ACT Government

Commissioning for Outcomes

Strategic Investment Plan for the Sexually Transmissible Infections and Blood Borne Viruses (STIBBV) Subsector

October 2023

ACT Health Directorate, Population Health Division

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Commonly used terms

A selection of commonly used terms throughout this Strategic Investment Plan are outlined in the table below.

Term	Description
ACTHD	ACT Health Directorate, represented by Population Health Division.
Commissioning	Commissioning involves working collaboratively with sector partners, and people with lived experience, to plan, design, invest in and deliver the best health and support services for Canberrans.
Direct approach grant	Direct approach grant means an individual invitation to a specific provider to submit a grant application to deliver a specified service(s).
Commissioning engagement	Commissioning engagement consists of the first 3 phases – Discover, Strategise and Design – of the commissioning cycle. It is the process undertaken by ACT Health from February 2022 to July 2023. It involved a number of workshops with service users, STIBBV subsector organisations, and cross-sectoral partners in preparation for future contractual arrangements.
Contractual arrangement	Contractual arrangement is the form of contract arrangement that the Territory will enter into once an applicant is found successful. For example, a Deed of Grant or a Service Agreement.
Investment	Investment is how the ACT Government allocates funding and resources to the sector and may involve a range of approaches including a mix of direct, select or open grants/tenders. Assessment of the applications will determine which services best meet client needs and represent value for money to the Canberra Community.
Invest phase	The Invest phase involves using the commissioning engagement findings and insights to inform the process of ACT Government investment in services to meet need. This phase also includes investment planning. The STIBBV subsector commissioning Invest phase commenced in July 2023.
Open grant or open tender	Open grant or open tender means an open, publicly advertised opportunity that any organisation can apply for seeking to deliver the specified services.
Proposal	A response prepared by an organisation (applicant) to a direct approach grant, select approach grant, open grant or open tender.
Subsector	The ACT Sexually Transmissible Infections and Blood Borne Viruses subsector.
Select approach grant	Select approach grant means inviting a number of organisations to submit a grant application(s) for a limited number of services.
STIBBV	Sexually Transmissible Infections and Blood Borne Viruses – this includes diseases listed in the *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: Statement of Priorities*.
Strategic Investment Plan	The Strategic Investment Plan uses the findings and insights from the commissioning engagement process to set out how and where the ACT Government will invest in the future STIBBV service delivery for the ACT.

Statement of Priorities	Refers to the *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections ACT Statement of Priorities*. The 2016-2020 version is still current, pending publication of the next version of the Statement of Priorities in 2024.

Introduction

This Strategic Investment Plan (SIP) signals commencement of the invest phase of the STIBBV commissioning cycle. The invest phase builds upon the key insights from work and engagement undertaken in the strategise and design phases of commissioning and sets the priorities for investment within the subsector.

The SIP outlines how engagement of health and community Non-Government Organisations (NGOs), people with lived and living experience, and other stakeholders has informed the invest phase of the sexually transmissible infections and blood borne viruses (STIBBV) commissioning cycle. It provides a summary of the nature of services the ACT Health Directorate (ACTHD) intends to invest in for this cycle, as well as guidance on the intended process and subsequent timeframes. The STIBBV Deliver phase will commence on 1 May 2024, and investment approaches outlined in this SIP will ensure a viable and sustainable subsector for term of cycle 1 STIBBV investment.

The aim of the STIBBV commissioning invest phase is for ACTHD to purchase the right services, from the right providers, at the right price, through a fair and transparent process, and ensure the Canberra community has access to the services they need, when they need them.

STIBBV commissioning cycle in context

ACTHD is working with health and community NGOs, people with lived and living experience, and other stakeholders to design the future of the ACT-Government-funded STIBBV services. STIBBV NGO service investment will culminate in a mix of prevention and harm reduction, support and advocacy, health promotion and education, community development and engagement, workforce development and clinical services.

ACTHD is committed to working collaboratively to shape and deliver services that meet community needs through the ACT whole of government commissioning approach.

Commissioning is an approach through which ACTHD and stakeholders examine community needs and collaborate to address service gaps, and explore opportunities to provide services and programs in new ways. A full list of organisations involved in the STIBBV commissioning cycle to date can be found at Appendix A.

The STIBBV commissioning cycle began under the first iteration of the commissioning approach as outlined in the '*Commissioning Roadmap for NGO Services in the Community 2021-2023'*, and has since been refreshed through the '*Commission Roadmap 2022-2024*'. A summary of the development of the ACT whole of government commissioning approach can be found on the Commissioning website.

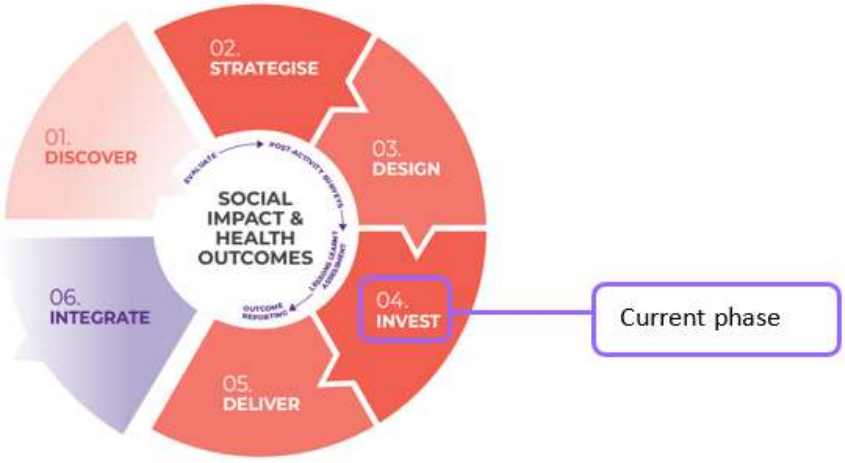

Figure 1: Commissioning cycle and phases

Current STIBBV service sector

STIBBV services in the ACT are delivered by a mix of Government organisations, NGOs and private providers. Public and NGO services are generally provided free or at low cost to clients.

ACTHD currently funds four non-government organisations within the STIBBV subsector: Meridian Incorporated, Sexual Health and Family Planning ACT (SHFPACT), Hepatitis ACT, and ASHM Health (formerly the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)). Services are delivered to reflect the policy and legislative goals and requirements outlined in the Hepatitis B, Hepatitis C, HIV and Sexually transmissible Infections: ACT Statement of Priorities and the overarching National Strategies (see *STIBBV Investment Priorities*).

STIBBV burden of disease

Sexually Transmissible Infections (STI)

Untreated STIs are associated with an increased risk of pelvic inflammatory disease, ectopic pregnancy and infertility. They are also associated with adverse maternal and neonatal outcomes, such as premature rupture of membranes, premature delivery, low birth weight, and neonatal death. Treatments are available for most STIs and depend on the stage of the disease progression. Education and advocacy around safe sex practices and the positive promotion of health seeking behaviours is crucial in preventing acquisition and onward transmission of STIs, and to drive regular STI testing.

In alignment with the Statement of Priorities and National Strategies, the ACT's policy focus for monitoring STI transmission includes chlamydia, gonorrhoea and syphilis, which are notifiable conditions in the ACT, and the availability of effective national vaccination programs (human papillomavirus and hepatitis B[1]). The following section includes ACT data from the Kirby Institute (UNSW) *Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020* (report in preparation).

[1]Further detail on hepatitis B is provided in the blood borne viruses section.

Syphilis

- The number of infectious syphilis notifications increased by 70% between 2017 and 2020 (33 notifications in 2017 and 56 notifications in 2020)[2].
- Increases in cases among women of reproductive age has led to an increase in congenital syphilis notifications, with 17 cases diagnosed nationally in 2020.
- The majority of infectious syphilis notifications in the ACT are in males, the proportion similar to the national level of 82% of notifications[3]. Nationally, notifications of infectious syphilis have been rising amongst females.
- Most cases of infectious syphilis in the ACT are attributed to same sex contact, only with fluctuating notifications observed in individuals with partners of both sexes or the opposite sex only[4].

Chlamydia

- Chlamydia accounts for the highest number of STI-related notifications, with 1,344 recorded in the ACT in 2021.
- Young people under 30 are disproportionately impacted by chlamydia and the common lack of obvious symptoms, coupled with risk for poor reproductive health outcomes because of untreated chlamydia, makes decreasing rates of chlamydia an ongoing priority for the ACT[5].
- Untreated chlamydia infections also impose high costs on the health system longer term, such as tertiary interventions for assisted reproductive health technologies and pelvic inflammatory disease presentation to emergency departments[6].

Gonorrhoea

- In 2021, there were 334 gonococcal notifications in the ACT.
- Approximately two thirds of gonococcal notifications are observed in males, however notifications in females are rising to varying degrees across all age groups.
- Reduced susceptibility of first line treatments because of antimicrobial resistance is contributing to increased incidence of gonococcal globally.

[2] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation).
[3] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation)
[4] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation)
[5] Tsevat, D.G., Wiesenfeld, H.C., Parks, C. and Peipert, J.F., 2017. Sexually transmitted diseases and infertility. *American journal of obstetrics and gynecology*, *216*(1), pp.1-9.
[6] Moore, A., Traversy, G., Reynolds, D.L., Riva, J.J., Thériault, G., Wilson, B.J., Subnath, M. and Thombs, B.D., 2021. Recommendation on screening for chlamydia and gonorrhea in primary care for individuals not known to be at high risk. *Cmaj*, *193*(16), pp.E549-E559.

Human Papillomavirus (HPV)

- HPV vaccine coverage among females turning 15 years of age in the ACT has been stable since 2015 and was 85.2% in 2020, compared to 82.2% for males turning 15 years of age. Vaccination rates among First Nations adolescents in the ACT were lower (75% for females, 64.2% for males)[7].
- The majority of cervical cancers related to HPV are in under-screened and un-screened women and people with a cervix[8]. Increasing participation in cervical screening is vital for Australia to deliver on the 2030 target of eliminating cervical cancer as an issue of public health concern.
- Gay men, bisexual men, and men who have sex with men (GBMSMs), who are also HIV-positive and other immunocompromised individuals are at increased risk for HPV infection[9].

Blood borne viruses (BBV)

People infected with a BBV may show little or no symptoms while still being infectious, increasing the risk of asymptomatic transmission of disease. Many BBVs are incurable or cause chronic disease (which can also be fatal), requiring long-term or lifelong management and treatment.

Hepatitis B and hepatitis C have a high mean rate of annual notifications and viral hepatitis is the major cause of liver cancer. It is the fastest increasing cause of death resulting from liver cancer in Australia, with a 5-year observed survival rate of only 18%, well beneath the 70% average of all cancers combined[10]. Although there has been a slight decline in notifications for hepatitis B over the past decade, there are still a large number of individuals who are unaware they are living with hepatitis B, and a high proportion of individuals who have been diagnosed but who are not engaged in care. This indicates that there is a gap in screening and a lack in engagement of individuals in the care cascade.

Financial allocations for viral hepatitis were also in place well before the 2016 Therapeutic Goods Administration approvals of new hepatitis C direct-acting antiretrovirals (DAAs), which has made hepatitis C curable now for many individuals (95% of individuals living with hepatitis C are curable through DAAs)[11]. Although DAAs are highly effective, there remains a high number of individuals living with hepatitis C who are undiagnosed and others who may or may not be aware of their hepatitis C status who are not engaged in treatment. According to 2020 modelling data, as hepatitis C incidence numbers decline, investment in testing must increase, but also the scaling up of currently available prevention interventions (including consideration of enhancing care pathway models) to reach WHO elimination targets[12]. It should be noted that the cure for hepatitis C does not offer immunity against future infections. It is also important to recognise that experiences of stigma, discrimination and social exclusion can continue post-cure. This can

[7] Australian Government - Department of Health and Aged Care (2023**)** Human papillomavirus (HPV) immunisation data. Available at https://www.health.gov.au/topics/immunisation/immunisation-data/human-papillomavirus-hpv-immunisation-data

[8] Australian Institute of Health and Welfare 2019. Analysis of cervical cancer and abnormality outcomes in an era of cervical screening and HPV vaccination in Australia. Cancer series no. 126. Cat. no. CAN 129. Canberra: AIHW.

[9]Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022

[10] ASHM (2023) Making viral hepatitis elimination a reality: what does it mean, and how do we get there?

[11] World Health Organisation (2023) Hepatitis C fact sheet

[12] Swannell, C. (2020). Australia in danger of missing 2030 hepatitis C elimination targets. The Medical Journal of Australia

enhance the risk of reinfection, increase medical risks, and undermine the promise of the elimination agenda[13]. A range of harm reduction approaches (e.g. Needle and Syringe Programs, opioid substitution treatment) can help prevent hepatitis C reinfection.

Evidence suggests there are a number of people living in the ACT who have HIV but have not been diagnosed. Although there is no vaccine or cure for HIV, current antiretroviral treatments are effective at reducing HIV viral load, which preserves immune function and prevents HIV related illness. Viral load suppression also reduces the likelihood of onward transmission of HIV. The availability of pre-exposure prophylaxis for HIV (PrEP) in Australia since 2018 has been at the forefront of the national HIV prevention response and has had a significant impact on HIV notifications in the ACT and elsewhere. The following section provides ACT data from the Kirby Institute (UNSW) *Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020* (report in preparation).

Hepatitis B

- In 2020, there was an estimated 3,211 people living with chronic hepatitis B in the ACT (0.74% prevalence). Of these, an estimated 69% (2,225) have been diagnosed and 986 remain undiagnosed[14].
- In 2020, chronic hepatitis B treatment uptake was almost 13%, higher than the national average of 11%. Also, chronic hepatitis B care uptake in the ACT was 26%, higher than the national average of 23%[15].
- In 2020, nearly 70% of people living with chronic hepatitis B in Australia were born overseas[16].
- First Nations Australians are also disproportionately affected by hepatitis B, representing 7.2% of hepatitis B cases in Australia[17].

Hepatitis C

- Like hepatitis B, it is known that not all people living with hepatitis C have been diagnosed. There are approximately 2,832 people living with hepatitis C in the ACT. Unfortunately, only 46% of people living with diagnosed hepatitis C are engaged in care[18].
- Hepatitis C disproportionally affects priority populations including people with a history of injecting drug use, people in custodial settings and First Nations people[19].

[13] Australian Government - Department of Health and Aged Care (2023) Sixth National Hepatitis C Strategy 2023-2030 (Consultation draft)
[14] Viral Hepatitis Mapping Project [Internet]. ASHM. [cited 2022 May 10]. Available from: https://www.ashm.org.au/resources/viral-hepatitis-mapping-project/
[15] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation).
[16] Australian Government – Department of Health and Aged Care (2023) Fourth National Hepatitis B Strategy 2023-2030 (Consultation draft)
[17] Australian Government – Department of Health and Aged Care (2023) Fourth National Hepatitis B Strategy 2023-2030 (Consultation draft)
[18] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation).
[19] Australian Government – Department of Health and Aged Care (2023) Sixth National Hepatitis C Strategy 2023-3030 (Consultation draft)

- At the end of 2020, an estimated 117,810 people were living with chronic hepatitis C in Australia[20].

HIV

- HIV notifications in the ACT are low, which means trends must be interpreted with caution. In 2020, 63% of HIV notifications were attributed to opposite sex contact (total 8 HIV notifications in 2020), up from 54% of the 13 HIV notifications reported in 2017. By comparison, in 2020, 38% of notifications were attributed to MSM sexual contact, down from 46% in 2017. Of the 39 HIV notifications reported, in 10-year period to 2020, 95% (37 cases) reported a sexual exposure[21].

- An increase in HIV notifications was observed in the ACT in 2021 (from 1.7 to 3.1 per 100,000). This increase was not observed in other jurisdictions[22].

More detail is available in the *Needs Analysis – Commissioning in the STIBBV* subsector document, published on the STIBBV Commissioning website. Further statistics regarding the STIBBV burden of disease at a national level are available within the National Strategies listed on in the STIBBV investment priorities section of this document.

STIBBV investment milestones and timeline

An indicative timeline of the STIBBV commissioning cycle future milestones and phases is presented below.

Milestone	Indicative date
Invest phase initiated	August 2023
Release of draft Strategic Investment Plan for stakeholder review	September 2023
Release of final Strategic Investment Plan	Late October/early November 2023
Grants open	Early November
Subsector Investment Briefing	Mid November 2023 (within two weeks of grant process opening)
Evaluation of Submissions	Late December 2023 – Mid/late January 2024
Notification of preferred and non-preferred respondents	February 2024

[20] Australian Government – Department of Health and Aged Care (2023) Sixth National Hepatitis C Strategy 2023-3030 (Consultation draft)
[21] The Kirby Institute UNSW. (2022). Sexually transmissible infections and blood-borne viruses in the ACT: Surveillance Report 2020 (Report in preparation)
[22] The Kirby Institute UNSW - HIV, Viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022

Commencement of transition-out period for non-preferred respondents	February 2024 (three-month transition-out period commences on date of notification to non-preferred)
Negotiations with preferred respondents and award of new grant agreements	February - March 2024
Formal notification to unsuccessful respondents and debriefs (until new grants have been awarded and executed, this cohort is referred to as 'non-preferred respondents')	March 2024
Transition-out period expires	3 months from notification of non-preferred respondents (likely May 2024)
Start date for new grant activity	1 May 2024
Deliver phase	1 May 2024
Review of reporting requirements and outcome measures	TBC (likely 2026)

The STIBBV funding envelope

The total ACT Health funding available for STIBBV services delivered by ACT NGOs is **$2.885 million** (GST exclusive) annually through the grants process.

Insights from commissioning engagement (strategise and design phases)

Commissioning engagement occurs throughout the commissioning cycle. During the strategise and design phases, commissioning engagement has validated the need for a range of services and approaches to strengthen subsector efforts to reduce the transmission of STIBBV and minimise the social impacts of STIBBV on individuals and communities.

Available service data and engagement with people with lived experience overall has indicated that the existing STIBBV NGO sector is effective, efficient and rated highly among service users. Commissioning engagement has highlighted the success of many current services and initiatives with calls for them to continue. Current service strengths include:

- robust and supported referral pathways between NGOs and publicly funded services;
- Needle and syringe program (NSP) services are highly regarded and allow for opportunistic health promotion and information provision, supporting a reduction in reinfection rates;
- peer workers and nurse practitioners are integral in building trust and improving testing rates and treatment uptake; and
- opportunistic models such as drop-in-sessions and walk-in-clinics are known to be successful.

Engagement has also identified a number of priorities to be addressed through STIBBV commissioning:

Addressing access to barriers to treatment

Access to high quality, comprehensive, culturally appropriate sexual health care is a cornerstone of good health and is essential for the early identification of STIBBV and preventing the onward transmission of infection. Moreover, increased access to STIBBV care enables treatment to be commenced in a timely manner to prevent chronic complications associated with some STIBBV. This has significant flow-on impacts to population level burden of disease as well as economic impacts of STIBBV.

Migration challenges can also act as barrier to STIBBV care access[23]. The Department of Home Affairs can refuse to grant a visa if an applicant or their family member fails to meet the health criterion, and a HIV diagnosis may jeopardise this process[24]. Ziersch et al (2021) identified that a fear of compromising immigration, visa and resettlement status was a key precursor to HIV disclosure, testing and care avoidance. People who are lesbian, gay, bisexual, transgender, intersex, queer or questioning and/or living with HIV face imprisonment or execution in some countries. As such, if individuals from these countries are refused an Australian visa as a result of their HIV status and are subsequently returned to their home country, the impacts can be broad and significant[25].

Cost, location, transport, appointment scheduling and hours of operation are common access constraints which impact access to STIBBV health care. Moreover, certain groups experience additional challenges in access to services from a range of factors, including gender or sexual identity, ethnic or cultural background, experience of language or literacy issues or disability, injecting drug use, or being detained in a correctional facility. It is widely acknowledged that accessing health care for STIBBV should be normalised and encouraged. Addressing stigma is essential to improving access to screening and testing for STIBBV, including the need to reduce stigma within healthcare settings and train healthcare providers on how to start a conversation about STIBBV. Care which is confidential and non-judgemental should also be optimised and promoted within communities. In summary, our engagement with consumers raised that the following factors influence whether participants will/can access STIBBV services:

- cost
- convenience
- service integration and co-location
- Privacy and confidentiality
- fear of judgement and stigma
- expectation of a positive experience

[23] Gray, C., Lobo, R., Narciso, L. *et al.* (2019). "Why I can't, won't or don't test for HIV": insights from Australian migrants born in sub-Saharan Africa, Southeast Asia and Northeast Asia. International Journal of Environmental Research and Public Health, 16(6), 1034.
[24] Australian Federation of AIDS Organisations (2011) AFAO Factsheet - Applying for permanent residence in Australia Information for people with HIV and their advisors
[25] Ziersch, A., Walsh, M., Baak, M. *et al.* (2021) -"It is not an acceptable disease": A qualitative study of HIV-related stigma and discrimination and impacts on health and wellbeing for people from ethnically diverse backgrounds in Australia. *BMC Public Health* **21**, 779

- choice of practitioner.

Strengthening the capacity of our workforce

To continue to deliver client focussed STIBBV services, the ACT needs a workforce which is:

- ***Multidisciplinary***
  including doctors, nurse practitioners, registered nurses, midwives, allied health professionals, administration officers, health promotion officers, educators, peer workers and ancillary staff.

- ***Diverse***
  including broad representation of age, cultural, gender, social and sexual identities, individuals with diverse demographics and individuals with a lived experience.

- ***Suitably qualified***
  supported by tertiary and accredited training, with opportunities to engage in regular continuing professional development opportunities, mentorship and supervision.

- ***Highly skilled and experienced***
  a workforce with experience working in STIBBV related services or organisations or with population groups identified as being at increased risk for STIs and BBVs.

It was also found that there is a need for greater clarity of training and development opportunities (e.g., knowing how access these opportunities) for workers in and affiliated with the subsector and a need for upskilling in stigma awareness/management and confidentiality for young people. Evidence from other jurisdictions has shown that less than 10% of migrants who received an STIBBV test did so as a result of their health professional suggesting it[26] .

Greater health literacy

There is a need for approaches and programs which promote improved health literacy for a range of priority populations in preventing the transmission of STIBBV and to increase uptake of treatment and support services within the subsector. Importantly, it was recognised that health literacy programs should be tailored to the diverse and individual support needs of the client/participant.

As a result of engagement, we are better positioned to understand service needs and gaps and work together to design systems and frameworks and support cross sector collaboration.

Evidence-informed approaches

Through our engagement, we identified a range of data-driven innovations and improvements that will enhance the effectiveness of the sector. Key recommendations include:

- improved consistency of data collection and sharing between government and non-government stakeholders

- services, programs, and initiatives which are underpinned by contemporary evidence

- the need to build clear evidence of the effectiveness and impact of services/service models through validated evaluation methodology

- a wide range of evidence is used to inform, implement, and evaluate service delivery including notification data, quality of life indicators, demographic data, consumer experience data, testing

[26]Migrant Blood-borne Virus & Sexual Health Survey 2020-2021 - Queensland results (2021)

data, engagement scores, late diagnosis indicators, burden of disease data, vaccination rates, consumer self-reported health/behavioural/wellbeing data and self-reported health literacy data

- high level outcomes are identified and agreed upon for each funded program/service/initiative
- contractual reporting that is clearly linked to programmatic and health/wellbeing outcomes
- program outcomes which align with the ACT STIBBV Statement of Priorities, National Strategies and other key ACT policy documents including the Wellbeing Framework.

Further information on outcomes and key insights, and a record of outputs from the engagement, can be found in the Final Listening Report – Commissioning in the STIBBV subsector document, on the STIBBV Commissioning website.

STIBBV commissioning investment

The goal of the invest phase is to build on the insights drawn from collaborative engagements and provide direction for how ACTHD will invest in the subsector. Commissioning aims to provide greater funding certainty for the subsector while providing the opportunity to review increasing demand and changing needs according to the changing STIBBV epidemiology. ACTHD is aware that funding certainty supports sector partners to confidently employ ongoing staff, safely innovate and test new approaches to achieve outcomes for clients and respond flexibly to client needs while reporting on service outcomes rather than service outputs.

ACTHD intends to provide this certainty by entering into longer term funding arrangements with sector partners. ACTHD are also transitioning from Service Funding Agreements to more grant arrangements. This will enable a greater degree of flexibility and innovation, which collectively, will strengthen service delivery across the sector. While contract lengths may vary, many contractual arrangements will be extended across seven years with possibility to extend for a further 3 years.

A subsector briefing will be scheduled shortly after the opening of the grants opportunity which will provide further clarification on the forthcoming grant requirements and submission process. As we progress through to the delivery phase of commissioning, continued Government and subsector collaboration will be crucial to update and address the priorities outlined in the Statement of Priorities and meet the outcomes we have identified through the commissioning journey.

STIBBV investment priorities

The current scope for commissioning will culminate in the final procurement of services which seek to reduce the burden of STIBBV as per the World Health Organization understanding of STIBBV,

> *'infections which are spread through unprotected sexual contact and through contact with infected blood and blood products. Some STIs and BBVs can also be transmitted from mother to infant during* pregnancy and childbirth.'

Priorities for STIBBV commissioning investment include activities in service categories listed below for the purposes of reducing the transmission, burden and social impact of STIBBV. Services will be commissioned

to reflect the policy and legislative goals and requirements outlined in the Hepatitis B, Hepatitis C, HIV and Sexually transmissible Infections: ACT Statement of Priorities and the overarching National strategies[27]:

- National Hepatitis B Strategy
- National Hepatitis C Strategy
- National HIV Strategy
- National Aboriginal and Torres Strait Islander BBV and STI Strategy
- National Sexually Transmissible Infections Strategy
- National *Health Act 1953*
- National *Health (Highly specialised drugs program) Special Arrangement 2010* (for the provision of s100 highly specialised drugs).

Future arrangements for out-of-scope services

Sexual and reproductive health services that are currently funded from the existing providers but out-of-scope for the STIVBBV investment priorities will continue to be funded through temporary arrangements until at least June 2025 to ensure continuity of these essential services. Future funding will be subject to ongoing discussion across Government.

Services categories for investment

The table below is informed by the current service offering within the subsector. Commissioning investment is intended to provide an opportunity for effective distribution of funding across these service categories and across the portfolio of STIBBV disease/transmission areas (i.e. hepatitis B, hepatitis C, HIV, STI) and target population groups.

Service categories	Descriptor
Clinical services	• The provision of socially and culturally appropriate health and medical services including testing, diagnosis, treatment, monitoring, and care of people with hepatitis B, hepatitis C, HIV and STIs.
Prevention and harm reduction	• Activities that provide broad and equitable access to various means/resources of hepatitis B, hepatitis C, HIV and STI prevention, including pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP), sterile injecting equipment*, condoms, advice, and education. *Ongoing funding of primary Needle and Syringe Programs (NSPs), including provision of sterile injecting equipment, will be through the Alcohol, Tobacco and Other Drugs commissioning cycle. Operation of secondary NSPs will be considered for funding through the STIBBV investment process.
Support and advocacy	• Activities which address the legal, regulatory, policy and relational barriers related to hepatitis B, hepatitis C, HIV and STIs.

[27] These new national strategies span from 2023-2030 and are nearing finalisation, which will include endorsement by all Australian Health Ministers, public release and implementation.

Service categories	Descriptor
	• Partnerships and coordination mechanisms between government, service providers, other stakeholders, and priority groups which bring attention to hepatitis B, hepatitis C, HIV and STIs, and improve pathways into care.
Health promotion and education	• Education and health promotion initiatives provided in community settings which build knowledge and awareness of hepatitis B, hepatitis C, HIV and STIs, and effectively target and engage priority groups. • Initiatives which may be community-led or peer-based and those which may involve outreach services and visiting programs.
Community development and engagement	• Initiatives which seek to build relationships and capacity within communities to address hepatitis B, hepatitis C, HIV and STI related illness and harm. • Harnessing opportunities to collaborate with community organisations and community leaders to explore new, and innovative approaches to hepatitis B, hepatitis C, HIV and STI treatment and care.
Workforce training and development and clinical practice support	• Professional development, clinical training, practice support and networking opportunities for health clinicians, support workers, health promotion officers, educators and peer workers to increase their skills and knowledge to effectively care and advocate for people at risk of or who are living with hepatitis B, hepatitis C, HIV and STIs. • Clinical training activities that contribute to the teaching, acquiring and assessment of relevant clinical skills and recognised by an appropriate credentialling body for relevant professions.

Investment will be provided to NGOs that are assessed to improve health and wellbeing outcomes in the following target priority population groups (acknowledging that each of these groups have diverse needs commensurate to any BBV or STI condition they may be living with) identified during commissioning engagement:

- **Travellers and mobile workers** who may be at increased risk of exposure due to occupational and behavioural risk factors and are less able to navigate timely access to prevention and health care services in an unfamiliar environment.
- **Young people under 30** who are statistically more likely to be exposed to risk-factors associated with STIs and BBVs when compared to other age groups.
- **Sex workers** who may be at increased exposure risk due to occupational risk factors, despite the prevalence in this employment cohort being roughly equal to the general population.
- **People living with hepatitis B, hepatitis C and/or HIV** who are more likely to experience poorer

health outcomes associated with repeat infection due to factors like impaired immunity and broader social determinants affecting their health.

- **Gay men, bisexual men, and men who have sex with men (GBMSM)** who are disproportionately impacted by some STIs and BBVs in Australia.
- **People who are unvaccinated against hepatitis B and human papillomavirus (HPV**) **and People who inject drugs** or have ever injected drugs including illicit drugs and anabolic steroids, as sharing injecting equipment is a common risk factor of BBV acquisition.
- **People in custodial settings** who are more likely to engage in high-risk activities like sharing injecting equipment and less likely to have ready access to infection prevention measures.
- **Women of reproductive age** who may be at risk of transmitting infection or viruses to an unborn baby during pregnancy and childbirth, resulting in congenital infection and adverse maternal and neonatal outcomes.
- **Transgender (trans) and gender-diverse populations** who may experience specific sexual health needs and/or barriers to prevent, treatment and care that need to be considered.
- **First Nations Australians and people from Culturally and Linguistically Diverse (CALD) backgrounds** as they are often disproportionately impacted and require tailored, culturally suitable support.

Further details on the characteristics and needs of these priority population groups are also available in the National Strategies and the STIBBV Commissioning Needs Analysis document.

The table below provides guidance on the priority criteria that will be considered in the invest phase.

Prioritisation criteria	Definition
In scope	STIBBV treatment/support services. Opportunity to improve health and wellbeing outcomes.
Validation of need	Evidence of need has been established.
Urgency	Issue requires swift action.
Potential impact	Extent of anticipated effect/outcome.
Risk of unmet need	Likelihood and severity of possible risks of not addressing need/service gap. Risk of proceeding or not proceeding with action on the service need.
Risk level	Likelihood and severity of possible unintended or negative consequences.
Feasibility	Funding, assets, infrastructure, workforce skills and capacity.
Alignment with strategic priorities and grant objectives/outcomes	Priorities for STIBBV commissioning investment include activities in service categories listed below for the purposes of reducing the transmission, burden and social impact of STIBBV. Services will be commissioned to reflect the policy and legislative goals and

	requirements outlined in the Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities and the overarching National strategies.
Equity of health outcomes	Resources are distributed and processes are designed in ways most likely to equalise the health outcomes of disadvantaged social groups with the outcomes of their counterparts not experiencing disadvantage.

Investment pathways

To support a transition to investment, ACTHD will extend the contracts of current STIBBV service providers to 30 April 2024, so that all parties can continue to work together to achieve outcomes for the Canberra community.

STIBBV NGO investment requires considered alignment between addressing the investment priorities (as identified above) and selecting the most appropriate investment pathways to enable strong and sustainable investment outcomes.

STIBBV commissioning investment may include one or more investment approaches depending on the investment priorities. The table below describes how these approaches differ. In all approaches, all organisations will be required to follow a similar process and provide responses to service requirements and evaluation criteria outlined in the investment package/s.

Approach	Description
Direct sourcing grant	A direct approach from ACT government to one or more organisations
Open grant	The public release of the grant or tender through ACT Government Grants.
Variations to existing contracts	Where appropriate or required, existing contracts or funding agreements may be varied (time, funding amount, service scope, reporting requirements).

Drawing from the insights gained through engagement through the commissioning cycle, ACTHD has considered a number of factors to determine an open grant approach for all service categories and adaptations to existing contracts for sexual and reproductive health services (out of scope for this commissioning process – but essential for the community). with the following factors considered as a guide:

- how best we can meet the needs of existing and new clients: specific cohorts have different needs and may require different ways of engagement and bespoke services (e.g., for Aboriginal and Torres Strait Islander peoples)
- the impact on clients of potential interruption to service provision
- the availability of other organisations in the subsector that can offer services under each of the service categories
- the size of the organisations and the type of services they provide: a sustainable, vibrant, and diverse STIBBV subsector is supported by having a diversity of service providers, from small to large, and from generalist to specialist

- the number of service programs organisations deliver and whether the STIBBV service program is their primary service: the impact on the ongoing viability of an organisation where the STIBBV service program is their primary funded service was considered
- established networks and advocacy support services were considered
- value of the funding: for larger funding envelopes in particular, consideration is given to whether an open grant/tender process may be the most appropriate approach
- the level of risk: a range of risks are considered when determining the investment approach, including value of funding, maturity of organisations/sector, and history of organisational performance.

Regardless of the investment approach, organisations will be required to apply for funding and meet the relevant assessment criteria. This is important to:

- provide an opportunity to jointly review and reset service models to meet current and future needs, as per the commissioning engagement findings
- respond to the gaps and barriers jointly identified during commissioning engagement
- identify outcomes and key performance indicators
- contribute to a more integrated STIBBV service system
- ensure that ACT Government and the sector fulfill legislative and community expectations to ensure public money is used responsibly.

Each funding proposal/application received by ACTHD will be assessed to determine delivery of client needs and value for money. To demonstrate this value, organisations are encouraged to consider a flexible model that responds to client needs and consider how this can be described in the funding proposal/application. Should a response be found unsuccessful, ACTHD reserves the right to reissue the grant/tender through alternative investment approaches.

ACTHD remains open minded about the number of organisations that will deliver each service/program. As such, these numbers are subject to change based on requirements. When submitting an application through a direct, select or open/competitive grant or tender, organisations may choose to respond as a single, independent entity, through a partnership arrangement with a lead organisation or may nominate other alternative arrangements.

Participating in formal investment approaches (grants and tenders)

The ACT Government actively encourages innovative, flexible evidence-based service models that demonstrate value for money. In considering which investment approach ACTHD will select for specific service types, the following factors will be considered:

- funding thresholds
- consideration of an appropriately competitive process
- fairness and impartiality

- consistency, transparency, and accountability
- value for money
- need for organisation/s to have specialist knowledge
- number of organisation/s that can supply a particular service.

Open grants and tenders

Information about open grant and open tender processes will be made publicly available through respective portals and also via the Commissioning website.

Joint applications

When responding to a grant or tender, organisations can nominate to enter a partnership arrangement with a lead organisation or other alternative arrangements. Joint applications will need to include details of proposed governance arrangements.

Secure Local Jobs Code

The Secure Local Jobs Code was introduced to strengthen ACT Government procurement practices by awarding contracts to businesses that do the right thing by their workers.

Sector partners involved in ACT commissioning cycle/s are encouraged to obtain the Secure Local Jobs Code Certificate so that they are well placed to participate in investment processes. Organisations can include the cost of obtaining the certificate as part of their administration budget.

From 1 February 2022, the Ethical Treatment of Workers Evaluation commenced. It introduces the Fair and Safe Employment Evaluation Criteria to the procurement process and builds on the existing assessment of submissions.

Further information is available on the Procurement ACT Secure Local Jobs website.

Probity

Probity is the evidence of ethical behaviour in a particular process. Probity may be defined as complete and confirmed integrity, uprightness and honesty. Broadly, the following probity principles apply to the procurement process:

- compliance with the legal and policy framework applying to procurement decisions (including the Government Procurement Act 2001, Financial Management Act 1996 and Public Sector Management Act 1994 (PSM Act))
- use of an appropriately competitive procurement process during the invest phase
- fairness and impartiality
- consistency and transparency
- identification and management of conflicts of interest

- appropriate security and confidentiality arrangements.

Unsolicited proposals

An unsolicited proposal is an approach by a potential supplier which is not requested by ACTHD. Unsolicited proposals include any approach by a person or organisation with an offer or idea outside of any formal approach to the market for the supply of specific goods or services.

During the strategise and design phases of commissioning, ACTHD is not able to accept unsolicited formal proposals from organisations which outline an organisation's specific proposal/plan/desire to provide designed programs or services in the deliver phase. It is important to note however that information collected through engagement activities held in the strategise and design phases is not considered 'unsolicited' and information sharing during these phases is integral to the collaborative commissioning process. Similarly, once the invest phase commences, any unsolicited proposals will not be considered as they contravene the guiding principles of transparency and fairness. Further general information about probity and unsolicited proposals can be found in the Probity in Procurement Guide and Guidelines for Unsolicited Proposals.

Further information

Information about applying for grants can be found on the ACT Government Grants webpage.

Information about applying for open tenders can be found on the Tenders ACT website.

Whilst the STIBBV commissioning cycle will be selecting grants to invest in STIBBV NGOs, stakeholders involved in commissioning are still encouraged to register on Tenders ACT as there may be additional funding opportunities through other commissioning cycles.

It is recommended that notification profiles are set up with at least the code for Health care Services (85000000) and Organisation and Clubs (94000000). Setting up a personalised notification profile will alert you to the release of procurement documents for relevant commissioning cycles.

Conclusion

The SIP provides sector partners and key stakeholders with an overview of ACTHD intentions for the invest phase of the STIBBV commissioning process. It articulates a range of considerations and methods that may be drawn upon to make investment decisions. This SIP demonstrates how engagement of service providers, people with lived and living experience, and other stakeholders through the first phases of the commissioning cycle has informed the invest phase.

It is important for sector partners to remember that commissioning does not end with the invest phase or execution of contracts. The deliver phase extends for the life of the contracts and signals a new approach to partnership for delivery of outcomes between ACTHD and our funded service providers.

Appendix A – Organisations involved in the STIBBV Commissioning process

- A Gender Agenda
- ACT School Youth Health Nurse Program
- ACT Youth Advisory Council
- ACT Walk in Centres
- ACT Women's Health Service
- Advocacy for Inclusion
- ASHM Health (formerly Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine)
- Australian National University Health and Counselling Service
- Canberra Alliance for Harm Minimisation and Advocacy
- Canberra Sexual Health Centre
- Companion House
- Directions Health
- Gugan-Gulwan Aboriginal Youth Service
- Health Care Consumers Association
- Hepatitis ACT
- Karralika Programs
- Meridian Incorporated
- Multicultural Hub Canberra
- Sexual Health and Family Planning ACT
- The Junction Youth Health Service
- University of Canberra Medical Service
- Winnunga Nimmityjah Aboriginal Health Service
- Women's Health Matters
- Women with Disability ACT

Appendix B – Proposed outcomes

The STIBBV subsector has identified a number of high-level outcomes which could apply to all non-government STIBBV subsector investments. The below table details the identified outcomes, outcome descriptors, alignment with the ACT Wellbeing Framework and potential sources of data for measurement. Outcome reporting within future deed of grant agreements will be considered in April 2025.

Domain	STIBBV descriptor	Strategic alignment	Potential data source
Health literacy	• People have knowledge about STIs and BBVs including transmission, how to reduce their risk, and how and where to access testing, treatment, and care	Education and lifelong learning Health	• Self-report surveys
Health behaviours	• People engage in safe sexual activity • People have access to information and means of prevention to decrease their risk of acquiring and transmitting STIs and BBVs	Education and lifelong learning Health Social connection	• Self-report surveys • HBV and HPV vaccination coverage (ACT Vaccine unit) • NSP service uptake (Australian Needle and Syringe Program Survey) • PrEP/PEP awareness (Gay Community Periodic Survey)
Service access and engagement	• People can access affordable STIBBV services • STIBBV services are located in convenient geographic locations where people live, work, play and love • STIBBV services are provided at convenient times across the day/week • Individuals remain engaged in relevant care cascades	Health	• Service mapping activities (NGOs and ACTHD) • Service Engagement Scale Scores • Late Diagnosis Indicators • Service user experience surveys • Care cascade modelling data (Kirby Institute/Burnett Institute) • Testing denominator data (ACTHD and ACT/Capital Pathology)

Safety and comfort	• People feel physically, socially, and emotionally safe, heard and respected when accessing an STIBBV service • Services are culturally safe, inclusive, and free of discrimination. • People feel comfortable in talking about STIBBV related issues • People can be their authentic selves	Access and connectivity Identity and belonging Safety Health	• Service user experience surveys • Quantitative and qualitative self-reported wellbeing data • Stigma Indicator scores
Quality of life	• People are able to enjoy a good standard of life where they feel healthy, independent, are connected within their communities and are able to achieve their goals • People are well supported within the community with less need for emergency or acute services • People are empowered to determine the services they need to actively participate in for the treatment, care, and management of disease and infection	Access and connectivity Identity and belonging Social connection Living standards Safety Health Economy	• Service user experience surveys • Stigma Indicator scores • Hospital separation data
Workforce capacity and capability	• Workforce numbers and skill mix are sufficient to meet current and emerging needs and population groups • The STIBBV workforce is appropriately qualified, skilled, competent, and experienced • Professional development programs, practice support initiatives and mentoring	Education and lifelong learning	• Workforce data (mapping and sustainability) • Professional development program attendance

	are available to upskill the STIBBV workforce		