

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2015 - 2016, 10 February 2016

Ref No: SQ16-000028

OUTCOME: 1 - Population Health

Topic: AIVL Funding - BBVs and STIs

Type of Question: Written Question on Notice

Senator: Di Natale, Richard

Question:

Currently, People Who Inject Drugs are a priority population in 4 of the 5 national health strategies focused on BBVs/STIs:

- National HIV Strategy 2014-2017
- National Hepatitis C Strategy 2014-2017
- National Hepatitis B Strategy 2014-2017
- National ATSI Blood Borne Virus and STI Strategy 2014-2017 (note that the disproportionate rate of new HIV infections among Aboriginal and Torres Strait Islander People who Inject Drugs (16% of all new HIV infections among ATSI people) compared to non-Indigenous People who Inject Drugs (3% of all new HIV infections) is of serious concern for both urban and remote communities and suggests the risk of a new emerging HIV epidemic amongst Aboriginal and Torres Strait Islander Australians who Inject Drugs is high). Given this context, why did the recent 'Invitation to Apply' (ITA) for Funding under the Communicable Diseases Prevention & Service Improvement Grants (CDPSIG) explicitly exclude funding for activities aimed at:

- educating people who inject drugs on testing and treatment for hepatitis C,
 - encouraging utilisation of Needle & Syringe Programs to prevent BBV transmission
- and
- to promote safer injecting practices

Did the department realise these arrangements would preclude AIVL from receiving funding?

Answer:

The Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Prevention and Education Programme Invitation to Apply (ITA) closed on 19 January 2016 and the Department is now negotiating contractual arrangements with the successful applicants.

The activities under the ITA were identified based on the Commonwealth's priority actions and responsibilities to achieve the targets set out in each of the five National BBV and STI Strategies 2014-2017 and the supporting Implementation Plan, which was agreed to by all

stakeholders including state and territory governments, research institutions, BBV and STI experts, community-based and non-government organisations, and affected groups.

As stated in the ITA, activities such as the development and distribution of education materials for priority populations on testing and treatment for hepatitis C, and to encourage utilisation of Needle and Syringe Program services to prevent the transmission of BBV, and to promote safer injecting practices would not be funded under the ITA as they are being funded via alternative mechanisms. This includes the funding provided under the BBV and STI Prevention Programme component of the Communicable Diseases Prevention & Service Improvement Grants (CDPSIG) Fund.

Through the BBV and STI Prevention Programme, AIVL will receive \$1.115 million (GST inclusive) over two years to continue to deliver hepatitis C education and awareness activities and to encourage the use of Needle and Syringe Programs to prevent hepatitis C transmission. This funding is in addition to the \$370,000 (GST exclusive) (from 25 June 2015 until 31 December 2016) already provided to AIVL through the CDPSIG Fund to undertake the community arm of Hepatitis C Awareness Activities (the Activities). The aim of the Activities is to target information to priority populations to 'prime' them for new hepatitis C treatments by encouraging them to know their hepatitis C status, to establish a link into care so they are ready to access treatment when it becomes available and to encourage usage of Needle and Syringe Program services for prevention, safe injecting practices and as a source of information on hepatitis C testing, treatment and care.