NEEDS ANALYSIS

ACT BLOOD BORNE VIRUSES AND SEXUALLY TRANSMITTED INFECTION SUB-SECTOR

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1 BACKGROUND AND CONTEXT

PURPOSE

This document provides an overview of the Blood Borne Virus (BBV) and Sexually Transmitted Infection (STI) sub-sector in the ACT as of 2018. It aims to:

- Provide a context to the environment in which this sub-sector works, including the policy drivers, funding programs and service delivery mechanisms;
- Define the sub-sector, including the service interventions, service methodologies and key services working in the area;
- Identify key community needs, drawing on available data and trends as well as specific intelligence regarding issues facing the local community;
- Identify trends in service and funding approaches;
- Identify challenges and opportunities presented through advances in technologies and changing community needs; and
- Present recommendations regarding how to respond to the current situation.

Note: The information in this report is researched, informed and every care has been taken to ensure the information is accurate, noting this is a sector that is rapidly changing in relation to structural arrangements, technological changes and access to treatment. This document reflects current research and information at the time of publication.

BACKGROUND

It is both an exciting and challenging time for the BBV and STI sub-sector. Australia is a world leader in our responses to BBVs and STIs, which have led to some of the lowest transmission rates in the world.

Significant technological advances have 'changed the game' with respect to responses to hepatitis C and human immunodeficiency virus (HIV) in particular, requiring different approaches to prevention, diagnosis and treatment across the sub-sector. With these advantages, new challenges have emerged and the sub-sector is operating in a resource-constrained environment. An emerging concern is the potential for the community and Governments to take for granted the advances made to date, and grow complacent regarding the emerging challenges—at a population level as well as for at-risk communities. Systemic responses to these challenges are needed to ensure that the greatest impacts are achieved through future investment and effort in this area.

SITUATIONAL ANALYSIS

This is a particularly important moment in time for an analysis of the current situation for BBV and STI health needs in the ACT and Australia:

- 2017 sees the end of a number of comprehensive national strategies in the area of BBVs and STIs. While this does not signal the end of the work, new strategies are currently under development and are yet to be released. We know that work must continue towards priority activities including:
  - a reduction in the rate of transmission of STIs such as chlamydia and gonorrhoea;
  - continued population vaccination against BBVs such as hepatitis B and Human Papilloma Virus (HPV) in adolescents;
  - large annual increases in the uptake of antiviral treatment for people living with chronic hepatitis C; and
  - the virtual elimination of the transmission of HIV.
- The release of the ACT Statement of Priorities in 2016 and the additional allocation of $1.3 million in funding to increase rates of vaccinations, testing and treatment for vulnerable and priority populations in the ACT 2016-17 budget creates opportunities for emerging needs to receive funding support.
- ACT Health is currently going through a significant systemic restructure. This will be ongoing over a number of years and will impact on this sub-sector. The ability to articulate current status and emerging needs will be important when engaging in this process.

METHODOLOGY

Methodological framework

The Federal Department of Health defined needs assessment methodology in its roll-out of primary health networks. They note that a needs assessment is

> *…a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs. It involves an epidemiological and qualitative approach to determining priorities which incorporates clinical and cost effectiveness and patients' perspectives. This approach must balance clinical, ethical, and economic considerations of need—that is, what should be done, what can be done, and what can be afforded*".[1]

They note that needs assessments should:

- Use existing data and evidence where possible and not duplicate the efforts of others;
- Analyse relevant and current local and national health data;
- Review health service needs and available service provision in the region;
- Identify health services priorities based on an in-depth understanding of the health care needs of the communities; and
- Be informed by clinical and community consultation and market analysis.[2]

They also note that a needs assessment should comprise two parts, including:

- An analysis: the examination and documentation of health needs and service needs within the region; and
- Assessment: using judgement to identify relative priorities, and the identification of opportunities, priorities and options.[3]

This guidance has framed this needs assessment.

Work that preceded the needs analysis

Following the launch of the *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020* on 23 June 2016, a cross-divisional internal ACT Health *HIV, Hepatitis B, Hepatitis C and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020* Implementation Plan Advisory Group (Advisory Group) was formed to guide the development of an implementation plan for the ACT Statement.

In August 2016, the Advisory Group undertook a sector 'Map and Gap' exercise to facilitate discussions on BBV and Sexual Health projects in view of the 2016-17 ACT Budget funding announcement. This exercise took place between August and October 2016, and sought information from active ACT-based BBV and STI services and stakeholders, who shared information about their services and significant gaps in the BBV and STI sub-sector. The report was released at the end of 2016, and focused on providing guidance to ACT Health on key issues.

Key stakeholders within the sub-sector felt it would be useful to undertake further work—in the form of this needs analysis—to obtain a more comprehensive picture of key issues, challenges and opportunities. ACT Health provided a one-off grant to fund this analysis.

Needs Assessment activities

Over a three-month period in 2018, an independent consultant[4] was engaged to undertake an analysis that included:

- A desktop review of publicly available information regarding Australian and ACT Government Health agencies, including strategic and policy directions, funding programs and key initiatives;
- A review of service funding agreements for key agencies;
- A rapid review of current research in relation to Australian and ACT trends in relation to BBV and STI prevalence, transmission rates, new technologies and interventions;
- A re-analysis of source material collected through the 'Map and Gap' exercise that was undertaken in 2016; and
- Targeted interviews with parties involved in the BBV and STI sub-sector.[5]

This project was overseen by a project group involving the AIDS Action Council of the ACT, Hepatitis ACT and Sexual Health and Family Planning (SHFPACT), who were engaged by ACT Health to undertake this work.

2 ANALYSIS

CONTEXT

The BBV and STI sub-sector sits within a broad policy and system framework, overlapping a range of specific health areas including the reproductive and sexual health, sexuality and gender and alcohol and other drugs sectors. In addition, a range of targeted services are provided to specific populations.

The universal health system is also required to provide individualised responses to BBVs and STIs, both in relation to generalist and specialist services.

In addition, there are a range of relevant health and human services sectors, including youth services, women's services, homelessness and domestic and family violence.

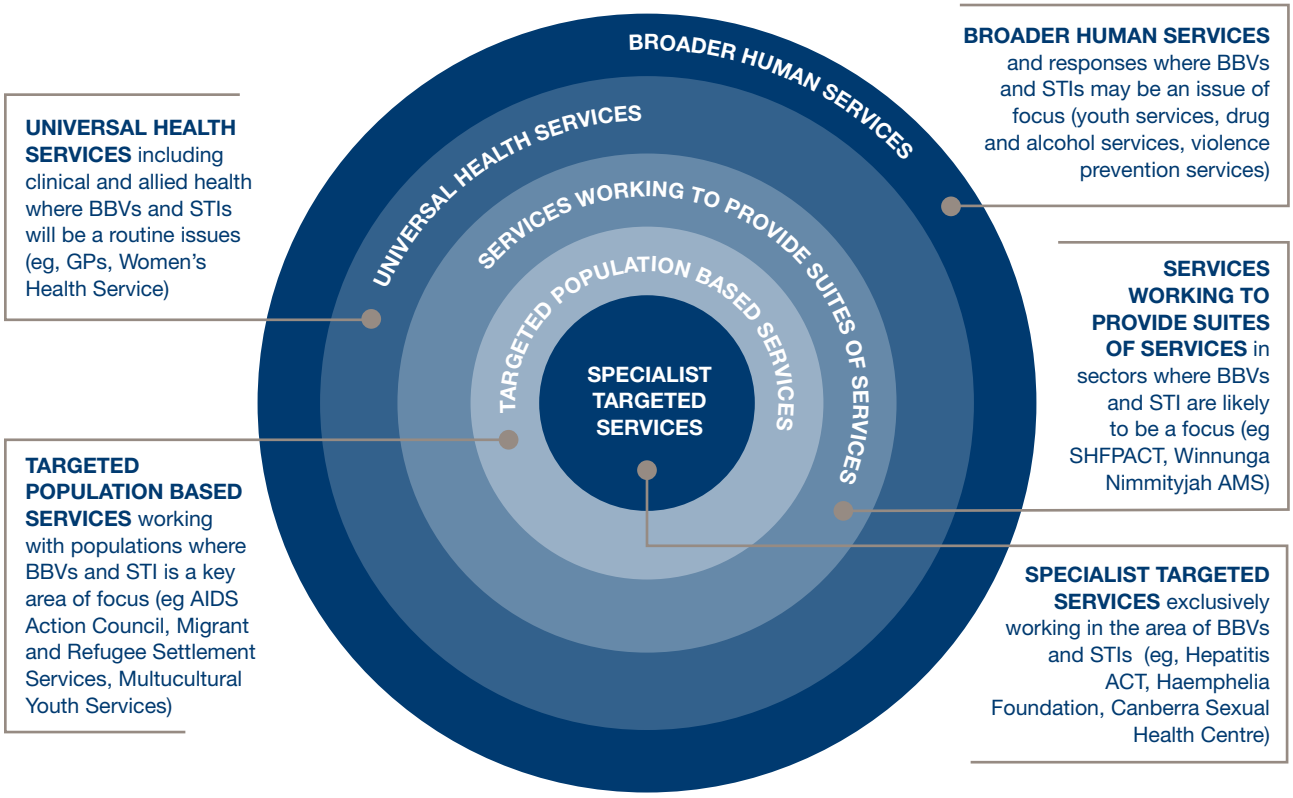

Figure 1: The BBV and STI subsector and its place within the broader health and human services sector

POLICY FRAMEWORKS AND FUNDING PROGRAMS

Specific National Frameworks

Nationally, the issue of preventing and managing BBVs and STIs has been a focus of governments across all jurisdictions and has been actively pursued through the Council of Australian Governments (COAG). National advisory groups and committees that support this work include:

- The Blood Borne Viruses and Sexually Transmissible Infections Standing Committee: this committee reports to the Australian Health Ministers' Advisory Council and forms part of the coordinated response across Australian governments; and
- The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections: this body is responsible for providing independent and expert advice to the Minister for Health on these issues.

This work has included the development of suite of strategies including:

- Seventh National HIV Strategy 2014–2017;
- Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014–2017;
- Fourth National Hepatitis C Strategy 2014–2017;
- Third National Sexually Transmissible Infections Strategy 2014–2017; and
- Second National Hepatitis B Strategy 2014–2017.

The progress against national targets has been actively monitored, with a report produced annually provided by the Kirby Institute regarding how Australia, and states and territories are progressing towards targets. Some of these targets include:

- **Hepatitis B:** by 2017, achieving 95% coverage of HBV childhood vaccination, increasing hepatitis B vaccination coverage of priority populations, increasing the level of diagnosis of people who are living with chronic hepatitis B to 80% and increasing the proportion of people living with chronic hepatitis B receiving antiviral treatment to 15%;
- **Hepatitis C:** reducing the incidence of new hepatitis C infections by 50% and increasing the number of people receiving antiviral treatment by 50% each year;
- **HIV:** the virtual elimination of HIV transmission in Australia by 2020, reducing the morbidity and mortality caused by HIV and minimising the personal and social impact of HIV; and
- **Other STIs:** increasing vaccination against HPV in adolescents to 70%, increasing testing coverage in priority populations, reducing the incidence of chlamydia, gonorrhoea and infectious syphilis and elimination of congenital syphilis.

While work has been underway to develop new frameworks, at the beginning of 2018 these have not been finalised.

ACT Frameworks

General ACT Government Health Frameworks

The *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014* promoted harm minimisation as a key principle.[6] As part of this, BBV and STI prevention and management were addressed. A new strategy has been under development for some time but has not yet been released.

ACT Health is currently developing a territory-wide health services framework in the form of a high-level strategic plan establishing the principles that will guide the development and redesign of healthcare over the next decade. It will aim to integrate services across preventive health, community-based care and care in hospitals.[7] The Directorate has issued a draft plan and analysis is provided below regarding how this work needs to respond to issues faced by the BBV and STI sub-sector.

The Directorate is also developing a Preventive Health Strategy. Again, analysis of how these strategies relate to the BBV and STI sub-sector is provided below.

There is also a range of other policy areas connected to the BBV and STI sub-sector that are not currently supported by whole of government frameworks and strategies. A key area is the area of reproductive and sexual health, including fertility and family planning, contraception, unplanned pregnancy and comprehensive sexuality education. The *ACT Women's Plan 2016-2026* and its First Action Plan 2017-2019[8] name reproductive and sexual health as a priority, alongside respectful relationship and violence prevention goals that intersect significantly with reproductive and sexual health needs, including STIs and BBVs. There is no equivalent policy or strategic focus that names men's sexual and reproductive health needs as clearly.

A number of target population health strategies address the issues of BBVs and STIs in these populations. These include the Draft *ACT Aboriginal and Torres Strait Islander Health Plan Priorities for the next Five Years 2016-2020*[9] which identifies the need for education, testing and vaccinations as priority task across male and female populations as well as young people. The ACT multicultural strategy *Towards Culturally Appropriate and Inclusive Services: A Co-ordinating Framework for ACT Health 2014-2018*, which was endorsed in May 2014 includes a specific aim to ensure work regarding the prevention and management of BBVs and STIs includes initiatives targeting culturally and linguistically diverse communities.[10]

Specific frameworks dealing with BBVs and STIs

The *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020* was released on 23 June 2016. It defined several priorities and aims to be

> *…a written commitment from the ACT Government to achieve measurable results against goals and targets agreed upon at the national level."* [11]

It advocates for a systemic approach, support for evidence-based practice, and a focus on a holistic life-long approach to health and wellbeing.

> *… While prevention remains the cornerstone of all responses to hepatitis B, hepatitis C, HIV and sexually transmissible infections (STIs) in the ACT, the ACT Statement of Priorities also supports an increased focus on new and emerging testing and treatment regimes, which will present us with opportunities to significantly improve health outcomes for some conditions in the coming years".* [12]

It is envisaged that an implementation plan will support this Statement of Priorities statement. This piece of work is in addition to resources such as the 'Map and Gap' exercise that was undertaken in 2016. The 'Map and Gap' exercise aimed to guide priorities for the additional funding provided by ACT Government in the 2016-17 budget to increase access to vaccinations for BBVs and STIs, as well as testing and treatment for vulnerable and priority populations in the ACT. There will also be a need to match this with the directions of new national strategies that will be released through 2018.

The *Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2013-2017* articulated goals including

> *…to reduce the transmission of blood borne viruses and to minimise the personal and social impact of the diseases in the AMC and the general community; to increase access for AMC detainees to preventative measures, testing and treatment for blood borne viruses such as hepatitis B, hepatitis C and HIV; and to improve the health and wellbeing of AMC detainees living with blood borne viruses and reduce the mortality and morbidity associated with undiagnosed and untreated blood borne viruses".* [13]

Frameworks that affect the ACT community-based BBV and STI sub sector

Community Services Industry Strategy

Not-for-profit organisations operating in the BBV and STI sub-sector are part of a broader local community services sector. There has been a culture of working collaboratively between organisations and with the ACT Government to respond to local community need. In mid-2016, community leaders within this sub-sector were involved in the governance group that developed a Community Services Industry Strategy for 2016-2026.

This process resulted in a vision for the local community services sector that has resonance for the BBV and STI sub-sector. It stated that the sector:

- *"…delivers quality services to create more connected communities which will support vulnerable individuals and families to be empowered and to fully participate in their communities and to take charge of their own future;*

- *undertakes community development to create social value, build social capital and improve living conditions;*
- *puts the needs of our clients and communities at the centre of everything we do; and*
- *the sector is a trusted voice on the needs of our communities with a strong evidence base that will shape policies and engage in social planning for the Territory and its regions*." [14]

These issues are of relevance for the BBV and STI sub-sector and are a useful guide in contemplating future system design, structural reform, organisational design and prioritising activity and need. The issues where gaps are present are explored in relation to the evidence base below.

ACT Government wide strategies

There are also a number of ACT Government wide social policies connected with the BBV and STI sub-sector. They include work in the areas of women's health and violence prevention. In addition, the Australian curriculum covers material around health and wellbeing that includes issues related to BBVs and STIs.

GOVERNANCE AND NETWORK ARRANGEMENTS

Ministerial Responsibility

The ACT Minister for Health and the ACT Government Health Directorate (ACT Health) have core responsibilities in relation to driving policy outcomes around blood borne viruses and sexually transmitted diseases. The Minister is involved in the development of COAG Agreements, and consequently drives the process of developing local strategies and plans. ACT Health either provides programs directly or funds program provision by not-for-profit organisations.

ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases

The ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD) is a long-standing advisory council that provides advice to the Minister on a wide range of issues in the areas of sexual health and blood borne viruses as they pertain to the health and well-being of all ACT residents. This group missed one scheduled meeting in December 2017 due to internal ACT Health restructure. Advice from the Executive Director of the Health Protection Service is that Council will be "back on schedule for the meetings in the new year". A meeting was held in late March 2018, with the Directorate indicating that the Council would be re-constituted and continue to play a role in supporting the systemic work in this area.

Network engagement and connection within the sector

Given the size of our jurisdiction, the ability for sector players to share information and work together has resulted in a number of network meetings and forums. A number of these have been reshaped in recent months to have a broader focus across BBV and STI issues. These include:

- STI and BBV Network Meeting: The HIV Network that has operated for a number of years has recently broadened its focus to include STI and broader BBV issues. The terms of reference have recently been updated and the aim is to provide a forum for networking, information exchange and communication about current issues and management in HIV, Sexual Health and Viral Hepatitis;
- The HIV Clinical Care Network: This is supported by the Canberra Sexual Health Centre, AIDS Action Council and Capital Health Network and is aimed at health care workers with an interest in HIV;
- The NSP Advisory Group: This is supported by Directions ACT and supports organisations providing both primary and secondary needle and syringe exchange programs, a key strategy to reduce the spread of BBVs through the provision of sterile injecting equipment;
- Alcohol, Tobacco and Other Drug Alliance of the ACT: This is the peak organisation of the alcohol and other drugs sector, with a membership comprised of many organisations working in the BBV and STI sub-sector;
- HIV Medical Interest Group: This group meets at the AIDS Action Council and is supported by Capital Health Network. GPs and clinicians with an interest in HIV attend;
- Partnership Approach to Comprehensive Testing (PACT): This is a bi-annual meeting between CHSC, SHFPACT and AIDS Action Council to coordinate outreach testing and health promotion activities including the 'STRIP and SWOP SHOP' initiatives;
- The Society of Australian Sexologists (SAS): This Canberra group meets regularly at SHFPACT, bringing together healthcare providers, therapists and educators in a self-managing peak organisation; and
- SHFPACT hosts clinical care meetings in the reproductive and sexual health area for general practitioners and specialists that cover health needs that may be related to STI/BBV needs, such as pelvic pain.

FUNDED PROGRAMS

In 2014 the Commonwealth Government invested in a four-year $22.45 million prevention program to help address the increase in the rates of BBVs and STIs. This program targets the priority populations of gay and bisexual men, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Australians, young people, people in rural and regional areas, and people who inject drugs. While there has been a focus on regional and remote settings, the ACT has been a beneficiary of these programs. This funding complements general funding that is provided to support a range of alcohol and other drug services, specific BBV and STI services and other services working with target populations.

Funding that flows from the national frameworks produces generalist resources and high-level performance data. To date, there has not been funding provided to maintain and update resources over time, or enable these to be customised to better respond to local need.

A number of vaccinations, such as those for hepatitis B and HPV are now available through the Australian vaccination program and available to all children in the ACT (and across Australia).

Hepatitis B, hepatitis C and HIV antiviral medications are available on the Pharmaceutical Benefits Scheme (PBS), with subsidies making these much more accessible for people requiring these treatments. Estimates suggests around 750 people living in the ACT received hepatitis C treatment from March 2016 to February 2017. [15]

As outlined above, a range of funding flows to support work in the BBV and STI sub-sector. In addition, the 2016-17 ACT Budget announced the allocation of $1.3 million over four years to improve access to BBV and sexual health vaccinations, testing and treatment for vulnerable and priority populations in the ACT. A proportion of this has been allocated to support ACT residents to participate in the PrEP (antivirals to protect against HIV) trial. There are still issues regarding access, with some people not being able to access Medicare services and co-payments being required.

Current funding to ACT health-based organisations working in the area of BBV and STIs

Government provided services

The ACT Government directly funds and provides a number of specific BBV and STI services including the Canberra Sexual Health Clinic at the Canberra Hospital, the Women's Health Service and testing, diagnosis and treatment services provided to people in the corrections system through Justice Health.

Community based services

The ACT Government funds a number of community-based services to work specifically in the areas of BBVs and STIs. Investment in direct services was around $3 million in 2015-16. Service agreements are in place until the end of 2018-19.

The ACT Government also funds a range of alcohol and other drug services with management of BBVs and STI as a stated part of their service outputs. This work is integrated into their general service provision and is unable to be quantified separately. Six services were funded to the level of almost $8 million for this purpose in 2015-16. Service agreements are in place until the end of 2018-19.

In addition, the ACT Government provides services to organisations working with at-risk populations, a proportion of which are clinical services related to prevention, testing, diagnosis and treatment of BBVs and STIs. Once again, this work is integrated into general service delivery and it is difficult to determine the proportion of funding that would be directed to these tasks. The total funding provided to these services in 2015-16 was almost $8 million. Service agreements are in place until the end of 2018-19.

WHO COMPRISES THE BBV AND STI SUB-SECTOR?

The BBV and STI sub-sector spans a number of health and human services sectors including reproductive and sexual health, alcohol and other drugs, target population health focused organisations and the universal health services sector. While some agencies specifically work on BBV prevention, diagnosis and treatment, many organisations work in the area of BBV and STI within the context of other issues. In addition, a range of universal health services also respond to these issues in the general community.

There is a mix of services types, including services directly provided by ACT Government, not-for-profit organisations funded by ACT Health operating in the community sector and private providers operating in the universal health system. Government and private providers operating in the area of universal health include GPs, specialists and allied health professionals.

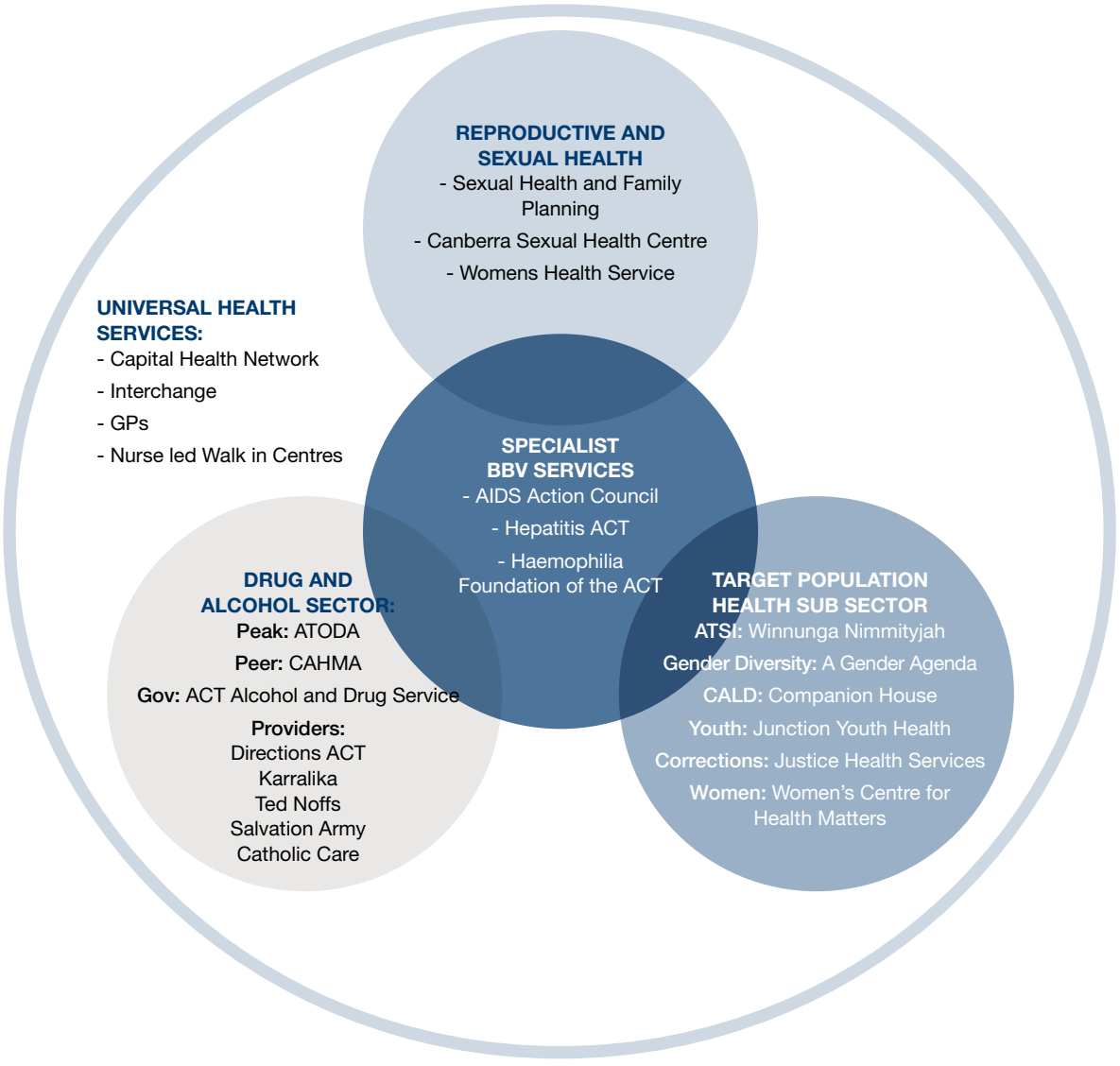

Figure 2: representation of the BBV and STI sub-sector and its relationship to other sectors

Not-for-profit provided services funded by ACT Government

As outlined in the figure above, different service organisations working in this sub-sector include:

- Organisations working specifically in the BBV and STI sub-sector. There are three groups of organisations working in this area. They include:
  - Services specifically working to reduce the incidence and impact of BBVs by targeting specific BBVs. These include Hepatitis ACT and the AIDS Action Council (noting AIDS Action Council also focuses on the LGBTIQ and sex workers communities as a priority population);
  - Services working with target populations who are at particular risk of BBVs and STI. These include the Haemophilia Foundation of the ACT; and
  - Reproductive and sexual health services providing a broad range of services including community, education and clinical services to the ACT population. The prevention and management of sexual and reproductive health related infections are specific areas of work for these organisations.
- Organisations working in the alcohol and other drugs sector: particularly given the fact that people who inject drugs are a priority population, there are a number of services actively working in the area of BBVs. Needle and Syringe Exchange Programs (NSPs) are included in this area of service provision;
- Target Population Health sub-sector: there are a number of organisations working broadly with target populations but have clinical (particularly testing), counselling and outreach services that focus on BBV and STI prevention, screening, diagnosis and support. A Gender Agenda has also been identified as an agency that could contribute to this work but not currently funded to be actively involved in the sub-sector; and
- Universal health sector: areas of the universal health system, including GPs and primary health care nurses have a role to play, particularly around the identification of at risk individuals, in testing, diagnosis, treatment and support.

Service Approaches

Working across the intervention continuum

ACT funded services employ a range of strategies to prevent and manage BBVs and STIs in the ACT, focusing across the continuum of interventions. The range of responses include:

- Prevention, including comprehensive sexuality education in schools and other educational settings, targeted education and awareness within at-risk populations, vaccinations (both universally based and for at-risk communities), and harm-reduction initiatives (including NSPs and access to PrEP to prevent HIV);
- Screening and testing, including comprehensive testing in a variety of settings, including as part of outreach (STRIP testing etc);
- Diagnosis and treatment, while this often happens with health practitioners, it will be supported by different community and health focused organisations; and
- Support, including advocacy and representation, treatment support, referral and counselling services. Sexual health counselling is provided at the AIDS Action Council and this is in high demand.

Figure 3: working across the service system

Clinical services are complemented by strong peer-based models, outreach models, and counselling and case management support. While broad information, education, and community awareness strategies are employed, including within schools and other youth-focused environments, significant effort is placed on directly engaging with priority populations.

As noted, there are a number of examples where prevention, testing, diagnosis and treatment of BBVs and STIs are a significant focus of various organisations working across a range of issues that may or may not intersect. This is illustrated with respect to prevention and management of viral hepatitis in Figure 4.

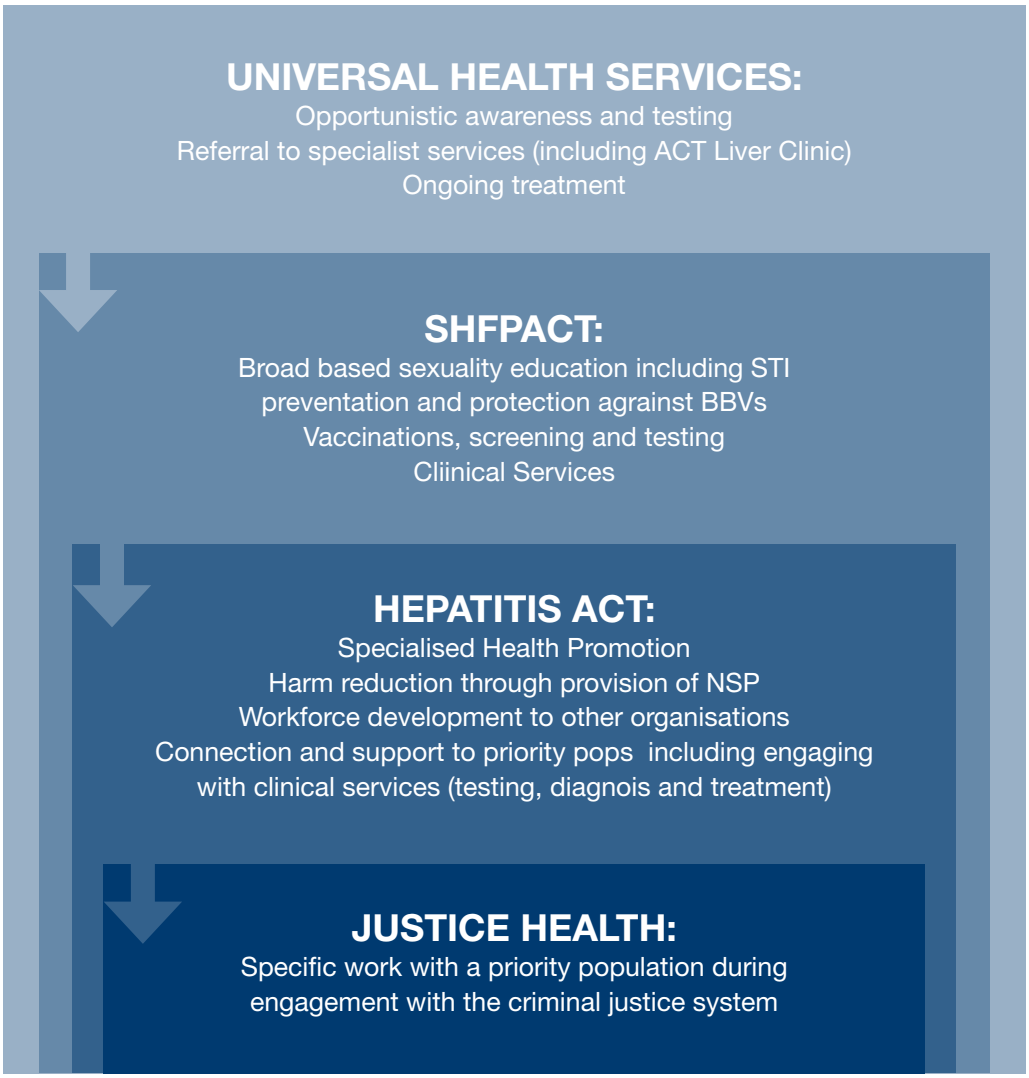

Figure 4: interaction of different service types in the response to viral hepatitis

Person-centred approaches

Service models adopted by many organisations working in this sector have a strong focus on person-centred approaches. While many organisations provide clinical services, these tend to be provided in a manner that is quite different to general clinical services provided by mainstream providers, with a human-centred approach heavily influencing the care models that are provided. Person-centred models recognise the need for a

> *…a team based approach where the person, their family and support people are at the centre of the team, and the various members work together in providing support and services, with an enhanced role for peer workers. No one works alone, or in isolation".*[16]

Community-based approaches

Most not-for-profit organisations operating in the BBV and STI sub-sector have membership models in place that mean that organisations are owned and governed by the membership base. As such, these organisations are grounded within their community and belong to these communities. Many can be defined as 'community-controlled organisations' that are owned, governed and controlled by the affected community.

This concept is well understood in the Aboriginal and Torres Strait Islander sector,[17] and is also a strong feature of many sub-sectors working in this area, including HIV (AIDS Action Council of the ACT) and LGBTIQ (A Gender Agenda and the AIDS Action Council of the ACT). Analysis has found that this type of approach is one of the reasons Australia's response to reducing the incidence of HIV has been so effective.[18]

Peer-based approaches

The sector is also heavily influenced by peer-based approaches recognising that workers with lived experiences may be better placed to relate to at-risk community members, and provide more authentic empathy and validity to marginalised communities.[19] Evaluations have shown benefits of a peer-based approach for HIV work "…*including cost effectiveness, access to hard to reach populations, building credibility and trust which results in behaviour change, and empowering communities*".[20]

Along with the lived experience, peer-based approaches provide a number of other features that include

> *…Providing hope through positive self-disclosure; role modelling skills and self-care for negotiating a daily life; and offering a supportive relationship with 'direct and immediate' empathy based on their own illness, recovery and wellbeing experiences.*[21] *It works to ensure that services are not "…stigmatising consumers, carries no assumptions of deficit, challenges existing power relationships and supports and empowers consumers to have greater ownership of their care and treatment".* [22]

National strategies have recognised the importance of peer education and support in reducing the risk of BBV and STI transmission and in connecting with some hard-to-reach populations.

Peers are credible, trusted sources of information and can assist in overcoming physical and socio-cultural barriers. The use of peer support and education models to target prevention activities in priority populations is important.[23] Recent analysis has suggested that peer approaches have been particularly effective in the management of HIV, including evidence of effectiveness of peer education in HIV prevention, in being able to influence the behaviour of affected communities, and the ability to increase knowledge and understanding within affected communities.[24]

Clinical approaches

The BBV and STI sub-sector also requires clinical approaches, particularly when it comes to testing, diagnosis and treatment of specific BBVs and STIs. This is an area where interaction between the different players operating in the space can be challenging. This sometimes results in tension for clinicians regarding how best to determine a scope of practice, respond to limitations in expertise and enable access and equity. This highlights the importance of partnerships between community-and clinically-based organisations to connect with at-risk communities and provide a trusted environment that supports clinical interventions.

Flexible responsive models

The BBV and STI sub-sector which is also categorised by flexibility in relation to responding to needs, and individuals tend to have a range of organisations and individuals involved in responding to their health needs. The system must also respond to private providers working in the area, including specialists, counselling and psychology and other allied health providers.

Outreach and in-reach models

Outreach models are recognised as a highly effective way to connect with 'hard-to-reach' populations, by engaging with individuals and communities in comfortable environments that they own and control. [25] Almost all community-based providers working in the BBV and STI space use this model of service. It is particularly useful for access to information, education, testing and delivery of test results.[26] This approach ensures that there is broad coverage across the ACT in relation to access to services. Many services are also providing 'in-reach models' where tailored programs and information are provided within the organisation's general service premises or in settings such as hospitals and generalist health settings.

There are also new models emerging such as 'satellite models' where multiple organisations are able to access shared infrastructure or provide services in hubs where priority populations are likely to be engaging for complementary services. Given their early success, these types of models are likely to become a stronger feature of service delivery in the future.

Funded organisations across the ACT

The following provides further detail of ACT funded agencies with responsibilities in the BBV and STI sub-sector. This information is drawn from the previous 'Map and Gap' exercise and an analysis of the publicly available service agreements for organisations that hold agreements with ACT Government.

Service	NFP or Gov.	Focus	Funding source	Service focus	Geographic reach and service models
AIDS Action Council of the ACT	NFP	BBV/STI	Mixed; Primarily ACT Health ACT Health: $1,125,826.00 (2016–19)	Health Promotion, Information and Referral Prevention Peer education programs Testing—onsite and outreach Treatment clinics Counselling and peer support—in person and online and telephone Education and training Workforce development Research partners	General: Whole of ACT and region[27] Telephone service: Whole of ACT and region Peer navigation services/case management Counselling Facility: Inner North and outreach STIP Testing Clinics: Inner North and outreach Outreach STRIP Testing: Fyshwick Outreach SWOP: Whole of ACT and region Health promotion, education and training: - Variety of settings including workplaces, Government agencies, universities, community groups and organisations - LGBTIQ communities, people who use drugs and sex workers - Correctional facilities
Capital Health Network (HIV Program)	NFP	BBV/STI (Generalist program based but specific funds BBV/SH work)	Commonwealth Government (is a funder itself) ACT Government: $168,348.00 (2016-2019)	Health Promotion, Information and Education Funding Clinical services	General: Whole of ACT and region Clinical services and training: Civic Training: Whole of ACT and region - GPs - Nurses
Haemophilia Foundation ACT	NFP	BBV	ACT Health $42,207.00 (2016-2019)	Counselling	General: Whole of ACT and region Counselling services: located at TCH (Woden) Outreach counselling: Whole of ACT and region - Homes - Workplaces - Correctional facility - Nursing homes
Hepatitis ACT	NFP	BBV/STI	ACT Health: $428,982.00 (2016-2019)	Health Promotion, Information and referral Education and Prevention (NSP) Training Support Peer education Workforce development	General: Whole of ACT and region Telephone service: Whole of ACT and region Outreach work: Whole of ACT and region - Custodial settings? - Schools & unis - Community organisations - Govt agencies - Private sector organisations

Service	NFP or Gov.	Focus	Funding source	Service focus	Geographic reach and service models
Sexual Health and Family Planning ACT	NFP	BBV/STI	Mixed: 20% ACT Health ACT Health: $939,894.00 (2016–19)	Health Promotion, Information and Education Testing Clinical services	General: Whole of ACT and region Clinical Facility: Civic Outreach Clinics: across Cbr - Young people including university students - Homelessness services - sex workers and brothels - Training and education: - Schools and Universities - Community organisations
ATODA	NFP	ATOD	ATODA: ACT Health $656,025.00 (2016–19; much broader)	Health Promotion, Information and referral Education and Prevention Training Peer Support Advocacy	General: Whole of ACT and region
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	NFP	ATOD	CAHMA: Mixed ACT Health: $348,570.00 (2016–19)	Health Promotion, Information and referral Education and Prevention Training Workforce development Peer Support Advocacy	General: Whole of ACT and region Peer drop in / education facility: Belconnen Radio show (2xx) Outreach work: Whole of ACT and region - Community organisations - NSPs - Health services - Marginalised communities
Catholic Care	NFP	ATOD (Work in BBV part of obligations)	Mixed ACT Health: $511,337.00 (2016–19)	Sobering up Shelter Service Information and Education	Facility: Ainslie Village
Directions ACT	NFP	ATOD (NSP programs funded as part of broader program mix)	Mixed ACT Health $2,256,047.00 (2016–19)	Health Promotion, Information and referral Education and Prevention Training Peer Support Advocacy Management of ACT NSP Program Residential Rehabilitation Case Management Althea Clinic	General: Whole of ACT and region Facilities: Woden and Bruce (AOD rehab) NSPs: Across locations in the ACT(primary and secondary outlets) Outreach work: Whole of ACT and region - Correctional facilities
Karralika	NFP	ATOD (Work in BBV part of obligations)	Mixed ACT Health: $2,425,363.00 (2016–19)	Residential Rehabilitation Education and Prevention Case Management Support	General: Whole of ACT and region Facilities: Tuggeranong (AOD rehab)
Salvation Army	NFP	ATOD (Work in BBV part of obligations)	Mixed ACT Health: $273,437.00 (2016–19)	Rehabilitation Support Case Management Information and Education	General: Whole of the ACT and region Facility: Fyshwick

Service	NFP or Gov.	Focus	Funding source	Service focus	Geographic reach and service models
Ted Noffs	NFP	ATOD (Work in BBV part of obligations)	Mixed ACT Health: $1,475,191.00 (2016–19)	Rehabilitation Support Case Management Information and Education*	General: Whole of the ACT and region Outreach services: Whole of the ACT - Youth Correctional Facility
Toora Womens Inc	NFP	ATOD (Work in BBV part of obligations)	Mixed ACT Health: $988,073.00 (2016–19)	Counselling Support Case Management Day Rehabilitation Services	Facilities: confidential
A Gender Agenda	NFP	Target pop. (currently no specific BBV / STI projects)	ACT Health: $300,000 2016–19 $500,000 through one-off capacity-building deed of grant (through mental health government and stakeholder relations)	Health Promotion, Information and referral Education and Prevention Training Workforce development Support Advocacy	General: Whole of ACT and region Education and Drop in Space: North Lyneham Focus on intersex, trans and gender diverse communities
Justice Health Services	Gov.	Target pop. (Specific BBV/STI programs)	Directly provided by ACT Health	Health Promotion, Information and Education Testing Clinical services Prevention (provision of bleach and condoms/ lube)	Correctional Facilities - AMC - Bimberi
The Junction Youth Health Service*	NFP	Target pop.	Mixed ACT Health: $1,292,566.00 (2016–19)	Health Promotion, Information and Education Testing Clinical services Prevention	General: Whole of ACT and region Clinical Facility: City
Winnunga Nimmityjah Aboriginal Health Service	NFP	Target pop. (Specific BBV/STI programs)	Mixed funding ACT Health: $5,506,402.86 (although much broader)	Health Promotion, Information and Education Testing Clinical services NSP Counselling Outreach support	General: Whole of ACT and region Clinical Facility: Inner South Outreach: Whole of ACT and region - Correctional facilities
Women's Centre for Health Matters	NFP	Target pop.	ACT Health: $468,144	Advocacy Health Promotion, Education and Prevention Training (to the sector) Research	General: Whole of ACT and region

3 ASSESSMENT

CURRENT NEEDS AND HOW ARE THEY CHANGING

General ACT population trends and how this will impact on health services

The draft Health Services Planning Framework has identified a number of key trends that will impact on health needs of ACT residents. They include:

- A growing population: The ACT is projected to grow by almost 17% over the ten years to 2027; and
- An ageing population: like the Australian population as a whole, the ACT population is ageing, with people over the age of 65 growing from 12.6% of the population in 2017 to 20.4% in 2052. However, our demographic trends also show a significant cohort of young people aged 20 to 25.

There are other issues that are relevant to the ACT, including:

- the relatively higher proportion of same-sex couples and people who identify as LGBTIQ;[28]
- high average incomes[29] mean that those on lower incomes (including those receiving income support) can have greater financial difficulties in comparison to groups in the local community; and
- the increasing role of the ACT as a regional centre, particularly with regard to health-based services.

These trends will see an increased demand for services around BBVs and STIs even though technologies and interventions may change. The demand for services across the all health services will increase the importance of prevention strategies to reduce demand upon the health system. As treatments improve, issues such as ageing are emerging in cohorts where it has not been an issue in the past. For example, in the area of HIV there is now a group of individuals who have been on antivirals for long periods of time and may be managing co-morbidities.

Current national and local prevalence trends

The national strategies have been developed with clear targets, and annual prevalence surveys enable tracking of the situation regarding BBV and STI transmission across Australian jurisdictions. The following information has been primarily drawn from the 2017 Prevalence Report, released by the Kirby Institute.[30]

Hepatitis B

While transmission of hepatitis B can occur through a variety of activities including injecting drug use and sexual contact, most people living with chronic hepatitis B in Australia were born overseas and acquired hepatitis B at birth or in early childhood. Even so, across Australia, 22% of people attending sexual health clinics were found to be unvaccinated for hepatitis B and an estimated 38% of people living with chronic hepatitis B in Australia were undiagnosed in 2016.[31]

In the ACT, between 80 and 100 people have been diagnosed with hepatitis B in each of the past three years. Hepatitis B prevalence in the ACT is currently approximately 20 per 100,000 of population, close to the national average of around 27 per 100,000 of population.[32] As with all notification rates and trends, without meaningful data reflecting testing rates, notification rates do not necessarily represent useful proxies for transmission, incidence and the adequacy of testing.

For example, hepatitis B is the largest BBV epidemic in Australia and the ACT. Around 38% of affected people are undiagnosed, compared to an estimated 20% for hepatitis C. However, notification rates for hepatitis B are around half those of Hepatitis C.[33]

THE TRENDS SUGGEST:

- That universal vaccination continues to be an important tool to prevent hepatitis B in mainstream Australia;
- At-risk populations need to be supported to take up testing to diagnose chronic hepatitis B and access treatment and vaccinations;
- There is an opportunity to support communities of people born overseas that may have contracted hepatitis B overseas;
- There are opportunities to reduce the prevalence of hepatitis B within the Aboriginal and Torres Strait Islander community.

Hepatitis C

Australia has seen an increase in the rate of notification of hepatitis C diagnoses between 2015 and 2016, following stable rates between 2012 and 2015. It is likely that the increase is related to increased testing following the release of new hepatitis C treatments. The numbers of people diagnosed in the ACT have fluctuated between a high of 223 diagnoses in 2010 to a low of 145 diagnoses in 2012. Over the past two years the numbers have stabilised at around 180 diagnoses each year.[34]

Currently the rate per population sits at 44.4 per 100,000 of population, which is just under the national average. This is the third lowest after South Australia and Victoria, and lower than NSW, which sits at 55 people per 100,000 population. It is estimated that almost 3000 were living with Hepatitis C in the ACT in 2016, which is about 1.5% of people living with Hepatitis C in Australia.[35]

The number of people receiving hepatitis C treatment across Australia increased dramatically in early 2016, a reflection of increased access to new direct-acting antiviral regimens subsidised through the PBS from March 2016. This was followed by a decline over subsequent months. The uptake correlates with a

decrease in more severe health impacts for some people living with hepatitis C, although liver cancer rates and deaths continue to rise.[36]

The WHO Collaborating Centre for Viral Hepatitis VIDRL, Doherty Institute for Infection and Immunity, Melbourne, estimates that around 750 people living in ACT have received hepatitis C treatment during March 2016–February 2017.[37]

Across Australia, trends in hepatitis C notifications among Aboriginal and Torres Strait Islander people are very different to those among non-Indigenous people. There has been a 50% increase in the notification rate in Aboriginal and Torres Strait Islander people aged under 25 over the past five years, but a decrease in the rate in non-Indigenous people in this age group.[38] Information is incomplete for the ACT, with advice provided that ACT datasets are not able to be provide comparable data.[39]

THE TRENDS SUGGEST:

- While the introduction of new treatment options led to an initial increase in diagnoses, the recent significant drop off in diagnosis[40] points to the need for significant ongoing work to encourage diagnosis and treatment;
- There is an increase in the number of GPs providing treatment (from a very low base).[41] Correspondingly, there is a small number of other health physicians treating hepatitis C, suggesting there are opportunities to work with other health professionals who are connecting with individuals affected by hepatitis C;
- While the emergence of new treatment options appears to have initially motivated some people to seek a diagnosis and treatment, this has not been sustained over time. The long-term trends regarding transmission and diagnosis suggest that prevention efforts are still required, and given sharing injecting equipment is seen as the largest risk activity around transmission, there is a need to focus efforts in reducing this; and
- There is a need to continue to focus on key populations at risk of chronic hepatitis C including people who inject drugs, prisoners with a history of injecting drug use, people from high-prevalence countries and HIV-positive gay and bisexual men.

HIV

Over the past five years, HIV diagnoses have remained stable in Australia, and remain concentrated among gay and bisexual men. Health promotion, harm reduction, testing and medical interventions have resulted in very low rates of transmission in groups usually at risk, including people who inject drugs, female sex workers and newborns born to women who are HIV positive. Testing has increased among gay and bisexual men. Across Australia, some groups are still more likely to be diagnosed late, including men from countries with high HIV prevalence, men who report having sex with both men and women and people with a partner from a country with high HIV prevalence.[42]

In the ACT, the number of diagnoses each year is comparable to those of other states and territories, with a number of notifications for cases of HIV that have already been diagnosed and notified overseas. The small numbers mean that trends need to be interpreted with caution. The ACT has seen an increase in notification rates over the last ten years, reaching a similar level to NSW in 2014 (4.5 per 100,000 of population in 2014), and declining again in 2016 to 3.0 per 100,000 of population.[43] Approximately 374 people in the ACT are living with HIV. [44]

Treatment coverage among people diagnosed with HIV has increased considerably, with a corresponding increase in the proportion of people on treatment with suppressed viral load, which reduces the risk of onward transmission to zero. Across Australia, approximately 86% of people who are diagnosed are receiving treatment.[45]

The trend in HIV notifications among Aboriginal and Torres Strait Islander people is very different to that in non-Indigenous people. There has been a steady increase in the annual HIV notification rate in Aboriginal and Torres Strait Islander people nationally over the past five years, as compared to a declining rate in the Australian-born non-Indigenous population. However, in the ACT we have not had a notification of a person identifying as Aboriginal and Torres Strait Islander for the past decade.[46]

THE TRENDS SUGGEST:

- Current strategies including community based, peer based health promotion, testing, treatment and risk reduction are working well and need to be maintained and strengthened;
- There are particular at-risk populations, such as men who have sex with men including transgender men, Asian-born gay men and Aboriginal and Torres Strait Islander men, that would benefit from additional attention;
- Innovations such as PrEP and rapid testing are currently being rolled out and have significant potential to reach the target of zero new transmissions, noting that the ACT does not have community-based, peer-based rapid testing;
- There are still opportunities to achieve higher rates of early diagnoses, higher rates of people on antiretroviral therapy and higher rates of suppressed viral load;
- As the population of people living with HIV is ageing, there is a need to focus on how to support people who are living with HIV as a chronic condition; and
- It is possible that the ACT could reach the national target of virtual elimination of HIV transmission in Australia by 2020. However, this will only occur with continued funding and focus, and it will be important to continue to concentrate efforts within priority populations.

Other STIs

Other STIs that are of concern across Australia include chlamydia, gonorrhoea and syphilis.

Across Australia both testing and diagnoses of chlamydia have increased in the past five years. Despite this, the vast majority of infections in young people (15–29 years) remain undiagnosed and untreated, highlighting the need for testing to be routinely offered to sexually active adolescents and young adults. Like other jurisdictions, the ACT saw a steady increase in notifications between 2007 and 2011, after which (2012 to 2016) notification rates were more stable. The ACT rates are the lowest in Australia (but comparable to other metropolitan centres), and in 2016 there were 304 notifications per 100,000 of population. Across Australia, the rates of notification for Aboriginal and Torres Strait Islander populations is three times that of non-Indigenous populations.[47]

Gonorrhoea and chlamydia are now dual tested in most settings and across Australia. Gonorrhoea and infectious syphilis in Australia are diagnosed primarily in gay and bisexual men in urban settings, and in young heterosexual Aboriginal and Torres Strait Islander people in remote areas. Gonorrhoea and infectious syphilis have been diagnosed more frequently in the past five years in gay and bisexual men, with the highest rates in younger men and in men with HIV. In the ACT, the number of gonorrhoea notifications is small, but there has seen a steady increase; in 2016 the number rose to 201 from 141 in 2015. In the ACT, notifications within Aboriginal and Torres Strait Islander communities spiked considerably in 2015 and 2016, and in 2016 accounted for more than half the notifications.[48]

A major breakthrough has been experienced in relation to HPV and as a result all Australian adolescent girls (since 2007) and boys (since 2013) have been offered vaccination against HPV. Coverage across Australia is greater than 70%, meeting the target identified in the Third National Sexually Transmission Infection Strategy. The vaccination rate in the ACT was 78% in 2016, lagging behind that of NSW which was greater than 80%.[49]

Changes to the Australian Cervical Screening regime commenced in December 2017 (after a delayed start anticipated earlier that year). Cervical screening tests screen for HPV infection, which is a major underlying cause of cervical cancer and other cancers. Replacing two-yearly pap smears that monitored pre-cancerous changes in cervical cells, the new HPV DNA cervical screening test is now recommended every five years from age 25.[50] This is a welcome change to a more sensitive, less frequent testing regime for cervical cancer prevention. However, it does raise concerns about the impact on STI rates for young women who will have less regular engagement with primary healthcare providers for matters directly related to sexual and reproductive health, where opportunistic BBV and STI testing is more acceptable to patient and practitioner.

THE TRENDS SUGGEST:

- Comprehensive screening and testing has been useful in identifying people with these STIs but there are significant opportunities to increase testing and detection, particularly in younger cohorts;
- There is still a need to focus on peer-based prevention, health promotion, testing and treatment for gay and bisexual men;
- The increase in rates in 2015–2016 suggest the need for more focus on health promotion, enhanced testing and partner notification for heterosexual men and women;
- There is a continuing need to work with Aboriginal and Torres Strait Islander communities;
- Universal vaccination programs continue to be an important tool, and there are opportunities to increase rates of the HPV vaccination in the ACT; and
- Changes to population screening approaches may reduce opportunistic testing for STIs in primary healthcare settings.

WHAT THE SERVICES ARE TELLING US—WHAT ARE THE EMERGING ISSUES?

In mid-2016, a consultation exercise was undertaken to identify key issues in the ACT and what issues required response in the local context. The previous 'Map and Gap' recommendations focused on work required by ACT Health, rather than looking at key issues that faced the sector organisations.

A re-analysis of the information provided to the review in addition to an analysis of service agreements entered into by the Directorate found:

- While there was a concentration of static clinical services in the inner north, inner south and Woden area (due to the hospital), a large amount of service provision was outreach-based and provided across all regions of the Territory. While service provision in districts outside the inner north and inner south was identified as a key issue by the first review, this issue was only documented as an issue by two of the fourteen services that contributed to that review;
- A lack of information was identified by a large majority of respondents as a key issue facing the sector—in many cases it is a matter of not knowing what are emerging issues due to the lack of an evidence base;
- A lack of targeted information provided to priority communities was identified as an issue, in addition to challenges in reaching particular groups in the community. Winnunga Nimmityjah noted the importance of involving Aboriginal and Torres Strait Islander people in the governance, planning and implementation of services;
- A lack of access to services including vaccinations, testing, counselling and outreach was identified as a key issue for many services;
- The challenge of working with general health professionals, particularly GPs and primary health care nurses was also identified by respondents; and
- Services that were most directly working in the BBV and STI sub-sector identified key issues of a lack of clear policy direction, poor communication with ACT Health, and lack of a systems approach. This included a lack of clarity regarding the role that government saw for itself in this area. There were concerns regarding insufficient service planning, setting and measuring progress towards population goals, measuring collective impact and assessing consistency of service delivery.

As such, the high-level issues identified by the sector included:

- The challenges created by the lack of a systemic and coordinated approach, particularly when working with generalist health professionals;
- The lack of strong evidence to inform local policy priorities, including lack of ACT specific data;
- A need for additional services spanning prevention, testing, diagnosis, treatment and support;
- The need to continue to work with priority populations, and the need to invest more heavily in tailored information and approaches; and
- The need to improve engagement with consumers/service users, particularly with respect to determining needs and influencing planning.

BROAD ACT HEALTH DIRECTIONS THAT WILL IMPACT ON FUTURE DIRECTIONS

Broader health service planning framework and its relationship to BBV and STI management

The ACT Government is currently developing an ACT-wide health service planning framework. As part of this, it has developed a number of principles to guide this process. The following is an assessment of how well this sub-sector is placed to respond to these principles.

Proposed Principle	Strengths	Challenges/opportunities
Health care delivery will be evidence based, with a focus on safety, quality and best practice.	There is strong Australia-wide population data regarding the prevalence of BBVs and STIs that is provided annually.	Given the size of the ACT, there are challenges in data collection as part of national processes. Services report significant gaps in relation to the evidence base. A particular well-identified gap is the lack of a gendered analysis of data. There is a key opportunity to capture and analyse data beyond BBV/STI notification data.
Preventative health care will be a primary focus to keep people as healthy as possible.	Traditional prevention strategies around the reduction of BBVs and STIs have been highly effective, but in some populations increases in notification rates have occurred.	With new prevention options regarding HIV, some of the traditional broad prevention strategies are becoming less promoted and used. With the burden of disease approach taken, it is difficult for BBVs and STI prevention to be prioritised in population-wide prevention strategies. There is a lack of modelling around the effectiveness/cost benefit of prevention, which means it is not factored into expenditure decisions. BBV and STI issues are frequently isolated from the other health needs and factors that are associated with the same underlying risk factors and behaviours.

Proposed Principle	Strengths	Challenges/opportunities
Services will be population focussed and person-centric.	There has been a strong focus on targeting priority populations, and community-based providers are particularly skilled at taking person-centred approaches.	Broad-brush population approaches will have some impact on BBV and STI management, but at-risk populations require targeted approaches.
Alternatives to care provided in a hospital setting will be explored and promoted.	Changes in testing and treatment technologies mean that there are well established, demonstrated options for interventions outside clinical settings for BBVs and STIs.	Community-based interventions in areas such as testing have struggled to gain ongoing policy support and funding, with a preference for clinically-based testing.
Equitable access to services will be provided with care delivered as close to home as possible.	The BBV and STI sub-sector has developed expertise in using outreach and 'in-reach' models, and working with communities. New models such as satellite approaches are being developed as a way to better connect with community and better utilise infrastructure.	Given that target populations are highly marginalised groups that are often hard to reach, equitable access of service needs to be a stronger priority.
Health care will be integrated across the range of settings and providers.	A robust number of community-based service providers means responses to BBVs and STIs in the ACT occur in a wide range of settings.	Community-based providers report significant challenges in working with mainstream health providers (including GPs and nurses) that requires work and/or funding to improve. While there is a program targeting HIV, there are not other initiatives for other BBVs. There is a need for professionals working in BBVs and STIs to work across specialist and generalist services. Workforce capabilities must recognise this and build in partnership approaches.
Health service planning will be consistent with known and predicted demand and be cognisant of other health sector resources provided by private and non-government organisations.	The BBV and STI sub-sector sees service provision shared across public, private and community providers. Improvements in technologies mean that demand will shift, and should reduce the demand on acute services.	The gaps in the evidence base create challenges in predicting and managing demand. As noted above, there is work to be done to connect the different sectors working in this space. There have been challenges in the community-based sector in gaining traction and influencing planning.

Proposed Principle	Strengths	Challenges/opportunities
The draft Framework will inform and be supported by sound workforce, health infrastructure and Information Communication and Technology (ICT) planning.		The community health services and generalist community sector face significant challenges in workforce planning. An understanding of the general policy and strategic direction of ACT can be difficult to attain for community-based providers. Resourcing and infrastructure is also a challenge.
Health care will be affordable within an Activity Based Funding (ABF) model.	With the emphasis on prevention and testing, interventions will be more cost effective. Improvements in treatment technology will also see increased affordability.	There has been little work done around ABF models or benchmarking in the BBV and STI sub-sector. As extremes on the funding continuum, a pure ABF or block-funding approach to resourcing may result in unintended outcomes such as loss of capacity or inability to respond to changing patterns of demand, and growing and changing community needs.

The draft framework signals the development of Territory-wide health care centres that should be capable of providing coordinated and accessible care to patients across all health settings—preventative care, care in the hospital and care in the community.

A challenge for the BBV and STI sub-sector is that it straddles a number of these proposed centres, particularly in the areas of:

- Mental Health, Justice Health and Alcohol & Drug Services;
- Women, Youth & Children; and
- Aboriginal and Torres Strait Islander people.

The focus on working with vulnerable and priority populations, as well as a range of interventions across the service continuum also means that this sub-sector does not sit neatly into a traditionally-framed health services framework. There will be a need to engage with the ACT Health and funding programs to ensure a coordinated and consistent approach to addressing the issues identified through this analysis.

How the development of an ACT Preventative Health Strategy will impact on the provision of BBV and STI services

The ACT Government has commenced work on an ACT Preventative Health Strategy. This strategy will aim to reduce preventable diseases in the ACT community. This will reduce demand for acute and community care and ensure people get appropriate care when they need it. Work to date has suggested that this strategy will be heavily focused on a 'burden of disease' approach and focus on population health issues such as obesity, heart disease, diabetes and other issues that impact on large numbers within the general population. Prevention of BBVs and STIs was originally excluded from the development process, and the manner in which they will fit into this strategy is yet to emerge.

New procurement processes

ACT Health has signalled that they are currently working on a new commissioning framework and procurement plan to support community-based service delivery when new funding agreements are negotiated in 2019. However, the latest advice is that this may not include competitive tendering. If this new commissioning framework is pursued, there is the need to progress significant work to ensure a meaningful and robust procurement process that addresses the issues of:

- Responding to the information gaps and areas where we know current data is under-representing need;
- Shared views around priorities and resource allocations;
- A shared language and common view around cost models and benchmarking; and
- Development of meaningful outcome measures and targets.

FEDERAL TRENDS THAT WILL IMPACT ON FUTURE DIRECTIONS

Greater contestability in human service delivery

During 2016 and 2017 the Productivity Commission undertook a study explore whether or not the efficiency and effectiveness of human services could be improved by introducing greater competition, contestability and informed user choice. This included inquiries into services delivered in the mental health and alcohol and other drugs sector. While the inquiry is complete, the final report has not been publicly released. The first stage of the inquiry released a report which made a number of observations.[51]

While a strong supporter of user choice and competition, the Commission noted some of the challenges when engaging with vulnerable consumers and noted complexity in some areas such as alcohol and other drugs services where agency of the individual may have been removed (for example, in the case of court ordered rehabilitation). [52]

Services that operate within the BBV and STI sub-sector are unlikely to be the subject of national proposals for greater contestability but this approach is likely to continue to influence purchasers/funders of community-based services. The draft report released in mid-2017 includes draft recommendations regarding the commissioning of community and family services which may impact on this sector, including:

- Recommendations for the Commonwealth and State governments to work in a much more coordinated manner and in a way that draws on coordinated evidence around need;
- Adjust selection processes to remove discrimination around the type of organisation delivering services (removing the distinctions between not-for-profit, for-profit, mutual etc) and allow more time for preparing tenders;
- Improve the outcome measures used, monitoring and evaluation of outcomes for service users; and
- Increase the default length of time of contracts to seven years.[53]

The New Horizons Report, undertaken by the University of NSW in 2014 noted that purchasing of community-based alcohol and other drugs services occurred under a human services purchasing framework due to the fact that they were purchased from community organisations. However, other frameworks such as activity based funding or fee-for-service purchasing may be more appropriate. The report also highlighted significant challenges around coordination and consistency with respect to the responsibilities of Commonwealth, state and local commissioners and funders, and additional challenges regarding different approaches to planning, purchasing, monitoring and accountability.[54]

ADVANCES IN TECHNOLOGY AND TREATMENT THAT WILL IMPACT ON FUTURE DIRECTIONS

As noted in other sections of this analysis, there are significant technological and medical advances in testing and treatment options for BBVs and STIs that are fundamentally changing the nature of engagement with the general population as well as priority at-risk populations within the community. This is a dynamic space and one in which we expect to see ongoing change. Some recent examples of change that has occurred recently includes:

Improvements in general sexual health testing:

From December 2017, the cervical cancer screening test changed from the pap smear recommended to occur every two years to a five-yearly HPV test. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists note that "*there is strong evidence that the proposed change in the population screening program will result in a further 30% reduction in the incidence of cervical cancer over time*".[55]

Vaccinations:

Australia has now introduced HPV vaccinations for adolescent girls and boys, and rates have reached 70% in the ACT.

Prevention of HIV:

HIV Pre-Exposure Prophylaxis (PrEP) is highly effective at preventing HIV transmission. In the context of Australia's HIV epidemic, PrEP provides an opportunity to greatly reduce the number of new HIV infections among gay and bisexual men. Up until recently, access to PrEP in the ACT was available through the NSW EPIC trial for individuals at risk of HIV. People have accessed PrEP through clinical trials and through personal import of generic version of the drug. On March 2018, the Federal Minister for Health announced that PrEP will be subsidised by the Australian Government through the PBS from 1 April 2018, which means any person with a current Medicare card can now access subsidised medication through the PBS.PrEP will impact on the use of current risk reduction strategies that are encouraged for HIV and other STIs (for example, condom use). Condoms and water-based lubricant still play a key role in prevention.

HIV testing technology advances:

For Australia to realise its goal of virtual elimination of HIV transmissions by 2020, increases in voluntary testing need to occur with as many testing options made available as possible. A significant amount of HIV transmissions occur from people who do not know they are HIV-positive. Increasing testing rates enables more people to be aware of their HIV status, minimises the time between infection and diagnosis, and reduces onward transmission through behavioral changes and uptake of treatment. In 2016, 33% of people diagnosed with HIV were diagnosed late.[56] There are serious health issues associated with progressed or advanced HIV. Access to treatment immediately after diagnosis significantly improves the health outcomes of people living with HIV.

There are significant barriers to HIV testing that many people encounter, such the logistics and convenience of testing including locations and opening times of testing services, a dislike of needles, difficulties getting an appointment and financial costs. There are also emotional barriers to testing including perceived or actual judgmental attitudes of clinic staff, discussing personal information which might involve disclosure of sexuality or injecting drug use with clinicians, and wait times for results.Evidence suggests that innovative, peer-based community approaches can increase the rate and frequency of HIV testing.[57] Research has also found that gay and bisexual men would test more if community-based, peer-based rapid testing was more readily available.[58]

Advances in hepatitis C treatment:

the development of direct-acting antivirals that are taken orally are effective in treating and curing hepatitis C in more than 90% of people.[59] The provision of these drugs on the PBS from March 2016 has seen a significant increase in the number of notifications and treatment for Hepatitis C, although these have dropped off in recent periods.[60]

Advances in HIV treatment:

The emergence of antiviral treatments in HIV has seen infection move from an inevitable progression to AIDs and death to the treatment of HIV as a chronic but manageable health condition.

Advances in STI testing and treatment:

Global research and development in Point-Of-Care Diagnostic Tests (POCTs) for STIs has not yet reached the point that effective testing and treatment within a single consultation is possible within timeframes acceptable to patients, but this research and application goal is firmly in sight.[61] The results in coming years are likely to significantly change opportunities and community expectations regarding the availability of these options, and the attendant concerns regarding follow-up treatment and reinfection prevention support.

Telemedicine:

Advances in the ITC infrastructure that supports better regional and remote community access to medical expertise in urban centres in Australia continues to improve the feasibility and quality of remote medicine and care, as well as mobile device access to health information. As costs reduce and familiarity with access to health information, education and training, and clinical care provided in these forms increases over the coming years, the pattern of consumer access to physical facilities is also likely to change. Services provided in this way will be available even in jurisdictions and regions where essential infrastructure is lacking, changing consumer expectations and patterns of health-seeking behaviour.[62]

4 CONCLUSIONS AND RECOMMENDATIONS

KEY CHALLENGES

ACT Jurisdiction

As a small jurisdiction that is urban based and entirely surrounded by another state, the ACT faces particular challenges in relation to contributing to national frameworks and in gaining appropriate recognition with respect to our specific issues and needs.

The size of the ACT is one reason that the evidence base is incomplete and it is difficult to gain adequate coverage of populations that in a national context are small. To obtain any meaningful data within our jurisdiction, dedicated resources are required, but are rarely available.

The reality that the ACT is a regional centre with regard to provision of health services is an issue that is faced across the health services sector—from prevention to acute services. While the majority of services are funded to provide services to residents of the ACT, demand for services comes from across the region. As such, while the issues being managed are complex there is little recognition of the ACT of a regional centre rather than an urban-based metropolitan centre.

Changing systemic approach to health in the ACT

Changing expectations in relation to health and human services procurement will likely have a significant impact on how BBV and STI prevention and management services will be funded, particularly for community providers. While health funding in the acute sector has focused on activity based costing, in community health based approaches, procurement has been based around human services sector approaches.

Work regarding the restructure of the health service system in the ACT will mean that the issue of BBV and STI prevention and treatment will be challenging to respond to in a holistic manner—it will need prioritisation across a number of proposed centres of practice. While issues around the issues of sexuality, gender and reproductive health are emerging, the ability of a systemic approach is unclear in the proposed structural organisation of health services.

Burden of disease approach and health funding rationing

There is an increasing emphasis on a 'burden of disease approach' as a way to identify priorities and health funding. While this is a sensible and useful approach, it can mask the impact of diseases such as BBV and STIs that may only affect small numbers of the general population but have a catastrophic impact on the lives of individuals, families and particular community groups.

Need for range of health responses to reduce transmissions

BBVs and STIs responses straddle a range of health approaches, from prevention to chronic condition management. Indeed, improvements in technology has transformed HIV from an acute terminal illness to a chronic but manageable. New prevention strategies such as the emergence of PReP has seen strategies that have been effective for a range of STIs such as condom use being less used than in previous years.

Given there is such a strong focus on prevention activities in the area of BBVs and STIs, conveying the urgency of continued investment is becoming an increasing challenge, particularly when 'competing' with other diseases and conditions that affect much greater numbers of people in the population. There can be a worrying tendency to assume that current infection rates are stable without understanding the service infrastructure and patterns of health seeking behaviour that underpin this. Stagnating resourcing risks seeing infections increase or changing patterns of transmission within the community. This becomes even more problematic in an era of reduced resources and rationing of health funding.

Pressure to mainstream health service delivery

There is good work occurring in the ACT around how health service delivery is better when integrated, and how we make the most of people's interactions with the health system, particularly in relation to engaging with GPs and community based health. As identified in the first 'Map and Gap' exercise, the challenge is ensuring mainstream services are able to respond to the specific issues of priority populations, are trusted by these populations and have the information required to respond to complex issues.[63]

Lack of evidence in key areas of priority issues

The 'Map and Gap' exercise identified key areas where evidence around need is not known.[64] There are a number of research projects currently being supported by ACT Health, particularly in the area of ageing which will significantly enhance the evidence base. There is likely to be a need for continued strategic investment in areas of emerging need where national trends must be complemented by local information to ensure that our knowledge base is relevant for our local context. It should also be noted that the ACT Statement of Priorities has states the

> *…ACT is committed to working towards the targets outlined in the National Strategies, as listed below. This will involve identifying ACT data, where ascertainable, for each of the targets as at the end of 2015, to provide a baseline against which progress can be measured".*[65]

Workforce issues that will impact on the local and national health and social welfare industries

The issue of workforce capacity in the health and social welfare sectors has been identified as an issue of some concern. In 2015, the Community Services and Health Industry Skills Council Environmental Scan recognised that there are a number of key issues emerging that will affect these industries including:

- demand for roles and skills is increasing, and this will continue;
- there needs to be investment in workforce planning;
- there are structural barriers such as pay and conditions which are challenging to overcome;
- there is a need to support administrative and management skills development;
- there is a need to focus attention on attracting and using the skills of a culturally diverse workforce.[66]

The ACT Community Services Industry identified that community services are already major providers of employment and economic contributors in the ACT, and growth across the industry is expected. It noted that across service areas where there is a high level of demand and unmet need for community services, industry growth has the potential to increase the capacity of services to deliver better outcomes for some of the most disadvantaged members of the community.

It also identified that demographic shifts suggest that human services is an industry where there will be significant growth. There will be particular challenges that stem from this including ensuring leaders are equipped to support the workforce in delivering excellence in outcomes. It also means that there will be a need to respond to issues of workforce supply, qualifications, on-the-job training, upgrading qualifications and supporting people mid-career.[67]

OPPORTUNITIES

A strong sub-sector with consistency in service delivery, identified leaders and champions

The size of the ACT means there are significant opportunities (that have been taken up) to develop strong relationships and partnerships between services and individuals working in the sector. This is a mature sub-sector that has developed expertise and has identified leaders and champions working at a systemic level as well as an organisation level.

Strong relationships with priority populations

Organisations working in this sub-sector have a high level of credibility within priority populations, and methodologies such as community development and peer-based work means that organisations services are well known and well used by the people who need them.

A culture of collaboration and working together

Due to the sub-sector's ability to maintain strong relationships, there is a culture of collaboration and partnership. Competitive procurement and shrinking resources have exerted some pressure, sub-sector but there are a number of current collaborative projects and consortium agreements (including the one that commissioned this analysis). There has been a good level of stability within the sub-sector, including at a senior management level, which means that sub-sector there is significant corporate knowledge regarding the systemic changes that the sub-sector has managed over the last decade.

A dynamic environment where new technologies and interventions regularly emerging

As identified above, there are many significant technologies emerging that are 'game changers' in relation to how services engage with populations and what can be offered to improve the health and wellbeing of priority populations.

HIGH LEVEL GAP ANALYSIS

PRESENT STATE

- Explicit policy frameworks and priority statements
- Strong organisations working in the space
- Strong response and effective inventions in the area of prevention, diagnosis and treatment
- Emerging new technologies/ interventions in vaccination, prevention, testing, treatment and cure
- Divergence in intervention and health promotion messages

GAPS

- Significant gaps for some priority populations
- Lack of integration across the health and human services sector
- Reducing emphasis with a view that new technologies and interventions will remove the need for action
- Lack of information in critical areas
- Bridging policy frameworks to other health and community priorities

DESIRED STATE

- Significant reduction of transmissions of BBVs and STI
- 100% coverage of vaccination, diagnoses and treatment for affected individuals across all populations
- Holistic systemic responses including integration across responses across specialist organisations and the general health/human services sectors
- Responses based on solid evidence base, with resourcing reflecting need and impact

STRATEGIES

- Strengthening collective impact and collaborative practice (within and across sectors and sub-sectors)
- Improving evidence base and the efficacy of interventions
- Continue efforts in working intensively with priority populations
- Strengthen research around emerging issues and the impact of new technologies and interventions

INITIATIVES

- Work around benchmarking service interventions, outcome measures and meaningful targets
- Research pool to examine locally based issues
- Ongoing work around collaboration and integration
- Continued focus on working with hard to reach individuals and populations that are at high risk of exposure to BBVs and STIs
- Continued support for a range of targeted and generalist interventions

SPECIFIC RECOMMENDATIONS

Responding to the information gaps

This needs analysis has identified significant information gaps that hamper the ACT's ability to respond to our specific needs. Some of the key gaps include:

- In-depth research to understand the significant increase in diagnoses of STIs to improve and better evaluate the effect of health promotion and prevention activities;
- Rigorous data around the uptake of treatments by ACT residents. National data collection and prevalence data can provide an incomplete picture of the situation in the ACT, particularly given the ACT's status as a regional centre;
- Strong understanding of the needs of new groups in the community, for example the ongoing health needs of people who have lived with chronic hepatitis prior to treatment and cure, and the ongoing needs of older people who are living with HIV;
- The impact of new BBV treatments on uptake of traditional prevention activities and effectiveness of health promotion activities; and
- Monitoring how changes to health screen programs like cervical screening effect STI infection rates in young people.

RECOMMENDATIONS

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

This needs analysis has identified that there are still opportunities for connecting with hard to reach populations to enable diagnosis and treatment. Some particular groups are:

- Cultural and linguistically diverse populations—both in doing 'catch up' vaccinations for hepatitis B and identifying people who are living with undiagnosed chronic hepatitis B;
- Individuals within the population who might have had a hepatitis C diagnosis in the past but do not identify as part of a priority population; and
- Work with men who have sex with men around increased testing and health promotion messages with the emergence of prevention options such as PrEP.

RECOMMENDATIONS

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

A key focus for organisations working in the area of BBV and STI is increasing impact of their work. Effective prevention, screening, diagnosis and treatment cannot occur through the work of specialised organisations alone, and this work is highly dependent on the knowledge and promotion of interventions by the mainstream health and human services sectors as well. As such, there is a need to continue to engage and work in partnership with mainstream organisations.

RECOMMENDATIONS

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

The needs analysis has demonstrated the complexity of the BBV and STI sub sector, and its intersection with a number of other sub sectors including alcohol and other drugs, sexual health and reproductive health, sexuality and gender and mental health sub sectors. As such, when redesigning the community health service system it is important to consider how these sub-sectors engage and work to ensure integrated and people-centred responses. Noting that the redesign of the service system is a long term project, the sub-sector has welcomed the advice from senior members of ACT that service agreement negotiations for 2019–20 are not expected to be subject to competitive procurement arrangements of significant change.

While the Government has collaborated with the sector in relation to establishing a vision and priority statement, the implementation strategy requires planning and resourcing. Procurement plans need to clearly outline priorities and be based on solid evidence around current and emerging needs. It is noted that given the next service agreement negotiation is relatively short, it is proposed that similar arrangements to current agreements are put in place, with the flexibility of developing new approaches to outcomes-based report and evidence based targets throughout the life of the agreement.

RECOMMENDATIONS

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

There is increasing interest in models that focus on increasing collective impact of work in areas of health and human service delivery. This is particularly the case for issues that are complex and require responses that sit beyond the scope of individual organisations and sectors.

Research suggests that core ingredients around successfully increasing collective impact require the development of a common agenda, common progress measures, mutually reinforcing activities, communications and a backbone organisation.[68]

While there are a number of key organisations working in this space and a history of collaboration and consortium arrangements, there is not a mechanism to support collective action in the manner of other sectors such as the alcohol and other drugs sector. While the peak model has been a traditional way to respond to this issue, there is a need to explore new models that maintain the individual expertise and priority of these key organisations but enables better connection and collective impact.

RECOMMENDATION

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.

CONCLUSION

Like the rest of Australia, the ACT has much to be proud of in relation to its public health response to the prevention and management of BBVs and STIs. The impact of the investment into the BBV and STI sector over the past 40 years can not be under-estimated with regard to reducing the level of transmission, supporting individuals and communities impacted by BBV and STIs, and reducing the economic and social burden on the broader community.

This is a sub-sector that is rapidly changing, with tested strategies and inventions being challenged as new intervention options and technologies emerge. There are significant challenges in the period ahead with respect to ensuring the continued success in minimising the transmission and impact of BBVs and STIs given:

- the potential of a perception of reduced urgency around response to this issue;
- divergence in health promotion and prevention measures across different parts of the sub-sector; and
- a higher level of competition in an environment of reducing resourcing.

In short, higher competition for reduced resourcing, potential growing complacency around responding to this issue and the divergence of health promotion and prevention messages will place the ability of the BBV and STI sub-sector to work cohesively and collaboratively under significant pressure.

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NEEDS ANALYSIS

ACT BLOOD BORNE VIRUSES AND SEXUALLY TRANSMITTED INFECTION SUB-SECTOR

MARCH 2018

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