

AGENDA 2025

Sustain gains and drive further reductions through community-led campaigns and peer education

OBJECTIVES

To maximise the reach and relevance of HIV prevention, testing and treatment to priority population groups.

CURRENT ISSUES

- HIV community-led efforts have been highly successful in achieving HIV prevention, testing and treatment results across a range of populations and localities, and have prevented a generalised epidemic.
- At present, the bulk of HIV prevention efforts across Australia are concentrated on gay men and other men who have sex with men. This is appropriate in that the prevalence is highest among this population and the potential for health and economic impact is greatest. Continued investment is required, particularly in areas where research shows less success or differences emerging including men who are not living in the gay inner-urban centres, men who are overseas-born (particularly those who arrived in Australia in the last four years), and younger (under 25) and older men (55 and over).¹
- As the dominant epidemic is brought under control, 'hidden populations' will account for a greater proportion of the health impact of HIV acquisition and/or untreated HIV. Approximately a third of HIV diagnoses already come from outside the population of gay men. Among these groups there is lower uptake of treatment among people with HIV, for example among people from culturally and linguistically diverse backgrounds.² Aboriginal and Torres Strait Islander people are an important priority given they have higher levels of undiagnosed and untreated HIV infection compared to other Australians.³
- Reaching these populations will require highly nuanced programming, informed by the needs of each sub-population. Capacity does not exist across the sector to target the range of hidden populations and a localised response to each hidden population would potentially duplicate effort across states and territories.
- The majority of community-led HIV organisations are small in size with a small education team. In general, they are staffed by individuals who are specialists in working with one population or delivering one aspect of community-led work (such as delivering educational workshops) but may lack expertise in designing integrated programs, or in specific modalities (such as the effective use of online tools for behaviour change). As each organisation endeavours to meet the needs of local populations, there is a risk of duplication and inconsistency in messaging, rather than collaboration.
- The development of campaigns needs to ensure the meaningful involvement of people with HIV and affected communities that has been central to Australia's HIV response for over thirty years. Unlike other countries, Australia has been able to harness the insights, knowledge, goodwill and skills of people with HIV and affected communities to ensure programs and services are relevant, accessible and able to achieve their desired impact for both individuals and public health.
- Evaluation is a key tool for ensuring that programs and services are appropriately tailored to the needs of key populations and at-risk individuals, and people with HIV. However, many organisations encounter a range of obstacles to routinely embedding evaluation into program and service delivery, including lack of expertise in specific evaluation methodologies and tools, limited funding, past poor experiences with evaluations that have not produced relevant findings, and time constraints related to funding cycles that prioritise short term output reporting at the expense of longer-term monitoring of impact and outcomes.

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PROPOSED ACTIVITIES

- Enhance investment in current national HIV education campaigns targeted at gay and other men who have sex with men, enabling further implementation of comprehensive advertising strategies to disseminate key messages and enhance audience engagement.
- Support community-led HIV organisations to develop and implement local campaigns targeted at issues and population groups for their local context. This will ensure support for organisations with less capacity to develop messages that engage, reach and impact, and conduct local peer education activities to facilitate engagement with campaign messages.
- Implement comprehensive national campaigns, using mainstream and specialist media, targeting 'hidden populations' that are not being reached by current education initiatives to help reduce undiagnosed HIV within the community and challenge outdated notions of HIV and misinformation about transmission.
- Campaigns and initiatives will be informed by a range of data, including epidemiological data, social and behavioural research, and international best practice on addressing HIV in key populations and appropriate pre-market research will be commissioned to refine key messages and creative development.
- During campaign planning and development, including via market research, consultation and input will be sought from people with HIV, gay and other men who have sex with men and other affected communities.

- Evaluation program to conduct evaluation at the **intervention level** and **program level**:
- intervention level – that is the reach, impact and outcomes of specific initiatives to make recommendations about strengthening messages and marketing, and to identify transferability to other localities and/ or populations.
- program level – that is, evaluate the health and economic and cost-effectiveness impact of overall program of interventions within the Australian HIV response.

COST-BENEFIT

- This investment will reduce help prevent the transmission of HIV and reduce the prevalence of undiagnosed HIV and the pool of untreated HIV.

INVESTMENT

- \$20 million per annum.

References

1. Aung E, Chan C, McGregor S, Holt M, Grulich AE, Bavin-ton BR. (2020). Identifying gaps in achieving the elimination of HIV transmission among gay, bisexual, and other men who have sex with men in Australia: The Gaps Project Report. Sydney: Kirby Institute, UNSW Sydney. DOI: 10.26190/5f9f3f288a6ae.
2. Gunaratnam P, McManus H, Watchirs-Smith L, et al. People Born in Non-Main English Speaking Countries Are Less Likely to Start HIV Treatment Early in Australia: A National Cohort Analysis, 2014–15. Journal of Acquired Immune Deficiency Syndromes 2018;77(3).
3. Ward JS, Hawke K, Guy RJ. Priorities for preventing a concentrated HIV epidemic among Aboriginal and Torres Strait Islander Australians. Medical Journal of Australia 2018;209(1).