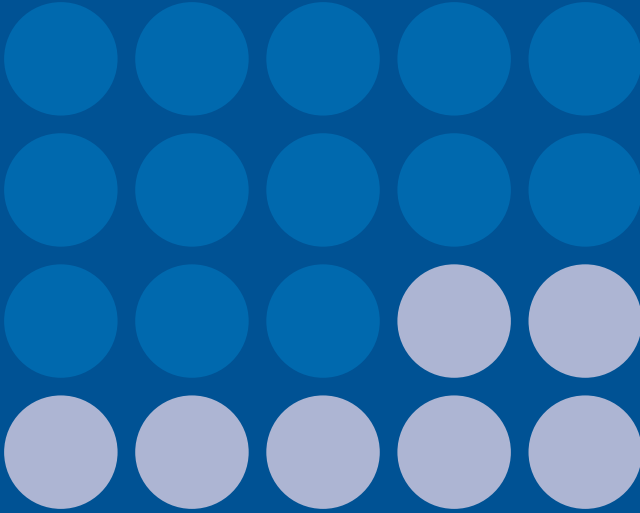


AAC



STRATEGIC PLAN 2010-2013



STRATEGIC PLAN 2010-2013

INTRODUCTION

I am proud to present our new three year Strategic Plan 2010 – 2013. The plan represents a further stage in the evolution of the AIDS Action Council after 25 years of effectively responding to HIV and its associated issues in the ACT and surrounding regions.

Contents

Introduction	3
Planning framework	4
Our guiding principles	5
Focus area one: support	6
Focus area two: prevention	8
Focus area three: sexuality and gender	10
Focus area four: connection	12
Focus area five: sustainability	14

Abbreviations used in this document

AAC	AIDS Action Council of the ACT
AFAO	Australian Federation of AIDS Organisations
CALD	Culturally and Linguistically Diverse
GIPA	Greater Involvement of People Living with or Affected by HIV/AIDS
GLBT	Gay, Lesbian, Bisexual and Transgender
MSM	Men who have Sex with Men
NAPWA	National Association of People Living with HIV/AIDS
PEP	Post Exposure Prophylaxis
PLWHA ACT	People Living with HIV/AIDS, ACT
PLHIV	People Living with HIV
STIs	Sexually Transmitted Infections
Scarlet Alliance	National peer-based organisation representing sex workers

The AIDS Action Council of the ACT remains a non-government, community based organisation that has been incorporated since 1986. Our primary aim is to minimise the social and personal impacts, and transmission of HIV/AIDS. We have a multifaceted approach of providing health promotion and education to the broader ACT community as well as targeted campaigns to vulnerable groups. We also provide professional and peer support for people living with HIV in the ACT which includes men, women, those from culturally and linguistically diverse backgrounds and children. We use a systems approach in providing support and services to those 'affected' by HIV such as partners, other family members, friends and colleagues. A community development approach is used when working with affected communities.



Preparing the Strategic Plan for the AIDS Action Council of the ACT is a primary responsibility of its Board. The translation of the Strategic Plan into annual operating plans is the responsibility of management and staff and subject to Board approval.

The preparation of this strategic plan has followed a different path from its predecessors. The Board is committed to a transparent consultative process resulting in a set of strategies for which it is accountable. Secondly, a more detailed analysis of the local and national environment was undertaken to ensure that these strategies are directly relevant to the communities served by AAC.

Thirdly, the strategies have been cross-referenced with those in the newly released National Strategy for HIV (and other related national strategies) to ensure consistency in overall approach, whilst maintaining a focus on priority needs within the communities of the ACT and surrounding regions. Fourthly, the plan has been framed within a set of guiding principles that continue to determine the manner in which AAC develops and implements its wide ranging programs and services.

Finally, this plan commits to an annual external evaluation and report over a rolling three-year period. That is, at the completion of each year, a further year is added on and goals and objectives are modified to reflect this evaluation.

We launch our new Strategic Plan at the same time that we have received a new three-year funding arrangement with ACT Health. We are grateful for the continuing financial support of the ACT Government, its continuing commitment to a partnership approach and its ongoing recognition of community development as a foundation for maintaining our local response.

Although we have always been primarily focused on HIV and its related issues, we also have a tradition of supporting sexuality and gender diverse communities. For the first time, our Strategic Plan recognises a number of specific goals and strategies in this area and our overriding objective is to generate greater attention to some very specific needs of these communities and to generate an appropriate level of resources to address them.

This strategic plan exists to identify the goals and objectives our organisation strives towards, and the path we will take towards achieving those goals and objectives.

I would like to acknowledge the support of the Board and staff of the AIDS Action Council who have been actively working towards this Strategic Plan over the last year, and the many stakeholders who have inspired and guided us throughout this process.

Scott Malcolm
President
June 2010

Planning framework

The core documents that guide the work of the Council, underpin the service agreement with ACT Health and provide co-ordination between the ACT and the other States and Territories are;

- **The Sixth National HIV Strategy, and**
- **HIV/AIDS Hepatitis C Sexually Transmissible Infections: A Strategic Framework for the ACT 2007 – 2012**

The Sixth National Strategy was launched by Parliamentary Secretary for health on Thursday May 27 2010.

The ACT Government has subscribed to all of the National Strategies including the most recent. The ACT Government takes account of a variety of National Strategies in the formulation of the Strategic Framework. The current framework runs from 2007 – 2012.

The AIDS Action Council is substantially funded by the ACT Government (ACT Health) and is required to deliver a number of measurable outputs. A new three – year agreement commences from 01 July 2010, and covers the entire period of this Strategic Plan .

The AIDS Action Council has always focused on the twin primary areas of reducing new HIV transmission and in providing care and support for those affected. This is evidenced by both the 'Objects of the Association' and the mission and values.

After 25 years of effective response in the ACT and a contribution to the national response, the AIDS Action Council is very sensitive to a number of major factors that have combined to change the nature of this epidemic. Significantly, there are greatly improved prospects for those acquiring HIV to lead fuller lives with a reasonable life span. This means that the population of people living with HIV continues to grow, however the majority require a lower level of support. For those that do require support, their needs are likely to be extensive, intensive, complex and over the longer term.

Those that have been living with HIV for an extended period (in some cases up to 20 years) are experiencing a range of new issues which have been collected under a general term; co-morbidities.

A growing body of evidence is now making clear that aging with HIV, and for some prematurely, is driving a need for new models of care and a likely increased demand for support services.

Stigma and discrimination remain as significant issues for all of those affected by HIV.

In terms of prevention, the environment is complex and challenging. Whilst the total number of new infections in Australia is said to be relatively stable at around 1,000 per year, there is evidence of emerging trends within this overall figure. There are some indications of a trend towards HIV infecting an increasing number of younger gay or homosexually active men. Although unnoticed until recently, it appears that this has been an emerging trend over the last decade.

There are also indications that prevention messages have not evolved sufficiently in line with a changing environment. The condom remains the most effective means to avoid sexual transmission, and members of vulnerable groups are generally well aware of this. The complexities of human decision making, however, mean that there can be a gap between possession of knowledge and a propensity to act on it. Minimising the transmission of HIV requires an understanding of factors that impact this decision-making resulting in higher levels of risk taking by some members of vulnerable groups.

A number of strategies have been developed as potential means of changing these behaviours and crucial decisions. One is to work more 'upstream' to reduce or eliminate those factors that predispose some people towards risk acceptance and this requires a greater understanding of the complexities of human behavioural responses to risk versus pleasure. Another potential strategy is to supplement primary condom messages with information about additional risk reduction strategies, which although not as effective as condoms, will nonetheless provide more informed assessment of risk prior to potentially life-changing decisions.

Our guiding principles

Our organisation and this Strategic Plan is founded on and guided by the following core principles:



Human Rights

We work in full recognition of the Universal Declaration of Human Rights (1948), the ACT Human Rights Act (2004) and the Convention on the Rights of Persons with Disabilities (2006). We reject all forms of arbitrary discrimination and stigma and focus specifically on where these affect the wellbeing of our principal constituencies – people affected by HIV and people of diverse gender and sexuality

Participation

We believe that all individuals and communities referenced in our Strategic Plan have the right to participate in its development, review and evaluation. In particular, we assert the right of people living with HIV to be directly involved in the response to HIV in Australia. We are guided by the GIPA Declaration (1994)

Health Promotion

As an agency that seeks the promotion of health, we are guided by the Ottawa Charter for Health Promotion (1986). We seek to advance the health of our constituencies by creating an enabling environment in which individuals are empowered to realise their aspirations, meet their needs and participate fully in society

Transparency and Accountability

We are committed to being transparent in our dealings with all of our stakeholders and to be accountable for the things we say we will do, the way in which we do them and the outcomes we achieve

Community Development

Asset Based Community Development lies at the core of all of our work and we acknowledge peer empowerment as central to this process. Successful peer initiatives help to achieve greater power over decisions affecting people's lives by combining individual voices into community action to gain greater community acceptance and support

Expert Knowledge and Evidence-based Practice

We are committed to collecting and disseminating knowledge gained from rigorous scientific research and we promote and support evidence-based practices

Focus area one:

SUPPORT: to resource affected communities by providing support and education opportunities, with a particular emphasis on peer-based programs



1. We will strengthen peer-based networks for individuals and communities affected by HIV

We will do this by;

- 1.1. Consulting individuals and communities affected by HIV to determine specific peer needs
- 1.2. Extending points of contact for one – on – one peer support
- 1.3. Increasing peer support opportunities for HIV communities who have limited access, including but not limited to;
 - 1.3.1. Women living with HIV
 - 1.3.2. Younger men living with HIV
 - 1.3.3. Newly diagnosed men and women with HIV
- 1.4. Providing training and training opportunities for peer support workers and volunteers
- 1.5. Exploring new ways to connect with individuals lacking peer support by piloting web-based programs, including but not limited to;
 - 1.5.1. Web 2.0 technology
 - 1.5.2. Online communities
 - 1.5.3. Mobile technology
- 1.6. Seeking and supporting funding for independent peer based organisations including facilitating the establishment of new ones

We will assess our progress by measuring:

- The number of newly diagnosed persons who access AAC programs and services
- The knowledge of newly diagnosed persons about living with HIV, including treatment options, disclosure and nutrition
- The number of access points available to HIV positive persons to AAC programs and services
- The increase in healthy lifestyle behaviours, including smoking cessation and exercise
- The number of training options for volunteers and peer support providers
- The social connectedness of people living with HIV
- The number of HIV positive persons engaged with AAC (direct and/or via PLWHA ACT) – by subgroup

2. Improve the living environment for those living with HIV

We will do this by;

- 2.1. Enhancing volunteer support for individual needs
- 2.2. Improving access to treatments and other services and reducing barriers to care
- 2.3. Supporting mainstream services (including mental health, alcohol and other drugs and aged care) to provide quality services to people living with HIV
- 2.4. Emphasising case management approaches so that people living with HIV with intensive needs receive higher quality interagency throughcare
- 2.5. Developing and delivering training programs to increase sensitivity of service providers to issues that stigmatise or discriminate against those people living with HIV

We will assess our progress by measuring:

- The incidence of HIV-related discrimination in the health system, disability support and housing
- The level of access to dental care
- The proportion of HIV positive persons accessing HIV services locally
- The level of access to HIV medications outside of hospital pharmacy
- The number of service providers accessing sensitivity training

Focus area two:

PREVENTION: equip people with information and resources to make decisions that keep themselves safe



3. Developing education and prevention programs based on new evidence that reflect the behaviours of target groups

We will do this by;

- 3.1. Continuing to reinforce the condom as the most effective means of avoiding HIV transmission
- 3.2. Developing new evidence-based sophisticated prevention approaches that recognise other risk reduction strategies used amongst homosexually active men including sero-sorting, strategic positioning, withdrawal and viral load negotiations
- 3.3. Respond rapidly to the needs of those emergent groups with increasing rates of HIV transmission, particularly among homosexually active men aged between 18 and 30 years and sexually adventurous men
- 3.4. Recognising the changing nature of gay communities and developing effective strategies to deliver relevant sexual health education and information sensitive to personal identification
- 3.5. Acknowledging the increase in electronic sexual negotiation by developing and testing peer based outreach programs incorporating new technology
- 3.6. Supplementing the existing peer based sex worker outreach program with more comprehensive strategies for the sex industry as a whole, including private and CALD workers, clients of sex workers and businesses connected to the sex industry
- 3.7. Redeveloping our internet presence by providing information and resources that represents a wider spectrum of users, including educators, community workers, legislators, media and 'the curious'

We will assess our progress by measuring:

- The reported use of condoms
- The testing rates for HIV and other STIs by gay men and MSM
- The availability of testing in community settings
- The level of access to AAC website resources on sexual health and HIV prevention
- The use of PEP
- The number of notified STI infections among gay men and other MSM
- The proportion of gay men and other MSM who have been tested for HIV in the last 12 month period
- The number of health promotion activities across the sex industry, identifying business, private workers and workers from a CALD background

4. To actively promote the most current evidence-based information about HIV and its prevention to the ACT population

We will do this by;

- 4.1. Critically examining our current partnerships and negotiating improved and/or new relationships including the ACT Division of General Practice and the Education Department
- 4.2. Incorporating mainstream media in the promulgation of HIV related information and prevention messages, including the relationship between STIs and HIV
- 4.3. Encouraging a more sensitive attitude to HIV and issues surrounding HIV by local news media
- 4.4. Increasing mainstream participation in key events including AIDS Awareness Week and World AIDS Day

We will assess our progress by measuring:

- The AAC response to media on HIV related issues (time, evidence base and relevant)
- The incidence of inappropriate media reporting on issues related to HIV
- The participation rate in World AIDS Day events by related and other community organisations
- The participation rate in World AIDS Day by the whole community

Focus area three:

SEXUALITY AND GENDER DIVERSE COMMUNITIES: facilitate a supportive environment for the sexuality and gender diverse communities in the act



5. Improve the health and wellbeing of gay, lesbian, bisexual and transgender individuals

We will do this by;

- 5.1. Increase participation of sexuality and gender diverse people in existing community events including SpringOut and Fairday
- 5.2. Using AIDS Action Council resources to provide a social focus for sexuality and gender diverse communities
- 5.3. Increasing public awareness of the social impact of homophobia
- 5.4. Developing a case worker resource for sexuality and gender diverse individuals that can address and/or advocate solutions to specific instances of discrimination, homophobia and transphobia
- 5.5. Specifically addressing the needs of older (40+) sexuality and gender diverse people with particular emphasis on coming out late, separation, relationships, children and financial impacts
- 5.6. Increasing our capacity for counselling and therapy-based workshops to address issues such as internalised homophobia, same-sex violence, mental illness, and the use of alcohol, tobacco and other drugs

We will assess our progress by measuring:

- The participation of sexuality and gender diverse people in community events
- The level of workshop participation and participant evaluation
- The participation of sexuality and gender diverse people in health surveys
- The reports of discrimination, homophobia and transphobia
- The participation of older sexuality and gender diverse community members

6. Enhance the physical, mental and social health of sexuality and gender diverse communities

We will do this by;

- 6.1. Increasing mainstream communication of and attendance at sexuality and gender diverse community events
- 6.2. Undertaking a systematic review of ACT Government policies that impact on the health and wellbeing of sexuality and gender diverse communities
- 6.3. Working with Canberra Transgender Network and A Gender Agenda to address issues experienced by people with diverse genders, and specifically transphobia
- 6.4. Seeking an understanding of and addressing issues for bisexual people
- 6.5. Becoming the key coordination point for existing and new sexuality and gender diverse activities, including information distribution and facilitating the establishment of new and existing groups by providing resources
- 6.6. Lobbying for the establishment of a Ministerial Advisory Committee to address the needs of the sexuality and gender diverse community
- 6.7. Becoming a professional communicator and commentator on media issues surrounding sexuality and gender diverse communities with a particular focus on HIV and its impact
- 6.8. Encouraging the development of a sexuality and gender diverse environment that recognises the specific needs of some of its members, with particular focus on ageing, disability and migration

We will assess our progress by measuring:

- The number of submissions on matters and issues relevant to GLBT communities
- The number of people identifying as bisexual engaged with AAC
- The number of media releases distributed
- The number of programs and resources for those experiencing the impact of ageing, disability or migration policy

Focus area four:

CONNECTION: establish and improve connections with clients (current and prospective), stakeholders and other organisations by being a leading community organisation



7. Enhance our reputation as an authoritative voice on HIV

We will do this by;

- 7.1. Marketing our expertise in HIV and sexuality and gender diverse issues and building our reputation as the best source of local data and trends, and our commitment to information-gathering
- 7.2. Producing, publishing and presenting papers and research that increase community understanding of both local and national trends that will impact on public policy
- 7.3. Annually identifying the future issues of health, education, social and other policy and developing a set of priorities, and negotiating these priorities with key stakeholders
- 7.4. Undertaking primary and secondary research and analysis into the needs and lived experience of constituent communities
- 7.5. Building our capacity to respond rapidly and expertly to media issues as they arise

We will assess our progress by measuring:

- The number of papers and research produced (sexuality and gender diverse)
- The library of local data around HIV and sexuality and gender diverse issues
- Annual issues paper resulting from consultation with affected communities (sexuality and gender diverse)

8. Become a proactive voice for HIV through agenda setting, establishing allies and reinforcing relationships

We will do this by;

- 8.1. Annually identifying the upcoming issues of health, education, social and other policy and developing a series of priorities in consultation with affected communities and stakeholders
- 8.2. Preparing and delivering quality evidence-based submissions on areas of social, health and other policy issues that have a material impact on the health and wellbeing of our constituent communities
- 8.3. Ensuring that all public submissions are considered and approved by the AIDS Action Council Board prior to publication
- 8.4. Coordinating input from the ACT community on national policy and advocacy issues through increasingly collaborative relationships with AFAO, NAPWA and Scarlet Alliance
- 8.5. Improving the capacity of primary care providers to sensitively address the specific needs of constituent communities, particularly those affected by HIV and sexuality and gender diverse people
- 8.6. Increasing collaboration and partnerships with allied organisations, including public and community sector organisations

We will assess our progress by measuring:

- The number of papers and research produced (HIV oriented)
- The number of submissions produced in response to Territory and Federal policy proposals
- The annual issues paper resulting from consultation with affected communities
- The number of partnerships with allied organisation
- The level of participation with peak bodies

Focus area five:

SUSTAINABILITY: ensure sustainability and succession planning



9. Ongoing and systematic review of process and policy

We will do this by;

- 9.1. An annual systematic review of AAC process and policy
- 9.2. Ensuring a low turnover of staff and Board members by implementing leading edge recruitment and retention strategies
- 9.3. Allocating 5% of the total human resource budget to the professional development of Staff, Board and key volunteers
- 9.4. Advocating for ACT community sector remuneration policies and standards that encourage the highest possible quality of applicants for staff and Board positions
- 9.5. Harnessing the collective professional and technical skills of Board members to generate the highest quality of governance and policy engagement
- 9.6. Maintaining a continuous succession plan covering all key Board and staff positions

We will assess our progress by measuring:

- A timely annual policy review
- The level of staff/Board turnover
- The budget report
- The succession plan
- The results of peer review and evaluation

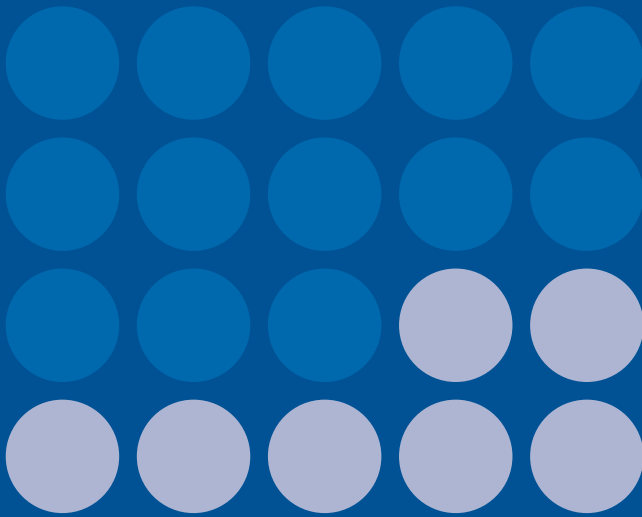
10. Continuing relevance and capacity to respond to the communities we serve

We will do this by;

- 10.1. Developing new modes of service delivery particularly by increasing outreach capacity
- 10.2. Significantly expanding and communicating points of access to AIDS Action Council services, support and information resources
- 10.3. Developing a capacity to respond increasingly on a personal basis through the investment in and development of new technology opportunities
- 10.4. Reinforcing the AIDS Action Council brand as representing an organisation focused on HIV prevention and for minimising the social and personal impacts arising from it
- 10.5. Continuing to develop and promote Westlund House, its brand and resources, as community-focused, community-owned and community-managed
- 10.6. Progressively shifting our current funding dependency through identifying new opportunities including fundraising, with a general aim within three years of 40% of total funds being derived from new sources
- 10.7. Developing an accommodation strategy that reflects the evolving nature of the organisation's structure and operating environment

We will assess our progress by measuring:

- The proportion of revenue outside of government contract(s)
- The level of the delivery of outreach services
- The Westlund House use by external parties
- The membership of AAC
- The membership of Westlund House social networking opportunities (Facebook, twitter, website)



OUR VISION

Leading the world beyond HIV/AIDS

OUR MISSION

...to minimise the social and personal impacts,
and transmission of HIV/AIDS

OUR CORE VALUES

We:

- Strive for excellence;
- Empower individuals and communities;
- Commit to shared responsibility; and
- Promote equity of access, dignity and respect



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