



ashm
Australasian Society for HIV Medicine

PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

nuaa
NSW USERS & AIDS ASSOCIATION INC

 **Hepatitis C**
Council of NSW


**bobby
goldsmith
foundation**
practical emotional
financial support

Submission to:

NSW Health NGO Program Review

November 2009

1. Introduction and General Comments

This submission to the NSW Health NGO Review represents the views of key organisations involved in prevention, health promotion, education, treatment and support and advocacy initiatives for NSW citizens who are at-risk of acquiring Human Immunodeficiency Virus (HIV), viral hepatitis, and Sexually Transmitted Infections (STIs), as well as NSW citizens who are living with or affected by HIV, Hepatitis, and STIs and are in need of appropriate, accessible health services free from stigma and discrimination.

These key NGOs are effectively engaged in community-based primary health care, particularly early intervention, prevention, care and support, supported accommodation and health promotion activities, and are largely directly funded by the NSW Health Ministerial Grants Program under the HIV program area. It is recognised that the contribution of the non-government sector is critically important to health and human service delivery in NSW.

“The history of the Australian response to HIV/AIDS bears testament to the importance of both an evidence-based policy platform and an effective partnership between government, community, researchers and clinicians.”¹

At the national level, this has been recognised most recently by the development of a National Compact which will articulate and encourage active and positive partnerships between government and non-government organisations (NGOs). The discussion paper recognises that through NGOs, “government and communities work together to address key social, environmental and economic challenges,” and that these organisations, “act as touchstones for strong public policy enriching cultural and recreational participation and advocating on behalf of marginalised groups.”²

The organisations represented within this submission are ACON, the Bobby Goldsmith Foundation (BGF), the Australasian Society for HIV Medicine (ASHM), Positive Life NSW, NSW Users & AIDS Association (NUAA), and the Hepatitis C Council of NSW. Descriptions of the role of each of these non-government organisations can be found at Section 4 of this Submission.

Our organisations have come together to put forward views to NSW Health in the spirit of partnership and in recognition of the importance of the NGO Program for the continued operation of these organisations (here-after referred to as “the partner organisations” for the purpose of this submission).

No other program within NSW Health holds the future of non-government service delivery in NSW so fundamentally within its scope as the NGO Program. It is quite simply for most, the lifeblood of our existence.

¹ Consensus Statement, *A Think Tank: Why are HIV Notifications Flat in NSW 1998 – 2006?* NSW Health, 30 April 2007, p.1.

² *National Compact Consultation Paper*, Part of the Social Inclusion Agenda, Commonwealth 2009, p.3.

The partner organisations to this submission are working efficiently, effectively and accountably. By working within a framework articulated in the NSW HIV/AIDS, STI and Hepatitis Strategies, and their related Implementation Plan for Aboriginal and Torres Strait Islander people, our organisations work with NSW Health, AHS, researchers, clinicians and affected communities to identify priorities for reducing future infections among those populations considered at highest risk: gay men, people from culturally and linguistically diverse (CALD) backgrounds, Aboriginal people, people who inject drugs, and sex workers; as well as to the workforce which provides prevention, support, treatment and research services.

Furthermore the evidence-based nature of our response has led to considerable health savings. A recent study by Health Outcomes International and the National Centre in HIV Epidemiology and Clinical Research investigated the impact of the NSW investment in HIV/AIDS prevention, to comment on the value of the return on the investment

According to this report, there were 44,545 cases of HIV avoided as a result of the various prevention initiatives in NSW in the period 1981 to 2005. The return on the investment from NSW Health AIDS and Infectious Diseases Branch in funding HIV prevention programs equated to a direct cost-benefit ratio of 1:13. That is, for every \$1 invested in HIV prevention in NSW there has been a saving of \$13 in clinical care costs to the NSW Government. This is a remarkable result and one that compares favourably to other population health programs such as tobacco cessation and heart disease prevention.

Specifically, for people who inject drugs, a recent report titled, *Report on Investment 2: Evaluating the cost-effectiveness of needles and syringe programs in Australia*, notes that HIV among people who inject drugs is an extremely low rate by international standards. Furthermore, this report estimates that for every \$1 dollar invested in NSPs, more than \$5 dollars were returned in healthcare cost-savings in the short-term (ten years) and an estimated averted 32,050 new HIV infections and 96,667 new HCV infections.³ This demonstrates both the public health and economic benefits of this initiative.

Australia's NSPs have proven to be a foundation for preventing transmission of the more infectious hepatitis C virus. This study provides strong evidence to suggest that increased spending should be invested in expanding NSPs. Not only would it significantly reduce health burdens but it will ultimately save Australian taxpayers substantial amounts of money.⁴

These results are one example of our direct alignment with the key strategic documents within NSW. NSW has articulated its key areas for health action in its document *Future Directions for Health in NSW – Towards 2025*. This document articulates changes that must be made in NSW to ensure a healthier community and continuing access to high quality and affordable health services into the future. Importantly, this document is underpinned by the principle of equity in health.⁵

³ National Centre in HIV Epidemiology and Clinical Research, *Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*, University of New South Wales, 2009.

⁴ University of New South Wales, *A four-fold return on investment: the large payback of needle and syringe programs*, Media Alert, 22 October 2009.

⁵ NSW Health, *Future Directions for Health – Fit for the Future*, February 2007, http://www.health.nsw.gov.au/pubs/2006/pdf/fit_for_future.pdf

Equity is an important issue for the partners to this submission. Notably, not all members of the community we serve – namely, gay men and men who have sex with men (MSM), lesbian, transgender, bisexual and intersex people; people who inject drugs; sex workers; those living with Hepatitis C or B; those living with co-infection, people who are drug dependent or engaged in drug treatment, and people living with HIV – have shared equally in the health gains made in the broader community. To reflect the principle of equity, NSW Health, through its NGO Program, needs to ensure active engagement with these communities, and formally recognise the ability and unique placement of NGOs that have a proven track record of successful engagement with these communities.

The connections between NSW Health NGO Program and the *State Health Plan* are a key focus of the Review. As the latter sections of this submission will highlight, partner NGOs to this submission make clear contributions to those overarching goals. Moreover, our contributions are made in a complex and sometimes contentious area, with people and communities that governments find traditionally difficult to reach and to communicate effectively with. The placement of NGOs is unique in this regard, as is the value for money offered for the funding we receive, as evidenced by examples such as the Return on Investment study referred to above.

Our partner organisations work within the framework articulated in the NSW HIV/AIDS, STI and Hepatitis Strategies, and their related Implementation Plan for Aboriginal and Torres Strait Islander people, which position the importance of collaboration between government, affected communities, researchers and medicine, and seek to ensure that programs and services are informed by both the best available evidence and the experience of those living with or at risk of HIV infection. Strengthening the partnership is an ongoing priority for the NSW response to HIV/AIDS.⁶

The same is true for those partner organisations working more specifically with people at risk from, living with and affected by hepatitis C. However, this is a separate epidemic where the prevention, health promotion, medical, social and related needs of people affected have not been recognised or funded to the same extent as they have been for HIV/AIDS, either in NSW or nationally. There have been more than 104,000 HCV notifications in NSW alone from 1991 – 2008. It is estimated there are around 4,000 new HCV transmissions occurring in NSW each year, 91% of those through blood-to- blood contact through the sharing of equipment to inject drugs.

It is important that our organisations have come together in developing a submission towards the review of the NSW Health NGO Program for a number of reasons.

Since the advent of the HIV/AIDS epidemic in Australia, and NSW more directly, our sector, that being the HIV, Viral Hepatitis and STIs sector, has worked within an effective partnership model in order to tackle the determinants that affect the transmission of HIV, viral hepatitis and STIs across the population groups most at risk. Principles developed in HIV, particularly partnership and engagement with affected communities, have been replicated across the sector as they have been demonstrated to be effective. The partners to this submission are committed to ensuring that this response continues.

⁶ The *Impact of HIV/AIDS in NSW, Mortality, Morbidity and Economic Impact*, NSW Health AIDS and Infectious Diseases Branch, 2007, p.4.

Further, our work within this practical and effective partnership model means our sector has built particular knowledge and experience, largely through the direct nature of our funding and performance agreements with NSW Health, through the AIDS and Infectious Diseases Branch, in ensuring the alignment between our work and relevant state health strategies is clear.

The partner organisations to this submission have partnerships that extend beyond that which is valued with the NSW Government. Our partners also include university research centres, health professionals (such as general practitioners and medical specialists), other NGOs and peak bodies, as well as the affected communities themselves.

We feel it is important to highlight that many of us are community organisations that work within peer based models. This is important because it means we provide unique services that cannot be duplicated by non peer based organisations. We are able to access at-risk communities because we are, in fact, part of the community and we are experts in our fields. This distinct placement means our peer based programs and services build credibility and trust with population groups who may otherwise feel apprehensive about approaching mainstream services. This model can be attributed, for example, to the low rates of HIV amongst people who inject drugs.

These relationships all enrich our ability to achieve results through evidence-based program development, efficient administration, sound planning and timely reporting.

In short, the partner organisations value the relationships we share with NSW Health and believe very strongly that our work contributes to the achievement of state strategic goals by effectively reaching priority populations in the HIV, viral hepatitis and STI area.

2. Issues for Consideration

The following section has been divided into 3 sub-sections focusing on *Strategic Directions, Governance and Administration*, and *Partnership and Communication* as informed by both the NSW Health NGO Program Review Discussion Paper and the structure of the NGO Program Review workshops held on 29 October 2009.

(a) Strategic Directions

Drilling down from the *Future Directions* document is the *State Health Plan*. The State Health Plan sets out seven strategic directions, focusing on the priority programs to be implemented by NSW Health over time. These Strategic Directions are:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

The State Health Plan makes it clear that NSW Health needs to work closely, effectively and in true partnership with NGOs to make progress against these directions.

The organisations represented in this submission are contributing to outcomes in the State Health Plan, as evidenced by the ability to:

- Work with Government and a range of NGOs to progress health aims, including areas of prevention and health service delivery;
- Relate to, use, and in some cases build, the evidence base in our work;
- Reach, communicate with, build awareness among and educate some of NSW's most hidden, stigmatised, vulnerable and at-risk groups for chronic illness and disease;
- Mobilise the community, including the use of volunteers, to ensure prevention and health promotion messages are heard;
- Take pressure off other health workforces through efficient service delivery;
- Working with Aboriginal and Torres Strait Islander peoples;
- Deliver health promotion and prevention messages across NSW, including in Rural and Regional areas;
- Support and assist general practice and other health professionals to improve the experience of gay, lesbian, bisexual and transgender (GLBT) people, people living with HIV (PLHIV), people with viral Hepatitis, those engaged in sex work and those who use illicit drugs when they access health services, and encourage more to do so;
- Represent and speak on behalf of people directly affected by HIV/AIDS and hepatitis C; and
- Operate efficiently and accountably, with limited funding and in a way that is responsive to the priorities of Government and people living with HIV.

Most importantly, NSW NGOs have been central to the rapid, sustained and effective response to HIV – NSW has one of the lowest rates of HIV among people who inject in the world (except in Aboriginal communities) and this is recognised both nationally and internationally for its successes in these areas.

Vital in the response to viral hepatitis, in particular hepatitis C, has been the work of those NGOs working specifically in this area. There are just two in NSW: the hepatitis C Council of NSW and NSW Users and AIDS Association (NUAA).

One of the key priorities stated within the State Health Plan is to work with non-government services. More specifically, NSW Health has undertaken to improve its engagement with non-government agencies and the broader community – including engagement around planning, funding and delivering health services to local communities and regions.⁷

The diverse range of services provided by this sector realistically exceeds the HIV and hepatitis C portfolios. Minimising the harm and risks associated with HIV and hepatitis C means working within a framework that factors in all associated risks. Currently as it stands, this grant program area does not accurately account for the diverse range of programs and services our sector provides from within the funding source which benefits the NSW health system immensely, both economically and through health outcomes.

This HIV/AIDS program area, as used throughout the NSW health system to categorise the distribution of Ministerial grants, could be more accurately renamed as *HIV, Viral Hepatitis and STIs* program area. It is also imperative to recognise that our organisations' provide programs and services that spread across areas of health promotion, prevention, care and support, and advocacy; a considerable scope of work that requires significant investment to develop and implement state-wide programs and services under state and national HIV, STI and Hepatitis strategies.

This adds immeasurable value to both the reach of the health system in preventative efforts and more specifically in reducing the cost burden for other health services (e.g. public hospitals). Importantly, some of our partner organisations provide these services to some of the most vulnerable and at risk population groups on a very limited budget while facing significant administrative burdens required by the NSW Health NGO Program.

The NSW Health NGO Program and NSW Health more broadly, need to re-orient policy-related processes and strategic directions to focus on the importance NGO's play in the delivery of health services across NSW. In acknowledging and supporting the vital work of NGO's in providing services to priority population groups, NGO's need to be recognised as integral partners in the planning and delivery of health care policies and programs.

⁷ NSW Health, State Health Plan – A new direction for NSW, February 2007, p. 7.

Governments need to work in partnership with the considerable expertise of the community services and welfare sector to tackle entrenched disadvantage, unemployment and achieve social inclusion. The relationship between the Federal Government and the community services and welfare sector needs to be re-engineered to find a more even balance, underpinned by greater levels of understanding about respective roles and responsibilities and a greater sense of common purpose. The sector is more than keen to share its expertise with Government in the design of programs and contracts to achieve more responsive and innovative service outcomes.⁸

Our sector has a unique position in the history of the rapid spread of HIV/AIDS over two decades ago, in NSW specifically, which saw activists from the GLBT, sex worker and people who inject communities mobilise themselves in order to engage in swift and meaningful dialogue with the government to find ways of halting the epidemic. Today, as outlined in national and state HIV, STI and Hepatitis strategies, this sustained partnership approach to planning, policy and service delivery development must remain integral to meeting the priorities and outcomes of the strategies as they sit under the State Health Plan.

Innovation is central to the mission and approach of many NGOs and our sector can be a good example of how cross-sector partnership models can be implemented via the NGO Program in order to achieve national and state goals and priorities.

If NSW Health, through this Review, is acknowledging changing relationships between government, business and community organisations and wants to explore future opportunities for optimising such relationships, there is an imperative to look to NGOs who have long standing experience and strong connections with communities of interest. While we recognise that the HIV, viral hepatitis and STI sector has a strong partnership with NSW Health, we acknowledge that this may not be the case across all health program areas that might benefit from a stronger policy relationship with NSW Health.

(b) Governance and Administration

Funding and Performance Agreements

NGOs often work across funding streams, beyond programmatic silos when they come into contact with members of the community. For example, someone seeking assistance around HIV or injecting drug use issues may often have a range of coinciding issues that compound the risk of or existence of HIV and or hepatitis C. The NGO partners in this submission focus on the more holistic needs of the person – that which often includes their mental health needs, physical health needs, drug dependence, connectedness with hospital services, sexual health clinics, general practitioners and other health providers - in a system that can be complex to navigate.

⁸ Wren, T, 2009, *Submission to the Productivity Commission: Study into the Contribution of the Not for Profit Sector*, Australian Council of Social Services, Strawberry Hills, p.3.

This is why it is important for the NGO Program to consider its reporting across programs within NSW in the development of Funding and Performance Agreements (FPAs) with NGOs. Currently, considerable administrative time is taken by NGOs in firstly negotiating, and then reporting against, FPAs that have a large number of Key Performance Indicators (KPI) for each stream of funding that is received. This administration also occurs within NSW Health, and sometimes also in Area Health Services (AHS). While NGOs are aware and respectful of the notion of accountability for public funds, there is room for efficiency in this regard.

For instance, for any NGO receiving NSW Health funding through more than one program, one report detailing the use of funds by a financial acquittal process could be shared across program areas. Similarly, clearer thinking about the use of performance reporting and KPIs at the commencement of FPA negotiations could occur and agreement reached to only collect and report information that is necessary to demonstrate effectiveness. These kinds of initiatives could produce considerable savings for both NSW Health and AHS, but also NGOs.

Most of the partner NGOs to this submission are either accredited to national standards or are working towards accreditation. We recognise continuous quality improvement as an important operating principle. Where formal accreditation exists, it is recommended that NSW Health makes greater use of reports by external accreditation agencies, supplementing reporting under FPAs. This would provide a qualitative arm to the more quantitative reporting inherent in annual reporting to NSW Health.

Some consideration could also be given to more creative means by which to provide funding to NGOs that reduces the administrative burden on both sides, and which also provides more long term security for NGOs to assist workforce attraction and retention. For instance, for NGOs that have acknowledged expertise and availability to reach vulnerable communities, NSW Health could consider longer-term, multi-year (e.g. 5 years or more) funding agreements that provide a 'core' level of funds, via a 'heads of agreement' model. Additional projects could then be funded by a range of NSW Health program areas and AHS as Schedules to this type of Agreement, which could be easier to negotiate, providing for flexibility and administrative efficiency.

Funding Levels & Accountability

As mentioned earlier in this submission, NGOs provide services at low cost, and some are funded at levels that threaten the sustainability of service provision, particularly when the broad range of costs is considered. Partners to this submission recommend that the NGO Program make provision for adequate levels of funding that allows for overheads, accommodation and capital, pay parity across sectors and compliance costs.

The partners to this submission are clear that while we are non-government organisations, increasingly there is a requirement to operate like small businesses, with a need to continually keep up to date with developments such as legal, taxation and other compliance developments.

Most recently, the Productivity Commission's Draft Research Report *Contribution of the Not-for-Profit Sector* has made this point.

Governments should fully fund services that they would otherwise provide directly:

- funding should cover: all relevant costs, allowing for an appropriate share of overheads; the costs of managing risk, and of monitoring, reporting and evaluation; costs associated with reaching required standards; staffing and capital costs; appropriate indexation that takes account of industry-specific factors; and costs associated with policy changes such as changed client eligibility rules.

*Contribution of the Not-for-Profit Sector
Pg 11.1 (2009)*

NGOs support the need for accountability and reporting, however it would be preferable if feedback and dialogue were to occur with NSW Health arising from these reports, either individually or as a sector. Community services and welfare agencies report the information flow is largely a one-way street to government with little analysis or feedback to allow for benchmarking and service delivery improvements.⁹

Additionally, partners to this submission would like to note that we are also accountable to other groups such as our members, boards of governance and our communities.

Funds Administration & Management

Many of the partner organisations to this submission are state-wide services and as such, receive their funding directly from NSW Health through policy branches. However some funding is also provided by AHS following the significant devolution of the grant administration process to AHS in 1996. The partners to this submission recognise that efficiency and savings may be created by the centralised management of the NGO Program and prefer that funding is centrally administered. However, in response to some sensitive, localised issues, it may be appropriate for limited funds to be administered through AHS.

Accordingly, a continuation of this model of funds administration is preferred by the partners to this submission, whereby funding that wherever possible and appropriate, funds are centrally administered, but that some flexibility is maintained in the system for more sensitive administrative arrangements where warranted by local conditions or issues.

It is more appropriate to directly fund statewide NGO services/agencies rather than channeling relatively small amounts of funding through AHS for specific training and other projects. For instance, in recent years direct funding has been provided to ASHM for the NIV prescriber's project, Sexual Health Nursing Education Program, and the Workforce Development Program – all of which engage hospital based AHS in activities which are outside their main purpose.

⁹ Wren, T, 2009, *Submission to the Productivity Commission: Study into the Contribution of the Not for Profit Sector*, Australian Council of Social Services, Strawberry Hills, p.3.

Additionally, there should be enhanced funding that recognises the priority for hepatitis C prevention and the need to increase the number of people in hepatitis C treatment - something that is a state-wide priority across all AHS and therefore should be funded centrally.

A stronger point needs to be made in relation to the costs of applying for and acquitting grants. It is fundamentally important that this NGO Review carefully consider the merits of competitive tendering, and in particular, whether this is the best means of administering grants where there are long standing partners who are well placed to provide services the Government wishes to fund. In particular, thought could be given to panels of preferred providers or pre-registration of services that are able to provide certain types of services to key populations of interest, particularly given the uniqueness of our services.

The Productivity Commission's Draft Research Report (2009) *Contribution of the Not-for-Profit Sector* notes these tensions:

Grant funders have moved towards increased competition and improved accountability. But in many cases this has come at a cost — increased compliance burdens and administrative costs-without commensurate benefits.

While noting recent reforms in reducing the regulatory burden, governments could go further in reducing the cost of applying for and acquitting grants, consolidating reporting requirements and removing unnecessary boiler plate conditions.

*Contribution of the Non-for-Profit Sector
page 11.1 (2009)*

Data & Research

Collecting data that can facilitate measurement and evaluation is something many NGOs strive for but are not funded adequately to do. Furthermore, the analysis and research capacity within NGOs is variable, and more often than not, minimal. Some thought to common measures would also assist in reducing the reporting burden associated with funding and performance agreements against core KPIs. Also, data collection efforts could be directly linked to the most important priorities in the state strategies so data can be used by NSW Health.

The recent midterm review of the NSW HIV, STI and Hepatitis Strategies all identified ongoing need for skills development in evaluation, project management and planning across the sector. Duplication of evaluation development by inappropriately skilled staff is costly and the results are sub-optimal. Centralised and comparable evaluation strategies and data sets would reduce time and other costs.

Partner organisations to this submission have appreciated the work of NSW Health AIDS and Infectious Disease Branch (AIDB) to reduce this burden through the use of templates – something that could be encouraged more broadly throughout NSW Health.

NSW Health, as part of this Review, has an opportunity to develop some thinking around the development of a coherent data strategy to coordinate and facilitate the better collection and use of data through NGOs. For larger NGOs, an opportunity exists to provide support for a research position, perhaps in partnership with a university, to build capacity for data analysis, small research papers and other products to be produced from the data NGOs can collect. Also, for clusters of NGOs, a valuable opportunity exists for NSW Health to support a research collaboration, where two or three researchers could be located within an NGO to analyse data and produce papers and reports – serving to improve NGO interaction with, and use of, their own data, and also increasing NSW Health’s understanding of health issues among priority groups. Perhaps a sector wide data set could be developed that incorporates key data that is of interest to the sector and to NSW Health.

Another avenue to enhance NGOs role in research, both its development and its application into practice, is to resource NGOs to build and sustain relationships with external researches – particularly those in national research centres charged with responsibility for HIV/AIDS, viral hepatitis and STI research.

Building these skills within our communities requires investment. For example, the Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases, is an innovative research and community health service collaboration funded by NSW Health. It aims to build the research capacities across the HIV/AIDS, hepatitis C and illicit drug use sectors in NSW to foster further social and policy research. The Consortium has both academic and community health service partners and comprises representatives from across the HIV, and hepatitis C sector that come together several times a year to share knowledge and build the research capacity of the sector. It should be noted that all partners in this submission are Board members and partners of the Consortium. Initiatives such as the Consortium should be considered across the health sector and supported by the NSW Health NGO Program.

These types of initiatives would strengthen the ability of NGOs to report to NSW Health about program deliverables, outcomes, trends and issues, which would then in turn assist NSW Health in its reporting against the State Health Plan.

Quality

The partners to this submission are supportive of the concept of continuous quality improvement (CQI) and are variously engaged in processes of this type – both formally and informally. While the partners acknowledge the value, the capacity to engage formally in quality management system building and accreditation varies as it is expensive and time consuming. The submission recommends that all NGOs funded under the NGO Program document key policies and processes but that any formal adoption of quality as a requirement for funding be supported with adequate support in terms of specific funding and training for all staff.

(c) Partnership and Communication

Partnership Approach

The efficacy of the response to HIV/AIDS in NSW has largely been attributed to the relationship between government, and community controlled organisations – a fact recognised at state, federal and international levels.

While all other Australian states, in particular Victoria and Queensland, have seen significant increases in the number of annual HIV infections over the past few years, NSW has experienced a stabilisation in these rates. This trend in NSW can be largely attributed to the comprehensive and sustained financial and non-financial support given by the State Government to the NSW HIV/AIDS program.¹⁰

This strength is noted in NSW Health's Consensus Statement, *A Think Tank: Why are HIV Notifications Flat in NSW 1998 – 2006?* which acknowledges that the infrastructure, investment, and intensity of an effective partnership between government, clinicians, researchers and the community has contributed to containing the significant spread of HIV.¹¹

Participants involved in the development of the Statement, including those working at a national level, have noted that the clear, well-supported mechanisms for liaison and priority-setting, frankness of debate, the sharing of evidence, the absence of blame and the respect of different roles among NSW partners are some of the important key elements involved in the NSW response to the epidemic.¹² It goes on to outline that the involvement of HIV and sexual health specialists, local GPs, and health promotion staff from AHS and community based organisations, contributed to improving the response to the underlying risks faced by homosexually active men Sydney.¹³

The partnership organisations support the NGO Programs' exploration of the long standing partnership model used in the HIV, viral hepatitis and STI sector as a successful framework towards building cross agency collaboration. This approach could assist in creating more efficient models that are effective, meaningful and contribute to developing targeted programs across the health sector in general.

NSW Health could work collaboratively with our partner organisations in finding alternative solutions that enhance both our sector and NSW Health, such as the opportunity to explore models of shared service delivery or group purchasing in 'back of house' services such as information technology and workplace training.

¹⁰ *Op. cit.*, NSW Health 2007, p.6.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ *Ibid.*

Communication and Representation

The partner organisations are satisfied with the function and structure of the NGO Advisory Committee in providing a communication link and broad representation across NSW Health and the NGO sector.

The partners to this submission would welcome more involvement and dialogue with NSW Health in order to provide further and more detailed advice in regard to any of the matters raised in this submission.

To ensure future engagement between the NSW Health NGO Program and NGOs, the partners to this submission advocate for the establishment of more modern and responsive forms of communication – for example, e-networks that can ensure a wider and more comprehensive reach for messages across the range of organisations funded by the Program.

3. Recommendations and Future Actions

Based on the discussion provided across the above sections of *Strategic Directions, Governance and Administration, and Partnership and Communication*, the partner organisations would like to make the following recommendations:

Recommendation 1

Strong support for NGOs continues across NSW Health policy directives, and specifically within the NGO Program. Further, consideration could be given to the development of a NSW Government Compact that aligns with the Federal Government Compact that is currently in development.

Recommendation 2

NSW Health explicitly recognise NGOs as partners who are vital to the development of strong public policy that facilitates social inclusion, the efficient and effective delivery of primary health care, and who have a legitimate and important role to advocate on behalf of marginalised groups.

Recommendation 3

NSW Health commits to working with NGOs as key partners in strategy development, planning and delivery of health care policies and programs, including the development of clear priorities that reflect community need (that is, greater input from the 'bottom up').

Recommendation 4

To reflect the principle of equity, NSW Health, through its NGO Program, needs to ensure active engagement with communities at-risk of HIV, Viral Hepatitis and STIs, and in doing so, formally recognise the unique placement of NGOs, and community controlled NGOs, that have a proven track record of successful engagement with these communities.

Recommendation 5

The effectiveness of the partnership between the NSW Government, Health Department and Area Health Services continues, as does support for broader partnerships that span University research centres, health professionals, affected communities, as well as between NGOs and peak bodies.

Recommendation 6

Consideration is given to renaming the HIV/AIDS Program, changing it to the HIV, Viral Hepatitis and STIs program area, to more accurately reflect the range of work partners to this submission are engaged in.

Recommendation 7

NSW Health consider streamlining reporting in the development of Funding and Performance Agreements (FPAs) with NGOs, including clearer thinking in determining the necessary number of Key Performance Indicators (KPI) for each stream of funding that is received.

Recommendation 8

Consideration to be given to other models of funding for NGOs that reduces the administrative burden and which provides for longer term security, particularly for those NGOs that have acknowledged expertise and long history of performance (for example, exploration of 'heads of agreement' and schedules).

Recommendation 9

Funding provided to NGOs should cover all relevant costs and includes overheads, the costs of managing risk, monitoring, reporting and evaluation, costs associated with reaching required standards, staffing and capital costs, as well as appropriate indexation.

Recommendation 10

The NGO Review carefully consider the merits of competitive tendering, and in particular, whether this is the best means of administering grants where there are long standing partners who are well placed to provide services to key populations of interest.

Recommendation 11

NSW Health develops a coherent data strategy to coordinate and facilitate the better collection and use of data through NGOs.

Recommendation 12

NSW Health consider enhancing NGO-based research capacity (for example, through enhancing funds for the HIV, Hepatitis C and Related Diseases Consortium) to improve NGO interaction with, and use of, their own data, and also increasing NSW Health's understanding of health issues among priority groups.

Recommendation 13

That any formal adoption of quality improvement processes as a requirement for funding NGOs be explicitly supported by NSW Health with adequate and specific funding and training for staff and that full account be taken by NSW Health, where appropriate, of the implications of the CQI process and support this to potentially reduce reporting requirements against funding and performance agreements.

Recommendation 14

NSW Health considers establishing more modern and responsive forms of communication with NGOs – for example, e-networks.

Recommendation 15

That any efficiencies or savings made from the NGO Program be made by enhancing the better coordination of administrative practices of the Program by NSW Health rather than through the cutting of grants that fund essential service delivery provided by NGO's.

Recommendation 16

In exploring alternative methods to finding cost-effective administrative practices, NSW Health work collaboratively with our partner organisations in sourcing solutions that enhance both our sector and NSW Health, such as the opportunity to explore models of shared service delivery or group purchasing in 'back of house' services such as information technology and workplace training.

4. Partner Organisations to this Submission

ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides a range of information and services in the areas of HIV and STI prevention, HIV care and support, health promotion, advocacy, counselling, and housing. ACON also has a focus on issues such as mental health, alcohol and other drugs use, violence and ageing within the GLBT community via a harm minimisation framework to address issues that can contribute to risk behaviours which increase the possibility of HIV/STI transmission.

Positive Life NSW is a community based NGO that has represented the interests of people living with HIV in New South Wales since 1988. We provide advocacy, peer support, HIV prevention and health education campaigns and resources that focus on the experiences of people with and affected by HIV. We work to promote a positive image of people affected by HIV with the aim of eliminating prejudice, isolation, stigmatisation and discrimination.

The **Bobby Goldsmith Foundation** (BGF) is Australia's oldest HIV charitable organisation and the only one of its kind. Founded in 1984, it provides direct financial and practical assistance, financial counselling, housing and employment support to people directly disadvantaged by HIV in New South Wales.

The **Australasian Society for HIV Medicine** (ASHM) is a key partner in the Australian response to HIV, hepatitis and related diseases. It works closely with government, advisory bodies, community agencies and other professional organisations. The Society conducts a broad Education Program in HIV and viral hepatitis for medical practitioners, health care providers and allied health workers and manages a program of continuing medical education in HIV and viral hepatitis. It manages the NSW Workforce Development Program and is about to commence a program of clinical education in conjunction with Aboriginal Community Controlled Health Services in NSW.

The **NSW Users & AIDS Association's** (NUAA) is a not-for-profit NSW-based community controlled organisation advocating for people who use drugs, particularly those who inject drugs. The peak drug user organisation in NSW, NUAA was formed in 1989 in the face of a growing HIV epidemic. Funded primarily by the NSW Health Department, NUAA provides peer education, practical support, information and advocacy to people who use and inject illicitly, their friends, and allies. NUAA has often led the way in developing innovative approaches to peer education and community development, and has contributed to Australia having one of the lowest HIV rates amongst people who inject in the world.

Formed initially as a support group in 1991, the **Hepatitis C Council of NSW** is the independent, community-based non-government organisation funded by the NSW Health department since 1994 to provide information, support, referral, advocacy, workplace development and capacity building services for all people in NSW affected by hepatitis C. Striving to be representative of, supportive and accessible to people affected by hepatitis C, the Council works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life, information, support and treatment for the affected communities, and to prevent hepatitis C transmission.