [16], [17] One of these reports concluded that "*these services have been shown to be feasible and provide a model of HIV testing that attracts a significant proportion of G/MSM who have never tested before and those at high risk of HIV as evidenced by HIV positivity rates at these services*". [18]

Program features

The Council proposes to build on the existing evidence base and introduce a broad range peer based testing program in the ACT oriented towards men who are both at high risk of HIV infection and unlikely to access existing testing mechanisms and programs. Based on the evidence available from current operating programs it is proposed that this service:

- Specifically targets GBM, as a group at high risk, and known to be testing at a level well below the recommended rate;
- Is a non-clinical service, focused on testing as an element of the health promotion and prevention work of the Council, rather than a diagnostic tool. In this, it would be seen as a complement to traditional HIV testing but not a replacement and would build strong links with health providers providing diagnostic tests;
- Provides a free service to this community, with the core costs of the program covered to include the actual cost of the test that is usually borne by the individual consumer, the costs of

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

[15] 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.*

[16] 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.

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

[18] 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.*

administering the test, training of peer based educators and health promotion activities associated with testing;
- Have an outreach component, providing RHT in community owned spaces and spaces deemed to be safe and welcoming for the target population;
- Demonstrate the potential of delivery through peer-based models. Currently, while there is strong evidence about the effectiveness of using peer educators, [19], [20] these models are being tested in limited trials in Australia, and do need to get Therapeutic Good Administration (TGA) approval to enable them to administrate HIV rapid test kits and give results.[21]
- Support self-testing with enabled access to community supports at all points of the process.
- This model is more than HIV testing with an education and information service provided 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 **$554,400**, with an annual investment of **$184,800** being made.

Proposed annual budget

Staffing	Monthly budget	Annual budget
Clinical Staff (9 hours a week)[22]	$1,800	$21,600
Internal Staffing (2 day a week)	$3,000	$36,000
Peer Mentoring Expenses	$500	$6,000
Training of peer mentors	$100	$1,200
Outreach costs	$5,000	$60,000
Kits (100 per month at a cost of $30 each)	$3,000	$36,000
Admin (including QA activities and promotion and marketing)	$1,000	$12,000
Project Management Fees	$1,000	$12,000
TOTAL	**$15,400**	**$184,800**

How much would this initiative save the ACT Government in the short and medium term?

There have been many studies into the return on investment for HIV prevention programs. The findings consistently demonstrate that the cost of prevention programs is far exceeded by the savings in clinical care for people living with HIV. For example, an analysis of the economic impact of the NSW investment in the public health response to HIV/AIDS[23] 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

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

[20] 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

[21] 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

[22] Currently the TGA requires clinical staff to supervise RHT

[23] 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*

programs. Further, a study into the return on Australia's investment in HIV/AIDS education and prevention programs estimated the net benefit of these programs to be worth $2.541 billion. [24]

There is a strong public health need and economic rationale for strategic investment in strategies that promote early detection and treatment of HIV.[25] Australian modelling[26] shows that increased coverage and frequency of testing for HIV among high risk GBM will be the most cost effective public health intervention to reduce future transmissions of HIV.

The most recent prevalence survey found that the rate of newly acquired HIV infection in the ACT was just over 6 per 100,000 people in the population, which equates to a figure of approximately 24 newly acquired infections a year.[27] The prevalence study also found that 88% of new infections occurred in GBM, which is approximately 21 per year.[28] Assuming that this program was effective in reducing new infections by 50%, we could see a reduction of infections by about 10 individuals per year. This could see a reduction of life time costs of treating HIV infection of about **$5million**.[29]

CONCLUSION

The AIDS Action Council as a local NGO is well placed to provide peer based testing services. The ACT is falling behind other states and territories who all already provide this much needed service to the community.

The Council 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 who may otherwise be exposed to the potential of the debilitating and life limiting impacts of HIV. This is an opportunity for the ACT to continue its contribution to Australia's efforts to achieve the vision to 'virtually eliminate new HIV transmissions by 2020'.

[24] The Department of Health and Aged Care (2001) Returns on Investment in Public Health - An Epidemiological and Economic Analysis. Available from http://www.appliedeconomics.com.au/pubs/reports/health/ph00.htm

[25] 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.

[26] 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.

[27] The Kirby Institute, *Op cit* 2015.

[28] *Ibid*

[29] Centre for Population Health, Burnet Institute *Op cit*.