RESEARCH, REFORM AND REINVIGORATION: NSW POLICY TARGETS & SECTOR MOBILISATION

K. Price, N. Parkhill & D. Price

Setting targets is one way jurisdictions prioritise what matters within health systems. National Health Reform Agreement/COAG is a notable example.

The community championed the targets of the NSW HIV Strategy.

NSW HIV Strategy Development

- The NSW Government launched a bold new strategy to embody the new evidence and reinvigorate the response to HIV in NSW.
- It set the goal to virtually eliminate HIV transmission by 2020.
- Increased focus on data collection and reporting.
- High-level political and bureaucratic engagement.
- Political commitment and public accountability has raised the profile and given priority to HIV.

NSW HIV Strategy Targets

- Reduce the transmission of HIV among gay and other homosexually active men by 60% by 2015, and by 80% by 2020.
- Reduce the average time between HIV infection and diagnosis from 4.5 years to 1.5 years by 2020.
- Increase the proportion of people living with HIV on antiretroviral treatment, by 2020.

NSW HIV Strategy Implementation Committee

- Establishment of NSW HIV Strategy Implementation Committee (SIC)
- Implementation plans and monitoring systems are overseen by SIC.
- Regular meetings involving high level departmental staff and representatives from across the HIV partnership (affected communities, clinicians, researchers and government).
- Highly focused meetings, focused on available data and emerging issues.
New Ways of Working

To achieve targets, recognition of the need for innovation and scale...

- Community based testing
- Home based testing trial
- Dried Blood Spot testing trial
- PrEP demonstration project - Prelude
- Increased investment in GP programs and early treatment initiatives
- Removal of co-payment for treatment

New Ways of Working

- Development of an umbrella education platform - Ending HIV – used to mobilise and engage community ... and the sector more broadly

Recognising the Critical Role of Community

- Engagement of gay men and other at risks communities critical
- Community organisations have adapted to meet the challenges
- Reinvigoration of social marketing approaches and other education models
- Community based testing, through a[TEST] model

Restrictions, Road Blocks & Risk

- Setting targets and mobilising existing resources can only go so far...
- Widespread access to the full armamentarium, including PrEP, self-testing kits and widespread rapid testing, is essential
- Workarounds, such as the trials undertaken with research partners, are useful short term interventions
- Long term solutions, like regulatory reform, require advocacy from within and outside - government and community working together
Risks
• The promise of research evidence is backed by Government strategy, yet we do not have all the tools
• Delays in TGA approvals = delays in achievement of targets
• Community has demonstrated its value as a voice for change
• Collaboration to address some regulatory barriers, in particular those related to rapid HIV testing
• Three rapid HIV tests have now been approved by the TGA, but none have MBS listing
• PrEP is well and truly on the policy agenda

Results – Where are we at?
• Results achieved since the release of the Strategy in late 2012 are encouraging.
  2014 NSW HIV notification data shows:
  - 346 people were newly diagnosed with HIV in NSW, a two per cent (%) decrease compared with 2013 (353), and a 15% fewer than in 2012 (408)
  - In 2014, there were 465,584 HIV serology tests performed, compared with 447,186 (4% increase) in 2013 and 419,968 (11% increase) in 2012
  - In 2014, 9,910 HIV rapid tests were performed in NSW, of which 28% (2,766) were at community sites

Results – Where are we at?
• Data from public sexual health and HIV clinics indicate 89% of people living with HIV who attended these services were on antiretroviral therapy (ART)
• Drawing on experience in NSW following the release of the NSW HIV Strategy, it is reasonable to attribute some of the encouraging results to the setting of these targets and a re-invigorated response to HIV across the sector
• Five years out, those targets are looming larger in the consciousness of HIV policy makers, advocates, community educators and health workers

Conclusion
• Political and policy bravery, embracing opportunity
• Optimism and innovation versus fear of failure
• Setting targets has been helpful in NSW
• Embedding them into reporting arrangements has been critical
• Data collection and public accountability are key
• Community mobilisation is required, no matter how bold the targets are
• Targets in the absence of a supportive regulatory environment hinder progress
• The need for advocacy continues

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