

## Victorian State Budget Submission 2016

### Victorian AIDS Council

VAC is the oldest HIV organisation in Australia. We are a membership-based, community-controlled not for profit organisation. Our mission is to end HIV by raising awareness of HIV/AIDS, delivering health promotion messages to affected communities, and providing services for people living with HIV. VAC also addresses a broad range of health issues that affect the wellbeing of sexually and gender diverse individuals and communities.

The budget submission builds on the major issues raised in our election platform

<http://www.vac.org.au/sites/default/files/files/VAC%20LPV%20ELECTION%20PLATFORM%202014.pdf> before last year's state election and identifies further needs that have arisen in the succeeding ten months since the election.

#### **HIV Prevention**

HIV is now preventable.

In the initial phase of the HIV epidemic, condom use and water based lube was the primary HIV prevention strategy adopted by government and community organisations in Australia. Developments in HIV treatment have provided the community with new and highly effective prevention strategies. Treatment as prevention – the use of treatment by HIV positive people to suppress their viral load and the risk of onward transmission – is now considered a population-wide prevention strategy for people living with HIV (PLHIV). The use of HIV treatment by negative people belonging to key HIV population groups, in the form of post-exposure prophylaxis (PEP) and pre exposure prophylaxis (PrEP), has provided the community with highly effective HIV prevention strategies to almost eliminate the risk of HIV acquisition for individuals who are exposed to, or at risk of, HIV.

With these advances in biomedical prevention, coupled with condom use, Australia is well positioned to end new HIV transmissions by 2020.

#### **Pre-exposure Prophylaxis (PrEP)**

PrEP is the use of HIV medication by an HIV negative person who is at risk of HIV. PrEP stops HIV from taking hold of the body's immune system, allowing the antigen to be washed out of the body. PrEP is protected sex using antiretroviral therapy (ART).

Scientific trials measuring the efficacy of PrEP show that this HIV prevention strategy is highly effective at preventing HIV transmission. To date there has been no HIV diagnosis amongst individuals who take PrEP more than 4 and up to 7 times per week.<sup>1</sup> If an individual takes PrEP daily, they are not at risk of acquiring HIV.<sup>2 3</sup>

VAC believes that PrEP has the potential to significantly contribute to reductions in HIV transmissions as a prevention strategy for individuals who, for whatever reason, cannot consistently use condoms. PrEP is currently available to around 550 gay men who are participating in demonstration projects across Australia.<sup>4</sup> The medication used for PrEP, Truvada, is approved for use by individuals living with HIV, but not for HIV negative people who want to use it for PrEP.

This leaves individuals, who identify as being at risk of HIV and who are not in a demonstration project, to either purchase PrEP off label (approximately \$1,100 per month), or import PrEP (approximately \$110 per month) through the Personal Importation Scheme.<sup>5</sup> The cost of using either option as a pathway to accessing PrEP is significant.

VAC's concern is that the cost of acquiring the medication is a barrier to access for many people at risk of HIV, and therefore a contributing factor to increases in HIV in Australia.

## Recommendations

- The Andrews Government should work with community organisations to establish an access scheme to circumvent cost barriers experienced by low income and marginalised individuals at risk of HIV, who could benefit from PrEP.
- That the Andrews Government commit the necessary funds (believed to be up to \$2 million per year) to establish this program until such a time as PrEP is placed onto the Pharmaceutical Benefits Scheme. This date is anticipated as being March 2017.
- The Andrews governments should:
  - fund PrEP campaigns to raise awareness about PrEP as a prevention strategy

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<sup>1</sup> The results of iPrEx OLE indicated 100% effectiveness among those individuals taking four or more doses of Truvada a week. See: Grant, R., et al. (2014, 22 July). *Results of the iPrEx open label extension (iPrEx OLE) in men and transgender woman who have sex with men: PrEP uptake, sexual practices, and HIV incidence*. Paper presented at the 20th International AIDS Conference, Melbourne. Abstract TUAC0105LB.

<sup>2</sup> The results of iPrEx OLE indicated 100% effectiveness among those individuals taking four or more doses of Truvada a week. See: Grant, R., et al. (2014, 22 July). *Results of the iPrEx open label extension (iPrEx OLE) in men and transgender woman who have sex with men: PrEP uptake, sexual practices, and HIV incidence*. Paper presented at the 20th International AIDS Conference, Melbourne. Abstract TUAC0105LB.

<sup>3</sup> McCormack S., Dunn, D. (2015, 24 February). Pragmatic Open-Label Randomised Trial of Pre-exposure Prophylaxis: The PROUD Study. Paper presented at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI 2015), Seattle. Abstract 22LB

<sup>4</sup> Victoria see <http://vicprep.csrh.org/> NSW see <http://prelude.org.au/> Queensland see <http://hivfoundation.org.au/sites/default/files/QPrEP%20Update%20Jan%202015.pdf>

<sup>5</sup> See <http://www.tga.gov.au/consumers/personal-importation-scheme.htm#.VBezi5SSx8E>

- fund peer-to-peer programs run by community organisations to support individuals who are on PrEP, or who are considering commencing PrEP.

### **Post-exposure prophylaxis (PEP)**

PEP is the use of HIV medication by an HIV negative person following exposure to HIV. It must be commenced within 72 hours, and needs to be taken for 28 consecutive days following initiation of the course of medication.<sup>6</sup> PEP is available across Australia, in a range of hospitals and community health settings.<sup>7</sup> Victoria has seen an increase in requests for PEP over the last 18 months.

PEP is a critical secondary defence against HIV in the event of accidental exposure. For PEP to be effective, it needs to be accessible to individuals belonging to key HIV population groups and available to individuals in an environment that is safe, secure and free from judgement.

#### Recommendations

- That the Andrews Government place “Ending HIV” within its Statement of Priorities for Victorian Hospitals and Health Services to encourage them to undertake dispensing of non-occupation PEP.
- The state and territory governments should:
  - Ensure that PEP remains free;
  - Develop 24 hour PEP hotlines that provide information about PEP and PEP distribution points; and
  - Develop strategies to support the availability of PEP in all hospital settings, and in community health settings that respond to the needs of Key HIV population groups.

### **HIV testing**

VAC believes that testing is critical to ending HIV transmissions. Testing enables an individual to know their status and to then take measures to avoid transmission. Testing also provides an opportunity to reinforce HIV prevention messages and knowledge around the regularity of testing.

Research shows that gay men and other MSM consider the following issues as barriers to testings:

- privacy

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<sup>6</sup> The National guidelines for post-exposure prophylaxis after non-occupational and occupational exposure to HIV are available at <http://www.ashm.org.au/Documents/Guide%20for%20the%20Management%20of%20Occupational%20and%20Non-Occupational%20Post-Exposure%20Prophylaxis.pdf>

<sup>7</sup> See <http://getpep.info/>

- duration between test and result
- returning to clinics to receive results
- knowing where to get tested
- difficulty of getting an appointment and finding time to attend the clinic
- Fear of being judged, and discriminated against, by the treating physician; and
- HIV stigma.<sup>8</sup>

#### Recommendations

- That the Andrews Government place “Ending HIV” within its Statement of Priorities for Victorian Hospitals and Health Services to encourage them to work with local providers to ensure access to non-judgemental HIV testing locally.
- Supporting point of care testing facilities that are community based with peers conducting tests.
- Provide support for point of care outreach testing.
- Recognise STIs as a co-factor in HIV acquisition and fund the availability of STI screening alongside HIV screening.

### **HIV treatment and treatment as prevention**

#### **Treatment as Prevention (TasP)**

TasP is the use of HIV medication by an HIV positive person to suppress their viral load. Research has demonstrated that individuals are highly unlikely to pass HIV on to their sexual partners if they have an undetectable viral load. In effect, individuals who commence treatment early, when the immune system is relatively healthy, reduce the risk of transmitting HIV to sexual partners by 96%.<sup>9</sup> There is also now compelling evidence that early commencement of treatment is beneficial to the HIV positive person, and significantly reduces disease progression.<sup>10</sup>

#### Recommendations

- That the Andrews Government place “Ending HIV” within its Statement of Priorities for Victorian Hospitals and Health Services to encourage them to work with local providers to ensure access to medications is available locally through either community pharmacy or hospital dispensing.

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<sup>8</sup> Prestage G, *The TAXI-KAB Study 2012*, The Kirby Institute

<sup>9</sup> HIV Prevention Trial Network 052 see <http://www.niaid.nih.gov/news/Qa/pages/hptn052qa.aspx>

<sup>10</sup> START Study see <http://www.niaid.nih.gov/news/QA/Pages/STARTqa.aspx>

- The government should recognise TasP as a highly effective strategy for reducing HIV notifications. To capitalise on the opportunities provided by TasP, a framework establishing pathways that link newly diagnosed individuals into care and support to:
  - commence a conversation around treatment initiation; and
  - then into ongoing care and support around treatment adherence and ongoing health care screening.
- The Andrews Government should also:
  - recognise the population wide benefits of TasP and remove the co-payment for HIV treatment.
  - fund a treatment support program specifically targeting the support needs of people who have undertaken rapid linkage to care. Community agencies to provide peer-to-peer based programs to newly diagnosed and long-term diagnosed PLHIV to support the lived experience of HIV, in particular, this program would provide treatment support prior to and during the course of taking treatment.

### **Rapid linkage to care**

Once a person is diagnosed with HIV it is critical that they are immediately connected to an HIV physician to discuss treatment options and any counselling support that might be needed. This benefits the individual because treatment improves their health and supports the community in preventing onward transmission of HIV.

Once in care, a conversation about HIV treatment, known as antiretroviral therapy (ART) can commence. ART is recommended treatment for people living with HIV. PLHIV who commence treatment, regardless of their CD4 count, will have a considerably lower risk of developing AIDS or other serious illnesses.<sup>11</sup>

### **Recommendations**

- The Andrews Government should establish a policy that manages the timeframe between diagnosis and access to care and treatment with a view to reducing this time frame to as short as possible. The policy should incorporate funding and resources to implement the policy.
- To facilitate regulatory changes which widen the availability of treatment to community pharmacies, the Andrews Government should fund an HIV ART worker to support consumers in accessing treatment through community pharmacies.

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<sup>11</sup> START study see <http://www.niaid.nih.gov/news/newsreleases/Archive/2011/Pages/START.aspx>

- Commit \$300,000 per annum to fund a treatment support program specifically targeting the support needs of people who have undertaken rapid linkage to care.

### **Lesbian health project**

Over 30 years of funding for HIV related programs, MSM and to a lesser extent the gender diverse communities have benefited from this investment in funds. Lesbian, and other same sex attracted, women have benefited much less. Same sex attracted women experience considerable discrimination when accessing services within health care. Lesbian women also experience poorer mental health outcomes when compared to the national average. The outcome of this is an underutilisation of services by lesbian women compared with the level of perceived need for mental health and alcohol use.

#### Recommendations

- That the Andrews Government place “LGBTI Health” within its Statement of Priorities for Victorian Hospitals and Health Services to encourage them to address perceived discrimination and create a welcoming environment for all LGBTI people.
- Recurrently fund a Lesbian specific health project that aims to provide services tailored to the needs of lesbian women.

### **LGBTI Centre**

To support the provision of health services to the LGBTI communities in Melbourne, and to ensure these communities have safe and non judgemental spaces to access services, VAC recommends that the Andrews Government provide the community with a space that can oriented to achieve this aim. LGBTI Centres have been highly successful in the USA and Europe in building the capacity of LGBTI communities and providing safe spaces for LGBTI people, thereby improving health outcomes and wellbeing.

VAC is extremely grateful that the Andrews Government committed \$50,000 to support a feasibility study for the establishment of an LGBTI Centre in Melbourne.

#### Recommendation

- The Andrews Government further support the establishment of an LGBTI Centre, as a central part of its agenda to improve health and wellbeing outcomes for Victoria's lesbian, gay, bisexual, transgender, and intersex communities.

Conclusion.

VAC congratulates the Andrews Government on its ground breaking commitment to LGBTI communities in Victoria. VAC believes that commitment to the recommendations above would significantly improve the health and well being of LGBTI Victorians and would help in achieving our target of no new HIV transmissions in Victoria by 2020. Thank you for considering this submission.

Contact.

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