

CEO Report 2015

Positive Life NSW Annual General Meeting

7 December 2015

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Report Focus

- Agency Planning and Development
- Program Highlights
- Members Briefing:
 - NSW HIV Strategy 2016-2020
 - HIV (Phylogenetic) Clustering Sub-study
 - Statutory Review of the NSW Public Health Act 2010
 - HIV Clinical Guidelines
 - New Social Determinants of Health Programs

Agency Planning and Development

- Board/Staff Planning Day 2014 Outcomes:
 - Positive Life needed to evolve and remain relevant
 - Service reflects contemporary and emerging PLHIV needs
 - Align the agency with NSW HIV Strategy 2012-2015 targets and priorities, specifically:
 - Lead the community response in HIV health policy, treatments uptake and contributions to research
 - Deliver peer-based HIV health promotion and improve health literacy of PLHIV
- Agency development aimed at increasing peer-led:
 - treatments capacity
 - policy capacity
 - communications capacity

Program Highlights

- Policy and Advocacy:
 - Community pharmacy HIV dispensing
 - HIV medication co-payment waiver
 - Improved access to HRA diagnostic services for anal cancer
 - NHMRC HIV Prevention Partnership Project (HIV Clustering)
- Treatments Officer:
 - START Study results (analysis and implementation)
 - Increased support for PLHIV to start and adhere to HIV treatments
 - Support for PLHIV with multi-morbidity and complex mental health and AOD
 - Peer-led partner notification project

Program Highlights

- Campaigns:
 - *Take Control*
 - *The Choice is Yours*
- Communications:
 - Talkabout (online)
 - Implementation of PSB review recommendations
 - Positive Life Website refresh
 - Expansion of the agency Social and Digital Media footprint
- Administration:
 - Quality Improvement and Accreditation
 - Volunteer Program
 - Financial Management

NSW HIV Strategy 2016-2020

Where we are now with HIV Strategy treatment targets:

- 92% of people with diagnosed HIV on ART
- 92% of people on ART with UVL

2016-2020 HIV Strategy Goals – to virtually eliminate HIV transmission in NSW by 2020 and sustain the virtual elimination of HIV transmission in people who inject drugs (PWID), Sex Workers and mother to child transmission(MTCT):

- Increase the proportion of people with diagnosed HIV on ART to 95%
- Ensure 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis in 2016 and further reduce this time frame over the life of the Strategy

HIV (Phylogenetic) Clustering Sub-study

- Propose - to use phylogenetic analysis to understand locally acquired HIV transmission networks, prevention priorities and drug resistance profiles
- What is proposed - linking (pairing) routinely collected health data (HIV epidemiology and laboratory data)
 - HIV surveillance data (2X2 name code, DOB, sex, country of birth, postcode)
 - Population level HIV drug resistance results
 - Linked data sets will be de-identified to create a larger de-identified data set for analysis

HIV Clustering Study

Expected Outcomes

- Benefits – better understand the drivers of HIV transmission:
 - % of infections from recently infected people
 - % of infections from those not on treatment
 - % of infections acquired overseas
 - % of people with drug resistant HIV
- Public Health response – education and prevention programs, targeted testing or treatment recommendations

Statutory Review of the NSW Public Health Act 2010

- What the 2010 Act says:
 - S79 - Duties of persons in relation to sexually transmitted infections
 - S56 - Protection of patient's identity (by medical practitioners)
- Context of HIV in 2015:
 - Chronic treatable disease (92% on treatment and 92% with UVL)
 - HIV exceptionalism in relation to privacy and health related information perpetuates HIV stigma
- Positive Life is proposing:
 - Maintain balanced privacy provisions for PLHIV
 - Remove/modify s56 to explore the feasibility of full name notification with PLHIV
 - Link notifications (such as HIV, HCV and STIs)
 - Remove s79 and the need to disclose HIV + status before sex
 - HIV remains a public health consideration and is no longer dealt with under the Crimes Act or via civil law

HIV Clinical Guidelines

Triggers:

- HIV Clustering Sub-study
- START Research findings
- Review of the NSW Public Health Act
- PrEP and PEP

Changes/implications:

- Immediate treatment commencement
- Use of HIV medications for prevention, not just treatment
- Partner notification and increasing STI diagnosis and treatment
- Treatment as prevention and viral suppression
- Injectable treatments
- Drug resistance
- Aging PLHIV and multi-morbidities (care coordination and shared care)

New Social Determinants of Health Programs

- *HIVe Connect*
 - PLNSW auspicing HIVe Connect
 - Project aims and outcomes
 - Independent PLHIV community group to provide social networking and meal services
 - Fund raising, submission writing and establishment of a committee
- *HIV Work Ready*
 - ViiV Health Community Grant
 - Partnership with SESLHD HOT and other potential sector stakeholders
 - Project aims
 - Employment coaching and training of PLHIV, increasing participation (voluntary and paid)
 - Successful funding application – ViiV Health Care

NAPWHA / Positive Life Relations

- Strong and vital
- Enables engagement with national coordination on common issues of importance for all Australians living with HIV
 - Quality of Life
 - Research (Futures)
 - Positive Leadership Development Institute (PLDI) Australia
- Influence representation and advocacy issues of strategic importance
 - Community pharmacy implementation
 - W3 Project at La Trobe University
 - Cost of treatments
 - Support of Positive Life SA and South Australians living with HIV

Questions and Answers

Discussion

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