

ACT BLOOD BORNE VIRUSES AND SEXUALLY TRANSMITTED INFECTION SUB-SECTOR

EXECUTIVE SUMMARY



SUPPORTED BY FUNDING
FROM THE ACT GOVERNMENT

In early 2018, the AIDS Action Council of the ACT, Hepatitis ACT and Sexual Health and Family Planning ACT commissioned a needs analysis of the Blood Borne Virus (BBV) and Sexually Transmitted Infection (STI) sub-sector in the ACT. This was funded through support by ACT Government. The needs analysis aimed to define the sub-sector, identify community needs, identify trends in services and funding and approaches, identify challenges and opportunities and present recommendations regarding how to respond to the current situation.

The needs analysis recognised that the BBV and STI sub-sector sits within a broad policy and system framework. It noted that the work of this sub-sector overlaps with a range of health areas including reproductive and sexual health, sexuality and gender and alcohol and other drugs. In addition, it recognised that a range of targeted services are provided to specific populations. It noted that the universal health system is required to provide individualised responses to BBVs and STIs, both in relation to generalist and specialist services.

The needs analysis outlined the way in which the BBV and STI sub-sector works across the service continuum and engages a range of approaches including peer based work, clinical approaches, flexible responsive models and outreach and in-reach models.

The needs analysis identified range of trends that are influencing responses in the BBV and STI sub-sector including the high number of people from culturally and linguistically diverse communities with Hepatitis B who are not aware of their illness and the drop off in treatment rates for Hepatitis C, and new preventative treatments for HIV. It outlined advances in technology and treatment will impact including improvements in general sexual health testing and new vaccinations in relation to HPV, preventative medications for HIV, advances in treatment and access to treatment for Hepatitis C and telemedicine.

The needs analysis identified some of the key challenges that are faced by the local BBV and STI sub-sector including the reality that the ACT is a small jurisdiction entirely surrounded by NSW but playing a key role as a regional centre. It outlined the impact of changes to the way that health will be administered in the ACT, the emerging challenge of health funding rationing and the impact of an increased focus on a 'burden of health approach'. The needs analysis identified the continued need to work across the service continuum (including continued work in prevention), the need to address the fact that there is a lack of a comprehensive local evidence base and work force pressures in this and other elements of the health services workforce.

There were also a number of key opportunities identified through the needs analysis. These included a recognition that this is a strong sub-sector with consistency in service delivery, identified leaders and champions. Across the sub-sector there are strong relationships with priority populations and a strong culture of collaboration and working together. The needs analysis also recognised the strength of operating in a dynamic environment where new technologies and inventions are regularly emerging.

SPECIFIC RECOMMENDATIONS

Responding to the information gaps

- Establish a research fund to support local research around emerging issues in the BBV and STI sub-sector.
 - Commence a project charged with developing a local minimum dataset to capture key indicators around screening, testing, diagnosis and treatment occurring in the ACT, based on work that has occurred in the alcohol and other drugs sector.
-

Continuing to work with priority populations

- Continue the effective community-based, peer-based prevention and outreach work occurring across organisations and expand to tailored work with at-risk populations including sex workers, men who have sex with men, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, people who use drugs and individuals in correctional facilities.
 - Support organisational projects that focus on engaging with priority populations in areas where there are significant barriers to engaging with hard-to-reach individuals who may not have been diagnosed. A particular priority area is the diagnosis, treatment and support of individuals who may be living with hepatitis B in culturally and linguistically diverse communities.
 - Increase access to screening and testing in locations that are culturally safe and appropriate, use peer-based approaches and work to engage with hard-to-reach individuals and populations.
-

Increasing workforce development and engagement with mainstream primary health care practitioners around BBV and STI prevention, screening, diagnosis and treatment

- Improve ACT Government policy support for and reporting on the consistency of comprehensive sexuality educations within school and community based settings.
 - Maintain and expand existing primary healthcare, education, and community services industry workforce training options, including investment in e-learning capacity and capability.
 - Develop new networks and engagement opportunities to encourage greater connection between the BBV and STI sub-sector and generalist health and human services sector.
-

Better aligning community service health service planning with emerging BBV and STI issues

- Noting the importance of certainty to support strong service delivery, put in place long-term service agreements that enable parties to work together to evolve these agreements to better articulate evidence-based targets and strategies and the development of meaningful outcomes-based reporting throughout the life of the agreements (rather than putting in short-term arrangements while these issues are addressed).
 - Support a project that develops benchmarks around service delivery across clinical and community-based settings. This should be the first phase of a broader project that tests the applicability of activity-based funding models, and explores the feasibility of developing unit-level costing for activities such as health promotion, screening and vaccination, diagnosis and treatment and support. In doing this, note that this is a long term project that is likely to be applicable to later rounds of service agreements rather than agreements negotiated for 2019–20.
 - Promote the alignment of common language within the BBV and STI sub-sector through mechanisms such the development of consistent service models.
-

Exploring collective impact models

- Support a project that explores mechanisms and structures that may increase the collective impact of organisations working in this sector, including potential organisational structures and formalised collaboration mechanisms.