



Strategic Plan

2001/02 - 2004/05



Queensland AIDS Council &
Queensland Positive People¹

¹QPP and QuAC worked together in June 2001 to develop the first draft of this joint strategic plan. After statewide consultation and initial redrafting of this plan, in August QPP Secretariat indicated they needed more time to consider QPP's strategic direction and then consider whether the joint plan was the preferred approach. QPP Secretariat have since worked independently to update their strategic plan and have not yet provided any further input into this plan. QuAC management have developed this final draft plan for internal consultation but have made only minor changes to the QPP sections.

INTRODUCTION

The Queensland AIDS Council (QuAC) and Queensland Positive People (QPP) are two key agencies involved in the support of people living with HIV/AIDS and the prevention of spread of HIV/AIDS.

Surveillance

According to the latest available surveillance data, an estimated 1,048 males and 106 females are living with HIV/AIDS in Queensland. Of these, 251 have been diagnosed with an AIDS-defining illness. Queenslanders account for just over 9% of the estimated 12,000 people living with HIV/AIDS nationally. In the year to 31 December 2000, eighty-eight males and ten females were diagnosed with HIV infection. In the same period, fourteen Queenslanders died as a result of HIV/AIDS.

Changing Needs

The advent of combination anti retroviral therapies in the last four or five years has changed the experience of HIV/AIDS dramatically. HIV-related hospital bed stays have significantly reduced across Australia since 1997 and the rates of AIDS diagnoses and HIV/AIDS deaths have halved over the same period. There is now talk of HIV infection as a *chronic manageable illness* and, while the truth is more complex than this, it is clear that for many people, HIV/AIDS no longer means a steady decline in health.

While the acute care needs of the HIV+ population have reduced, a range of psychosocial needs have emerged as priorities in the lives of many. The physical side effects of the therapies themselves are also of significant concern, and as people live longer with HIV infection the variety and complexity of presenting health concerns – both HIV-related and non HIV-related - continue to grow. Despite these developments, this has been a period of static or reduced funding for HIV/AIDS programs and there has been no reallocation of funds to follow the shift from acute care towards social and community support.

Incidence

Rates of new diagnoses of HIV in Australia have been steady for the past five years, as have rates of new infections in Queensland and other jurisdictions where this data is recorded. In Queensland, we have an unusual but persistent pattern of significant variation in the number of HIV diagnoses year to year, but over multiple years these spikes and troughs even out leaving no evidence of increasing rates of infection. The majority of new diagnoses and new infections continue to be among men who have sex with men, predominantly in the age group 20 – 49 years. There have been only nine teenagers diagnosed with HIV in Queensland in the last 5 years.

In 2000 and 2001, Victoria recorded sustained increases in new diagnoses and new infections of HIV. There appears to be no simple explanation for this very worrying trend. While the same increases have not been evidenced in any other state or territory, similar increases have been recorded in major cities of other Western countries such as San Francisco and Ontario. Rates of some other sexually transmitted illnesses appear to be increasing among gay men and among heterosexuals in some countries, including Australia.

Safe Behaviours

Behavioural research also indicates that in Australia, just like North America, Netherlands and the UK, gay men are reporting increased incidence of unprotected anal intercourse with casual partners (UAI-C). Reported rates of this high risk activity for HIV transmission have now been observed to have increased in all of the major Australian cities where the Periodic Surveys are conducted. Queensland went against the trend in 1998 and 1999 showing no increase, however a significant jump in the 2000 survey shifted

the pattern here to match other cities.

Risk Management Strategies

In an environment where HIV is no longer the single, most important issue for gay men – for many gay men, HIV is not even their highest priority health concern – and there is a greater sense of optimism about HIV/AIDS, some have suggested gay men are becoming complacent and that the increase in UAI-C is evidence of this complacency. Findings from recent studies, however, indicate that the increase in UAI-C is not merely a function of complacency. In a recent in-depth qualitative study of gay men in Sydney and Brisbane² a number of strategies other than condom use and negotiated safety were identified. Gay men talked of withdrawal before ejaculation as a way of reducing HIV risk and, depending upon their HIV antibody status, of being either the insertive or the receptive partner in unprotected anal intercourse. It is clear that these strategies are not safe in terms of HIV transmission, however they are likely to reduce the level of risk and for some men they are implemented precisely for this reason. Educators are now grappling with how to incorporate these attempts at risk reduction into the prevention efforts.

QUAC & QPP

QuAC is the incorporated body encompassing QPP, which is formally constituted as a sub-Committee of the QuAC Board of Directors. This arrangement ensures QPP shares QuAC's legal status for purposes such as Insurances, financial institutions, Industrial Relations, charitable organisation status, etc. QuAC also auspices QPP's grants and as such bears the legal and financial responsibility for these grants and the projects they fund.

To enable QPP to operate with independence, the QuAC Board has delegated decision-making authority to the QPP Statewide Secretariat. QPP is accountable for adherence to the Constitution and Rules and fulfilling the obligations under funding agreements, legislation etc. The two organisations work in very close collaboration while maintaining distinct roles and structures. This Strategic Plan attempts to reflect the close links between QPP and QuAC while also clearly indicating their distinct goals and activities.

QuAC and QPP are funded under State and Commonwealth Strategies to assist in achieving the following broad policy objectives:

QuAC:

- To reduce the annual number of new HIV infections in Queensland among gay and non gay-identified men who have sex with men
- To strengthen the capacities of people living with HIV/AIDS to enhance their health and well-being.
- To reduce the impact of HIV infection on people living with HIV/AIDS and significant others in Queensland.
- To provide the administrative, infrastructure and management support required for achieving the above objectives.

QPP:

- To reduce the impact of HIV infection by reducing social isolation and discrimination, positively influencing service provision, advocating self-determination for all people living with HIV/AIDS and

² Rosengarten, M., Race, K. and Kippax, S. (2000) Touch wood...

enhancing the capacities of people living with HIV/AIDS to improve their health and well-being.

WE SHARE A COMMON VISION:

QuAC and QPP are distinct organisations, but we share a common vision of a Queensland community that is effectively equipped to support the needs of people living with HIV/AIDS, to prevent the transmission of the virus and minimise harm in the most affected and at risk populations.

QUAC'S MISSION IS:

To realise excellence in Queensland's response to HIV/AIDS through targeted education, advocacy and enabling the health and wellbeing of people living with HIV/AIDS. We will achieve this through partnerships- within the sector and with mainstream organisations - based on trust and focussed on quality and productivity.

QPP'S MISSION IS:

To provide peer support and advocacy to enable people living with HIV/AIDS and their carers to achieve and maintain the highest possible levels of health and wellbeing and to build the capacities of people living with HIV/AIDS to achieve and maintain their own health and wellbeing.

OUR VALUES COMMIT US TO:

- Remaining responsive to emerging and changing needs
- Operating with respect, professionalism and integrity in all dealings with our constituents.
- Taking a non-judgmental approach in all our work, including a harm minimization approach to illicit drug use and an affirming, positive approach to individuals' sexual expression.
- Ensuring services are attractive, relevant and accessible to our target populations, with attention to marginalised and disadvantaged groups.
- Promoting self-determination and empowerment for individuals and communities, in particular people living with HIV/AIDS. This includes utilising peer-based projects and community development approaches in our service delivery.
- Basing our work on sound theory, solid evidence and a strong focus on quality, efficiency and outcomes.
- Remaining up-to-date with – and informing others about – the latest trends in surveillance, services, treatments and other information relevant to our constituents.
- Improving communication with internal and external stakeholders, particularly to ensure that QuAC and QPP are seen as good investments in the public interest.
- Developing and maintaining partnerships within the HIV/AIDS sector and with other relevant organisations to ensure appropriate service delivery, use of resources and policy reform.
- Supporting our voluntary and paid staff through practices that promote productivity and effectiveness while supporting self-care and ensuring that workloads are reasonable.

- Ensuring the availability of continuous training and professional development opportunities for paid staff and volunteers of QuAC and QPP.

OUR KEY RESULT AREAS

- Peer support, capacity building and peer advocacy for people living with HIV/AIDS. (QPP)
- Reducing the rate of HIV transmissions among our primary target populations. (QuAC)
- Information, education and support for people living with HIV/AIDS. (QuAC)
- Capacity building in mainstream health and welfare systems to ensure adequate and appropriate services for our primary target populations. (QuAC)
- Leadership in advocacy and policy development in HIV/AIDS. (QuAC)
- Resource management, workforce development and business systems. (QuAC)

OUR TARGET POPULATIONS

Our vision is the support and wellbeing of all Queenslanders living with and affected by HIV/AIDS as well as the education of at-risk populations. Our funds are limited, however, so we must target our resources appropriately. In accordance with funding guidelines, we work with the highest priority populations in the National and Queensland HIV/AIDS Strategies:

- Our health enhancement, support and advocacy services target
 - _ Primarily, all people living with HIV/AIDS.
 - _ Secondly, carers, partners and families of people living with HIV/AIDS.
- Our prevention education and community development services target
 - _ Primarily, HIV-positive and HIV-negative gay men and other men who have sex with men.
 - _ Secondly, members of the general population who approach us for information.³

Also, within this area of services:

- Our Indigenous Australians project targets
 - _ Primarily, gay, bisexual and sistagirl Indigenous Australians and Indigenous community health workers.
 - _ Secondly, Indigenous Australians who are living with HIV/AIDS and Indigenous Australian Elders.

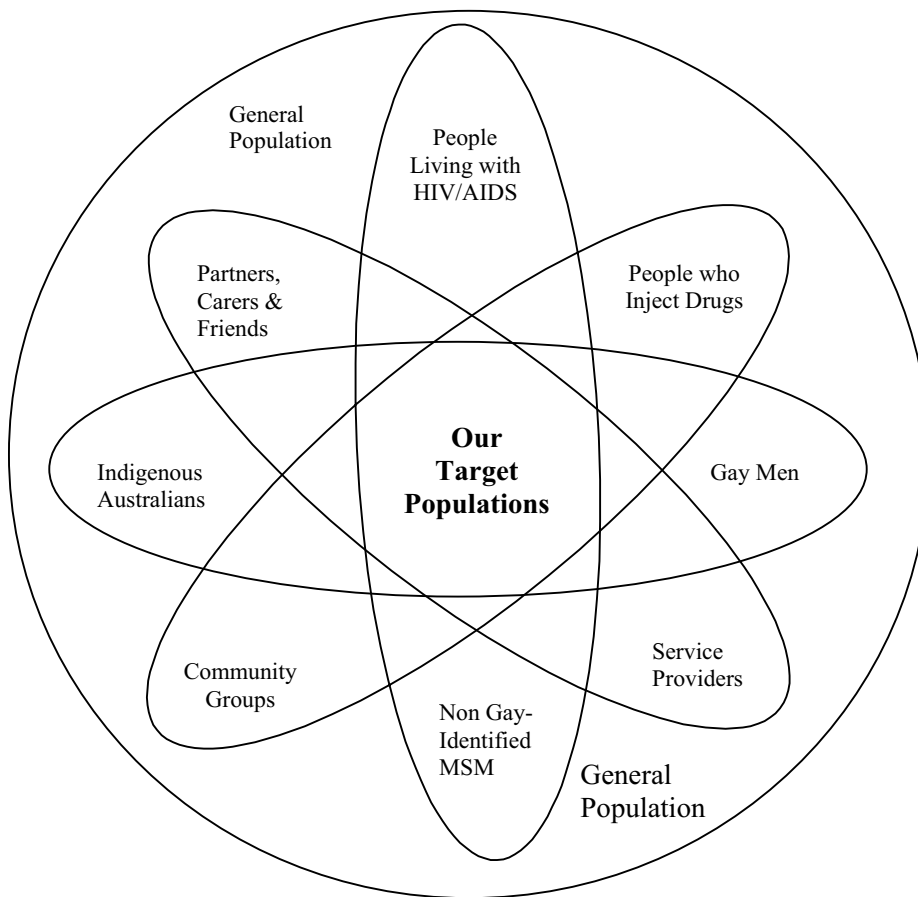
Our needle and syringe availability projects target any people who inject drugs.

³ This is inclusive of developing relationships with mainstream services that may access constituents external to QuAC.

Our commitment to the partnership approach means all our projects work alongside other service providers, community groups, businesses etc. At times, this work may involve information and education services that target the workers in these other agencies.

There is significant crossover between the target populations and many individuals will fall into more than one category. Similarly, each target population will include a variety of overlapping sub populations. The diagram below represents the relationship between our target populations.

QuAC and QPP will not discriminate on the basis of age, race, gender, sexuality, religious/cultural beliefs, recreational choices or other health issues. At any time, some projects will focus on specific sub-populations that may be defined by age, gender, sexuality, HIV status or other characteristic; however this will be on the basis of established priorities and will not prevent adequate services for all members of the target population.



BY PEER SUPPORT, CAPACITY BUILDING AND PEER ADVOCACY FOR PEOPLE LIVING WITH HIV/AIDS (QPP), WE INTEND TO—

objective

- Increase the knowledge and skills of people living with HIV/AIDS to enable them to live as well as possible
- Decrease the impact of diagnosis, isolation, stigma and discrimination
- Support and maintain a sense of HIV positive community
- Positively influence mainstream and specialist service provision to people living with HIV/AIDS
- Ensure that we continue to provide professional services
- Improve the range and quality of services we provide for people living with HIV/AIDS
- Respond to the changing needs of people living with HIV/AIDS

strategy

Strategies to achieve these will include –

- providing peer support through both structured and informal activities
- providing information and skill development opportunities for people living with HIV/AIDS
- facilitating access for people living with HIV/AIDS to appropriate services and programs
- identifying gaps in service provision and advocating for the appropriate reorientation of services
- accessing training that supports volunteers in their work with QPP
- revitalising the Public Speakers Bureau
- increasing the number of projects that are based on a wellness model
- working in collaboration with health care providers and ensuring appropriate referrals to QPP.
- developing communication strategies that reach as many people living with HIV/AIDS as possible
- evaluating our work including member and service provider surveys

BY REDUCING THE RATE OF HIV TRANSMISSION AMONG OUR PRIMARY TARGET POPULATIONS, WE INTEND TO—

objective

- Reduce the number of HIV infections occurring within Queensland
- Promote the health and well being of infected and affected communities
- Provide education and prevention services including up to date information on HIV and other STI prevention
- Utilise and participate in research, monitoring and evaluation relevant to HIV education and prevention
- Develop and maintain partnerships with relevant groups and organisations

strategy

Strategies to achieve these will include –

- focusing on broader gay and lesbian community health issues as appropriate
- reinvigorating peer education strategies that emphasise support, discussion and personal development
- implementing research based social marketing campaigns
- utilising the media to develop community discourse
- undertaking outreach education and community development
- collaborating with and conducting joint projects with other agencies with similar goals
- advocating in the interests of infected and affected communities on issues of health and rights
- incorporating a whole of organisation response in the conduct of HIV prevention projects
- facilitating ongoing professional development opportunities for paid and unpaid staff.
- providing needle & syringe programs through QuAC offices wherever possible and through targeted projects
- encouraging reflexive practice and continually developing our projects in response to target group feedback and formal evaluations as resources permit.

BY INFORMATION, EDUCATION AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS, WE INTEND TO –

- Provide information and education services that respond to the current needs of people living with HIV/AIDS.
- Ensure that people living with HIV/AIDS have access to high quality welfare and support services
- Promote access to training and personal development opportunities that meet the changing needs of the positive population Utilise and participate in research, monitoring and evaluation relevant to HIV education and prevention
- Develop and maintain partnerships with relevant groups and organisations
- Utilise methods which are empowering and respect self-determination for individuals, groups and communities.

objective

strategy

Strategies to achieve these will include –

- Ensuring people living with HIV/AIDS are included in project planning and other decision-making processes
- Working closely with other services to ensure a seamless continuum of care is available, particularly for those PLWHA with complex and multiple needs.
- Continue to provide high quality welfare and support services to people living with HIV/AIDS while increasingly playing the role of service broker rather than service provider.
- Respond to current research findings and feedback from clients and other members of the target populations.
- Monitor and evaluate the satisfaction of clients and of other service providers with the services of QuAC and QPP

BY CAPACITY BUILDING IN MAINSTREAM HEALTH AND WELFARE SYSTEMS TO ENSURE ADEQUATE AND APPROPRIATE SERVICES FOR OUR PRIMARY TARGET POPULATIONS, WE INTEND TO—

objective

- Assist mainstream health and welfare providers to meet their responsibilities to people living with HIV/AIDS and the gay community.
- Increase the extent to which we play the role of service broker and care coordinator, as well as direct service provider to people living with HIV/AIDS

strategy

Strategies to achieve these will include –

- mapping the services and funding programs available to assist with meeting the needs for people living with HIV/AIDS
- working with authorised prescribers to identify the scope and range of services that could be provided in general practice to assist our constituents
- establishing and maintaining strong links with peak welfare bodies and other relevant service providers
- linking with Q Health and community mental health to ensure provision of adequate and informed mental health services
- working with the Queensland Divisions of General Practice to identify opportunities for mutual support and service development
- Establishing systems and practices which allow for the organisation to learn from its casework about systemic barriers to better meet the needs of people living with HIV/AIDS
- Working with clients and agencies to achieve smooth referral and appropriate support for clients following the chart review

**BY LEADERSHIP IN ADVOCACY AND POLICY
DEVELOPMENT IN HIV/AIDS, WE INTEND TO –**

objective

- Contribute to the development of healthy public policy and legislation
- Provide leadership in the HIV/AIDS sector in the development of policies and programs
- Achieve synergies with the efforts of others in improving service provision
- Contribute to improvements in the quality of services available to our constituents
- Represent our constituents and their needs on key decision-making bodies
- Effectively communicate the needs of our constituencies a to key decision-makers

strategy

Strategies to achieve these will include –

- collaborating with key research and development activities
- establishing and maintaining effective feedback and consultative mechanisms with our target populations
- providing timely and well supported responses to requests for input into review and development processes
- identifying key areas of need for our constituents and providing appropriate responses
- ensuring that we have the mechanisms in place to respond to requests for both individual and systems advocacy
- collaborating with and actively participating in the work of AFAO and NAPWA

BY RESOURCE MANAGEMENT, WORKFORCE DEVELOPMENT AND BUSINESS SYSTEMS, WE INTEND TO—

objective

- Ensure an adequate supply of skilled paid and unpaid workers for QuAC and QPP who are supported and managed in line with best practice HRM principles.
- Improve productivity through an emphasis on quality and outcomes
- Seek out and create opportunities for skills transfer both within QuAC and QPP and with other relevant agencies.
- Seek out strategic alliances with businesses that allow for income generation and promotion of QuAC's and QPP's mission.
- Manage the Council's funds, assets and resources in an efficient, accountable and transparent manner.
- Create and sustain a more positive organisational culture in which feedback and constructive criticism are welcomed, achievements are celebrated, our people take personal responsibility for the quality of the organisation's interactions, services and reputation.

strategy

Strategies to achieve these will include –

- developing agreements with QH and others to provide access for QuAC and QPP workers in training and skill development courses
- developing a scheme to enable staff to take temporary positions outside QuAC with no loss of privileges or cost to QuAC
- developing similar scheme to participate in consultancies and to generate income
- developing a budget strategy that allows for flexibility at the operational level, links directly to the operational plan and seeks additional funding through the full variety of potential sources
- sustain excellent financial systems
- monitor and evaluate the satisfaction of paid and unpaid workers
- improving systems for monitoring the implementation of and compliance with QuAC and QPP's policies and plans
- enhance the communications and public relations of QuAC and QPP, particularly about the scope and limits of service delivery and resources, and about organisational achievements.

PERFORMANCE MEASUREMENT

We will monitor and evaluate the Plan annually