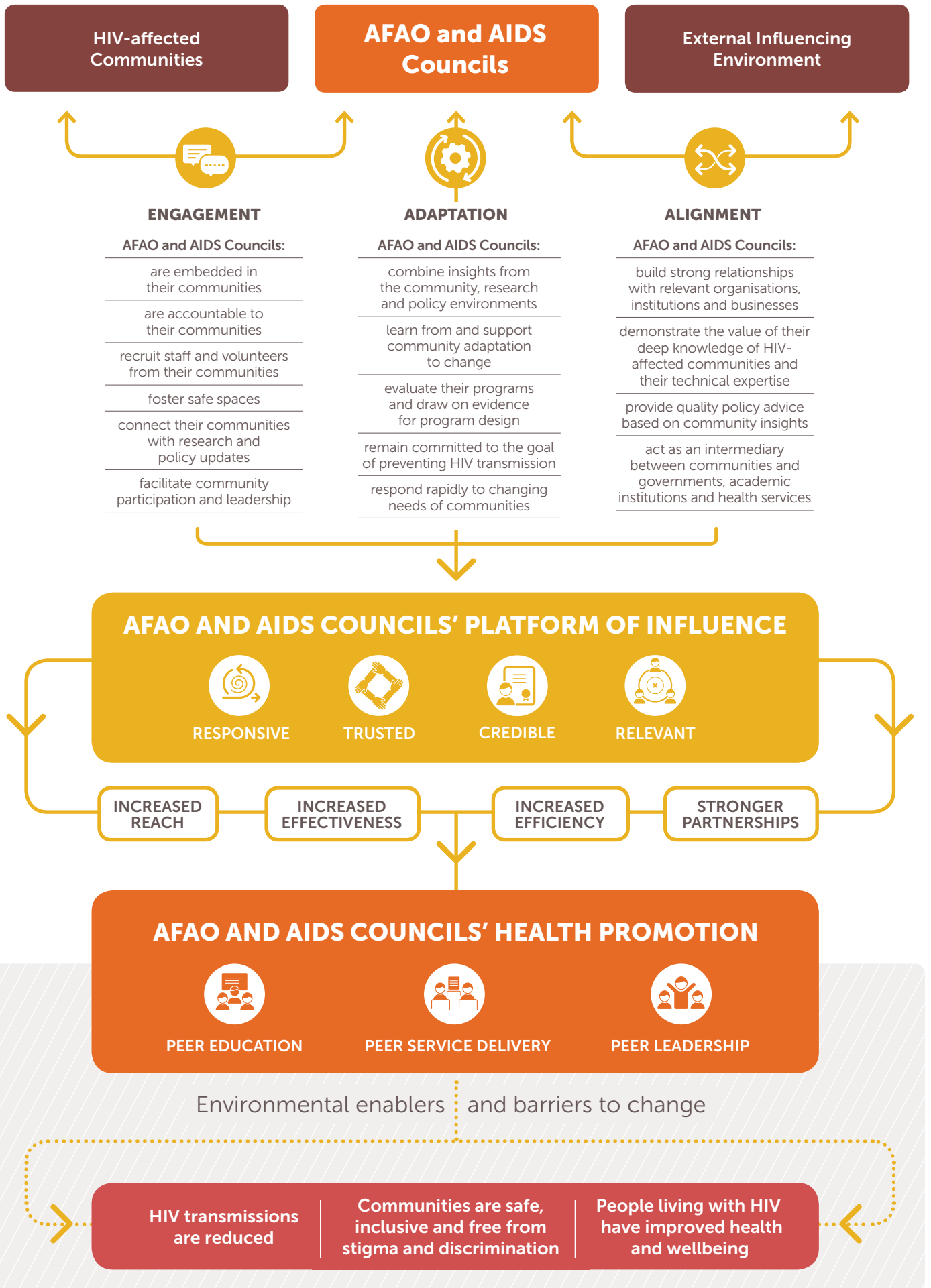


# AFAO AND AIDS COUNCILS' THEORY OF CHANGE



## AFAO and AIDS Councils' Theory of Change:

# Demonstrating Our Contribution to Australia's HIV Response

The theory of change diagram draws on academic research and practitioner experience to show how the Australian Federation of AIDS Organisations (AFAO) and Australia's State and Territory AIDS Councils' distinct approach to health promotion leads to efficient and effective programs, making an important contribution to Australia's HIV response. In particular, the diagram highlights the functions of engagement, alignment and adaptation, and shows how AFAO and AIDS Councils fulfil these functions, increasing their influence. While a diagram cannot fully capture the complexity of social change, it is useful for establishing a shared understanding of how change occurs and for identifying early indicators of success.

### Functions of AFAO and AIDS Councils

**Engagement** describes the strong relationship that AFAO and AIDS Councils have with HIV-affected communities. HIV-affected communities include people living with HIV and communities at risk of, or otherwise affected by HIV, including gay and bisexual men, transgender people, sex workers, people who use drugs, immigrants from high prevalence countries, mobile populations and Aboriginal and Torres Strait Islander people. AIDS Councils grew out of early community responses to the HIV epidemic in Australia when gay men mobilised to respond to the HIV epidemic and advocate for their community's concerns. In 1985 Australia's AIDS Councils established the Australian Federation of AIDS Organisations to represent their voice nationally with the Federal Government and to lead national activities. While AFAO's members are organisations, AIDS Councils' members are communities. AFAO's work is therefore focused on serving the needs of its member organisations and through them, our communities, while the work of AIDS Councils faces directly towards our communities. Despite these differences, AFAO and AIDS Councils in their respective spheres share a common history of health promotion that encompasses all aspects of the Ottawa Charter, including a

focus on individual skills and community action, the creation of supportive environments for HIV-affected communities, the reorientation of health services and systems and stronger public policy. Throughout their long history of commitment, advocacy and action, AFAO and AIDS Councils have been embedded in HIV-affected communities, working in partnership with them and empowering them to participate in and lead the response to HIV. AFAO and AIDS Councils draw staff, volunteers and board members from affected communities, and work with people living with and affected by HIV to design and implement health promotion activities. AFAO and AIDS Councils' deep understanding of their communities enables them to provide culturally safe spaces, programs and interactions. Cultural safety fosters shared respect, shared meaning and shared knowledge, enabling AFAO and AIDS Councils to participate in two-way exchanges of ideas, knowledge and culture.

**Alignment** describes the relationship between AFAO and AIDS Councils and their partners and stakeholders in the government, academic, community and private sectors. AFAO and AIDS Councils connect academic institutions with the community, facilitating research access. They provide governments and the health sector with accurate and timely policy advice, and have maintained effective working relationships with state and federal governments for over 30 years, despite the political sensitivity of much of their work. AFAO and AIDS Councils build networks of community partners who share the objective of improving the health and wellbeing of HIV-affected communities. They also build relationships with the private sector, particularly media organisations. Part of building relationships is demonstrating expertise, not only the expertise that comes from deep knowledge of HIV-affected communities, but also professional expertise in health promotion, community health, prevention education and peer-based service delivery.

**Adaptation** describes how AFAO and AIDS Councils rapidly recognise and respond to change. Community members are involved in AFAO and AIDS Councils as staff and volunteers, and these peer practitioners are uniquely placed to combine their personal experience, their understanding of their community, and insights from the community, research and policy environments. The HIV epidemic has been characterised by change—changes in treatment, testing, community behaviour, technology, policies and the communities affected by HIV. AFAO and AIDS Councils support communities to adapt to such change, and they also learn from community-led adaptation and support community members to learn from each other. Despite the shifting environment, AFAO and AIDS Councils have always remained committed to the goal of preventing HIV transmission and have been vigilant about keeping this issue on the health promotion agenda. AFAO and AIDS Council adaptation also occurs more formally, through systematic data collection and program evaluation, and the use of research for evidence-based program design.

## AFAO and AIDS Councils' platform of influence

When AFAO and AIDS Councils fulfil their engagement, alignment and adaptation functions, they build a platform of influence that supports their health promotion activities to make a greater contribution to positive public health outcomes.

AFAO and AIDS Councils have developed a unique relationship with HIV-affected communities and are **trusted** by these communities. This trust has been earned through a long history of providing respectful, evidence-based and non-judgemental advice. They are therefore able to enter community-owned spaces and participate in community networks. For example, in gay communities, such spaces include bars and sex-on-premises venues. As a result, programs have **increased reach**, delivering information and services to marginalised and isolated groups. This access to community spaces, knowledge and volunteers also leads to **increased efficiency**, meaning AFAO and AIDS Council programs are cost-effective.

AFAO and AIDS Councils' deep knowledge of their communities and their ability to adapt allows them to be **responsive** to the changing needs of communities. This ongoing cycle of action and learning ensures that AFAO and AIDS Council health promotion strategies remain **relevant**, which contributes to **increased effectiveness**.

AFAO and AIDS Councils' embeddedness within HIV-affected communities and their technical expertise gives them **credibility** with policy makers, researchers and mainstream organisations. This credibility enables AFAO and AIDS Councils to develop **stronger partnerships**, often delivering services in collaboration with other actors.

## AFAO and AIDS Council health promotion

Health promotion includes a wide range of activities that enable people to have more control over their health. Some AFAO and AIDS Council programs directly address HIV transmission, while others address social determinants of transmission. A distinguishing feature of AFAO and AIDS Council programs is that they are peer-based; that is, they are informed by the ongoing experience, participation and leadership of people from HIV-affected communities. While not all programs are delivered directly by peers, all AFAO and AIDS Council activities are informed by their deep knowledge of HIV-affected communities, along with the latest research and best practice in health promotion. These **peer education, peer service delivery** and **peer leadership** approaches inform programs and the wider work of AFAO and AIDS Councils such as behaviour-change communication, testing and treatment programs, policy, advocacy, and building the capacity of mainstream services to better serve HIV-affected communities.

## Contribution to public health outcomes

AFAO and AIDS Councils only have direct control over their own work, and direct influence over the effect of their programs. They indirectly influence the public health outcomes shown in the theory of change diagram, which are the result of the collective action of AFAO and AIDS Councils, governments, mainstream organisations, communities and individuals who all share the goal of **reducing HIV transmission; creating safe, inclusive and stigma-free communities; and improving the health wellbeing for people living with HIV**. To achieve these goals, programs must overcome environmental barriers to change, such as prejudice and discrimination, regulatory barriers to preventive medication such as PrEP (pre-exposure prophylaxis), and challenges in the funding and policy environment. However, their programs are also supported by environmental enablers, such as societal trends in acceptance of same-sex relationships, medical innovations in treatment and testing, and policies that strengthen the community sector.

This theory of change was developed by Alison Barclay and Ruth Pitt of Alison Barclay Consulting on behalf of Australian Federation of AIDS Organisations. Graphic design by Anthia Mirawidya.

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