Discussion Paper on the Development of activities under the Blood Borne Viruses and Sexually Transmissible Infections Prevention Programme

December 2015
PURPOSE OF THE CONSULTATIONS
The purpose of this Discussion Paper is to seek stakeholder input to help guide the development of activities under the Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Prevention Programme (the Programme).

Responses to this Discussion Paper will be used to inform the design of activities and help identify priorities for a potential Approach to Market for activities under the Programme.

Please note this Discussion Paper does not bind the Commonwealth or make any commitment to undertake an Approach to Market, or provision of funds under the Programme.

HOW TO PROVIDE COMMENT
Submissions to this Discussion Paper should be submitted on the response form in Appendix 1. Please note that submissions will not be individually acknowledged or responded to.

Closing Date
The deadline for receipt of submissions is 5:00pm Australian Eastern Daylight Time on Thursday 4 February 2016.

How to Lodge
By email to: bbvsti@health.gov.au

Note: applications cannot exceed 20MB. If an application exceeds 20MB, email attachments separately. Do not zip or password protect applications or attachments.

Contact Officer
All enquiries relating to submissions should be directed in writing to bbvsti@health.gov.au.

Intellectual property in submissions
All intellectual property rights in the submissions vests in the authors, but the respondent grants the Commonwealth a limited licence to use the submission for the purpose of drafting an Approach to Market documentation in relation to the Programme, or for any other purpose related to the Programme.
1. Background and Policy Context

The five National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies 2014-2017 (the Strategies) provide the policy framework for Commonwealth and state and territory governments; and community and professional organisations to respond to HIV, hepatitis B, hepatitis C, STI and Aboriginal and Torres Strait Islander BBV and STI in a nationally coordinated way. The Strategies include a focus on prevention activities.

The five Strategies are the:

- Second National Hepatitis B Strategy;
- Third National STI Strategy;
- Fourth National Hepatitis C Strategy;
- Fourth National Aboriginal and Torres Strait Islander BBV and STI Strategy; and
- Seventh National HIV Strategy.

The Strategies are endorsed by all Australian Health Ministers and provides a framework for action and accountability with objectives to scale up prevention, testing, management, care and support for people living with and at risk of BBV and STI.

The goals of the Strategies are to reduce the transmission of HIV, STIs, and viral hepatitis, and to reduce the morbidity, mortality and personal and social impacts they cause. Each of the Strategies contains a set of indicators and targets for monitoring progress towards these goals.

The National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2014-2017 supports the Strategies by providing indicators, where available, to be used to monitor implementation of the Strategies and progress towards achieving the targets and objectives in each of the them.

The Strategies and Surveillance and Monitoring plan are available on the Department of Health’s webpage.

The BBV and STI Prevention Programme (the Programme) supports the Australian Government’s commitment to reduce rates of BBV and STI through the provision of activities aimed at preventing BBV and STI as well as promoting appropriate treatment and management. The Programme also supports activities targeted at the specific population groups most affected by these diseases.
2. Programme Overview

Purpose
The purpose of this Programme is to support activities that align with the following action areas:

- reduce high rates of STIs among Aboriginal and Torres Strait Islander priority populations, particularly in regional and remote settings;
- undertake Point of Care Testing demonstration projects to increase HIV testing rates by offering tests which provide rapid results;
- deliver Needle and Syringe Programmes (NSP), particularly in rural and regional areas; and
- increase uptake of testing and treatment for hepatitis B among priority populations.

Objectives
The objectives of the Programme will support the Australian Government’s commitment towards:

- reducing the rising rates of BBV and STI by increasing the uptake of testing and treatment;
- increasing community knowledge and awareness of BBV and STI;
- increasing safer sex and injecting practices; and
- reducing barriers to accessing the healthcare system.

Outcomes
Specific outcomes for the Programme include:

- reduced spread of BBV and STI, and increased uptake of testing and treatment;
- reduced barriers to accessing healthcare; and
- increased uptake of testing and treatment for BBV and STI in Aboriginal and Torres Strait Islander communities living in regional and remote areas.

Scope
The diseases in scope for the Programme include:

- hepatitis B;
- hepatitis C;
- HIV; and
- STIs.

The priority populations in scope for the Programme include:

- Aboriginal and Torres Strait Islander people;
- young people aged 30 years and under;
- gay men and men who have sex with men;
- culturally and linguistically diverse people;
- people who inject drugs; and
- people in rural and regional areas.
3. **Activities**

Respondents are invited to:

a) provide expert input on the surveillance and research activities outlined under Section 3.1; and/or

b) submit innovative ideas to assist with the design of future prevention activities, as per Section 3.2, for the Department’s consideration.

Respondents can submit responses for more than one Activity under Section 3.1, and can submit more than one response under Section 3.2. Respondents must indicate what they are responding to in their submission.

All responses need to be predicated on appropriate and respectful engagement with target populations, for example through peer based networks.

### 3.1. Prevention Programme Activities

The Department is seeking **advice and guidance** on the feasibility and design of the following five (5) activities:

**Activity 1**

HIV Point of Care Testing (PoCT) trials have been and are still being undertaken in multiple states across Australia. Early evidence suggests that the benefits of rapid, peer led HIV PoCT are significantly lessened by the absence of simultaneously available STI testing (gonorrhoea, chlamydia and in many cases syphilis testing). This results in peer led PoCT models providing an ‘incomplete’ sexual health test and reduces client interest in return HIV PoCT visits.

This activity is to **investigate the effect on PoCT programmes to include rapid gonorrhoea, chlamydia and syphilis testing in conjunction with rapid HIV PoCT**. At a minimum, this activity should investigate:

- patient satisfaction and return rate;
- practicality of test administration; and
- cost effectiveness against other available testing options.

The activity should include at least two states/territories, for comparison, and focus on priority populations, including men who have sex with men.

**Activity 2**

Access to medical services is a significant impediment to improving the health outcomes of Aboriginal people, particularly for communities living in remote areas. Aboriginal and Torres Strait Islander people are disproportionately affected by BBV and STI and increasing the testing and treatment rates for BBV and STI in this population, requires strong outreach health service delivery.

This activity is to **increase the capability and capacity of Commonwealth-funded Aboriginal health services to deliver coordinated outreach services**.
The delivery of outreach services should be managed and coordinated through Aboriginal health services and should include:

- delivery of opportunistic testing for STI including HIV, chlamydia, gonorrhea, trichomonas and infectious syphilis in Aboriginal communities in remote and very remote areas targeting those in high prevalence areas; and
- provision of community education on BBV and STI to encourage safer sexual health and drug injecting practices.

**Activity 3**

The 2015 Aboriginal Surveillance Report of HIV, viral hepatitis, STIs (the Report) shows that the rate of newly diagnosed hepatitis C infection in the Aboriginal and Torres Strait Islander population in 2014 was five times higher than non-Indigenous population. The Report states that the increasing rate of hepatitis C diagnosis among Aboriginal and Torres Strait Islander peoples potentially relates to higher levels of re-use of injecting equipment in this population. The aim of this activity is to strengthen health promotion and disease prevention activities regarding safer injecting practices, and increase the coverage and accessibility of injecting equipment.

This activity is to:

- deliver BBV education to Aboriginal and Torres Strait Islander communities to increase awareness of viral hepatitis, improve drug injection practices, reduce stigma associated with drug use, and promote harm reduction strategies with support from communities and elders, and
- establish Needle and Syringe Programmes (NSP) in Commonwealth funded Aboriginal health services, sexual health clinics and through other mechanisms/outlets that would facilitate increased access to safe injecting equipment.

**Activity 4**

Hepatitis C transmission primarily occurs as a result of sharing used injecting equipment. The aim of this activity is to increase availability, access to and use of sterile injecting equipment among people who inject drugs. This will contribute to reducing the risk behaviours associated with the transmission of hepatitis C, which is an objective of Fourth National Hepatitis C Strategy 2014-2017 and the Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014-2017.

This activity is to develop and provide Needle and Syringe Programme (NSP) training to NSP workers in rural and remote settings.

**Activity 5**

In 2014, the notification rate of newly diagnosed hepatitis B infections for Aboriginal and Torres Strait Islander populations was two times higher than in non-Indigenous populations. Treatment of hepatitis B is complicated and requires
long term management and monitoring. Models of care which are able to deal with rural and remote, and transient populations are required to ensure appropriate treatment and monitoring. Hepatitis B treatments are now available through a community prescribing and dispensing model which could assist in the management of chronic hepatitis B in such populations.

This activity is to **develop and implement a pilot program to increase hepatitis B testing and treatment in rural and remote areas** where there is a high prevalence of hepatitis B. At a minimum this activity should include:

- the design and development of a model of care for the testing, treatment and management of chronic hepatitis B in Aboriginal and Torres Strait Islander populations in rural and remote settings, and
- running a pilot project to assess if this model of care does provide for an increase in the number of people tested for hepatitis B and an increase in the number of people with chronic hepatitis B receiving treatment.

### 3.2. Prevention Programme Proposals

The Department is also seeking other activity proposals that will contribute to progressing the following priority action areas:

- reducing rates of STIs among Aboriginal and Torres Strait Islander priority populations in regional and remote settings;
- undertaking Point of Care Testing demonstration projects to increase the HIV testing rate by offering tests which provide rapid results; and
- delivering Needle and Syringe Programmes, particularly in rural and regional areas; and
- increasing uptake of testing and treatment for hepatitis B among priority populations.
APPENDIX 1- RESPONSE FORM
All submissions must be provided on the following form. Ensure ALL sections are completed.

SECTION 1 – RESPONDENT DETAILS

1. Which of the following entity types describe the respondent organisation?
Delete all entity types that do not describe the respondent organisation.
- Incorporated association incorporated under Australian State/Territory legislation
- Incorporated cooperative incorporated under Australian State/Territory legislation
- Aboriginal corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006
- Organisation established through specific Commonwealth or State/Territory legislation
- Company incorporated under Corporations Act 2001 (Commonwealth of Australia)
- Partnership
- Trustee on behalf of a trust
- Individual
- Australian Local government body
- Australian State/Territory government

2. Please provide the following information on your organisation (where applicable):
   Legal Name: [Enter your response here]
   (This is the name that appears on all official documents and legal papers. It may be different to the trading name.)
   Trading name: [Enter your response here]
   Australian Business Number (ABN): [Enter your response here]
   Australian Charities and Not-for-profits Commission (ACNC) Number (if applicable): [Enter your response here]
   Physical Address: [Enter your response here]
   The physical address must not be a PO Box. Provide the contact person’s address if the respondent organisation does not have its own registered address.
   Postal Address: [Enter your response here]
   Please put “Same as above” if the respondent organisation’s postal address is the same as its physical address.

3. Provide the following contact details for the authorised preferred contact and alternative contact for this application:
   - Title;
   - Name;
   - Position in organisation;
   - Telephone number;
   - Mobile number; and
   - Business email address.

   [Enter your response here]
1. Activities and/or proposals covered in this application

a) If responding to an activity specified under Section 3.1, list the relevant activity/ies (eg. Activity 1, Activity 2), and address the following questions in relation to the particular activity/ies:
   - Is the activity feasible? If not, why?
   - Is the activity duplicating any previous, current or planned activities? If yes, please identify.
   - Provide a proposed methodology for the activity, including, where relevant, sample size and scale (e.g. national, state-based or local). If the activity is to be conducted on a state or local scale will it have the ability to be transferred to a national level?
   - If applicable, provide details of linkages with any existing activities, and how the proposed activity will complement and build on similar activities and resources, and avoid duplicating these.
   - Outline the key risks or issues that may be encountered in implementing the activity.
   - Provide an indicative timeframe for the activity.
   - Provide an indicative cost for the activity.

(maximum 500 words)
[Enter your response here]

b) If providing a proposal for a new activity, as outlined under Section 3.2, provide a name and brief description for each activity/project, and address the following questions:
   - How does the activity align with the Programme’s purpose, objectives, outcomes and scope?
   - Provide a proposed methodology for the activity, including, where relevant, target population/s, sample size and scale (e.g. national, state based or local). If the activity is to be conducted on a state or local scale will it have the ability to be transferred to a national level?
   - If applicable, provide details of linkages with any existing activities, and how the proposed activity will complement and build on similar activities and resources, and avoid duplicating these.
   - Outline the key risks or issues that may be encountered in implementing the activity.
   - Provide an indicative timeframe for the activity.
   - Provide and indicative cost for the activity.

(maximum 500 words)
[Enter your response here]