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The last four years have seen significant and promising changes in the field of HIV, with new understandings radically changing the prevention landscape, and continued improvements in treatments leading to a shift in the needs of people with HIV in relation to health promotion, care and support.

This Action Plan outlines how ACON intends to respond to these new opportunities to address HIV in our communities, across four areas: HIV Prevention, HIV Health Promotion, HIV Care and Support, and HIV Advocacy, Leadership and Capacity Development. The document also outlines how we intend to monitor and evaluate this work.

HIV PREVENTION

Sex between men accounts for upwards of 75% of new HIV diagnoses annually in NSW and despite a resurgent HIV epidemic among gay men in comparable jurisdictions nationally and internationally since the 1990s, HIV rates remained stable in NSW until 2011.

ACON has a long history of adapting creatively to emerging trends in behaviours and epidemiology, and has shown leadership in areas now accepted as best practice globally, such as the inclusion of positive men in prevention campaigns and interventions, innovative outreach programs and promoting effective negotiated safety agreements.

We have always worked in a holistic model, addressing individual behaviours, community norms and the structural, environmental and behavioural issues impacting on HIV transmission, utilising a range of strategies including social marketing, peer group and outreach work, advocacy and, more recently, online engagement and education strategies.

EXECUTIVE SUMMARY

This approach, with the addition in 2008 of then-promising but unexplored biomedical prevention possibilities, has come to be known as a combination prevention approach and is now established as the optimal approach to building effective and sustainable HIV prevention programs. Subsequent research has conclusively demonstrated the potential of biomedical prevention approaches to radically transform the pattern of HIV epidemics and strengthen effective prevention.

Recent shifts in the epidemiology of HIV among gay men in NSW suggest the relative stability of new infections may no longer be relied upon, and we need to act now to sustain the safe sex culture built to date while making the most of opportunities which recent biomedical prevention research has made available to us.

As the HIV epidemic has evolved, prevention with gay men has become more complex and must effectively engage with an increasing diversity of risk reduction strategies, without eroding the levels of safe sex practice which gay men have sustained to date. Our strategies are aligned to the *NSW HIV Strategy 'A New Era' 2012-2015*, and reflect the continual adaptation of the gay community to evolving understandings of the HIV epidemic and the diverse ways in which gay men balance pleasure and risk management.

A key goal of our HIV prevention program is to ensure that a vast majority of sexual encounters between gay men are safe. This means sustaining high levels of condom use in casual encounters between men of unknown or sero-discordant status and ensuring that risk reduction strategies - such as Post Exposure Prophylaxis (PEP) and negotiated safety - are used effectively by those who need them.

Reducing the number of undiagnosed men and lowering community viral load is another important outcome that will reduce risk. Access to new technologies such as Pre Exposure Prophylaxis (PrEP) will also enable some men to make their sexual encounters safer.

The key objectives of our HIV prevention program are therefore to:

- Lead the NSW HIV prevention partnership response to and with gay men and other homosexually active men.
- Maximise safe sex knowledge and practice among gay and other homosexually active men, including: high levels of condom use in casual encounters between men of unknown or discordant sero-status; and effective negotiated safety strategies in relationships.
- Ensure that gay men are aware of and have appropriate access to biomedical approaches to risk reduction and prevention.
- Support, promote and enable optimum access to HIV testing and STI screening for gay men by working in partnership with key stakeholders, including establishing a rapid screening service.
- Increase uptake of earlier access to treatment among HIV positive gay men.

HIV HEALTH PROMOTION

New treatments mean gay men with HIV are living longer and healthier lives, although some significant health disparities remain, especially in the areas of mental health, healthy ageing and in respect to the impact of alcohol and other drugs.

Our key objectives for this program are therefore to:

- Develop and implement a HIV Health Promotion Strategy focussing on post diagnosis support, living well with HIV and planning for healthy ageing.
- Develop and deliver a range of HIV Health Promotion programs which support gay men with HIV to maximise their long term health and wellbeing.
- Ensure that HIV Health Promotion programs support and have appropriate linkages to relevant ACON LGBTI Health Outcome Strategies.

HIV CARE AND SUPPORT

ACON's care and support services, including Counselling, Enhanced Primary Care, Home Based Care, Housing Support, Integrated Therapies and a service for people newly diagnosed with HIV have historically been provided to all people with HIV. The needs of people with HIV have continued to change over time and ACON will continue to provide high quality services for all people with HIV.

Our key objectives over the life of this strategy are therefore to:

- Review our current care and support programs to ensure they continue to meet the needs of people with HIV.
- Implement a strengthened support program with a focus on immediate post diagnosis care and support to improve the health outcomes for people newly diagnosed with HIV and support them to reduce the risk of HIV transmission.
- Revise and update our intake and case management processes to ensure person-centred, tailored responses.
- Address substance use and mental health co-morbidities.



HIV ADVOCACY, LEADERSHIP & CAPACITY DEVELOPMENT

ACON has long recognised the importance of structural and environmental factors as important determinants of health outcomes for our communities. It is now well established that experiences of discrimination, violence, abuse, and social exclusion are significant determinants of poorer health outcomes for individuals and communities.

Conversely, supportive legal environments and policy frameworks can lead to better individual outcomes and enable the development, delivery and implementation of effective health promotion interventions. Consequently, ACON has always ensured that resources are dedicated to advocacy activities to ensure an appropriate legal and social environment which supports our HIV programs.

One of the primary components of ACON's commitment to reducing HIV transmission among gay men is a sustained advocacy effort on behalf of our community. Many policy and political barriers remain, preventing both ACON and the sector at large from mounting the most effective response possible. ACON has a crucial role in advocating for gay men and people with HIV at a state level (and with key partners federally) to have access to the tools they need to sustain good health and prevent HIV transmission. Advocacy priorities change over time and our work in this area needs to be flexible and open to new opportunities and challenges. Nonetheless, at the time of writing, it is clear that significant advocacy and capacity building will be required in the following areas:

- Improving testing service capacity, flexibility and accessibility, including ensuring access to rapid and home based testing.
- Improving access to and uptake of treatment through revising treatment guidelines, as well as enabling easier access through enhanced pharmacy services.
- Improving access to and awareness of biomedical prevention technologies such PrEP and PEP.
- Better access to data and increased research capacity to sustain and enhance the sector's ability to develop and deliver effective HIV programs.
- Addressing stigma and discrimination.



STRATEGIC FRAMEWORK

In November 2011, the ACON Board endorsed the development of an ACON HIV Action Plan in response to new and emerging developments in HIV prevention in NSW, nationally and globally.

The objective was to articulate how ACON's gay men's HIV prevention program could effectively engage with and incorporate opportunities emerging from new research findings and prevention advances. These changes coincided with the establishment of new HIV transmission reduction targets within the UN Political Declaration on HIV and AIDS endorsed by the member nations of the United Nations General Assembly at a Special Session on HIV/ AIDS, held in June 2011.

On 1 December 2012, NSW became the first jurisdiction to launch a HIV Strategy developed against the goals and targets of the UN Political Declaration on HIV and AIDS 2011. These goals and targets are outlined in this section.

NSW HIV STRATEGY 2012-2015 PRIORITY ACTIONS, GOALS & TARGETS

The *NSW HIV Strategy 2012-2015* Priority Areas for Action are:

- 1. Maintain high levels of safe behaviour.
- 2. Intensify HIV prevention with priority populations.
- 3. Improve access to needle and syringe programs.
- 4. Promote HIV testing make it easier to have an HIV test.
- 5. Promote treatment uptake, make access to treatment easy and support treatment adherence.
- 6. Provide treatment, care and support services in the community.
- 7. Improve the health and wellbeing of people with HIV.

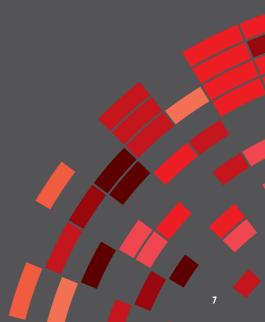
Specific goals and targets are as follows:

By 2015, we will:

- Reduce the transmission of HIV among gay men and other homosexually active men by 60% and by 80% by 2020.
- Reduce heterosexual transmission of HIV among Aboriginal populations by 50%.
- Sustain the virtual elimination of mother-to-child HIV transmission.
- Sustain the virtual elimination of HIV transmission in the sex industry.

- Sustain the virtual elimination of HIV transmission among people who inject drugs.
- Reduce the average time between HIV infection and diagnosis from 4.5 years to 1.5 years.
- Increase to 90% the proportion of people with HIV on antiretroviral treatment.
- Sustain the virtual elimination of HIV related deaths.

ACON, in partnership with government and Local Health Districts, has a particular and critical role to play in supporting the achievement of these targets, specifically those relating to reducing transmission among gay and other homosexually active men, reducing the time between infection and diagnosis, and increasing the numbers of people with HIV on effective treatment.



PRINCIPLES

The principles underpinning this Plan are:

The Ottawa Charter for Health Promotion

The principles contained within the Ottawa Charter for Health Promotion guide ACON's work. Health promotion is the process of enabling people to increase control over, and improve their health. The organisation engages with HIV prevention through all five Charter action areas:

- 1. Build Healthy Public Policy.
- 2. Create Supportive Environments.
- 3. Strengthen Community Action.
- 4. Develop Personal Skills.
- 5. Reorient Health Services.

The Denver Principles

"We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

The statement of the advisory committee of People With AIDS issued in Denver Colorado in June 1983.

These principles have always guided ACON's work with people with HIV but more broadly they speak powerfully to the centrality of affected communities in determining HIV engagement and response. The Principles informed the development of the Ottawa Charter for Health Promotion, released in 1987. While terminology concerning people with HIV/ AIDS has changed, this principle has not.

Evidence-Based

ACON maintains close collaborative ties with key HIV research centres within Australia and incorporates new evidence and research into its strategic, organisational and project planning. Evidence-based responses are essential to retaining the trust of our community and our funders and maintaining the effectiveness of our work to date.

The NSW Prevention Partnership

The most effective responses to HIV require the active involvement of all stakeholders, including government, community, medical practitioners and researchers. The resilience of this partnership in NSW has frequently been cited as one crucial to our relative success.

ACON holds a key role in being a direct service provider, a representative of the most affected community and having significant input in the development of research and the translation of that information into effective action.

Informed Choices

Effective health promotion requires that gay men, as with any other group of people, need to be given as much control as possible over their sexual health choices and that they be equal partners in any response that impacts upon them. ACON's responsibility is to give men all the relevant knowledge and skills and to advocate for access to appropriate health care and improved policy frameworks. It will always be the choice of the individual as to how they use or act upon information they have.

Self-Determination and Culturally Appropriate Terminology

The population in NSW that is most affected by HIV is gay men. It is therefore imperative that gay men should be active and heard in the response that will affect them more than any other group. Gay men are not the only at-risk population but the overwhelming majority of new diagnoses continue to occur among them. While it is true that not all homosexually active men necessarily identify as gay, in NSW most do.

As a community based organisation, we feel it is important that we use terminology that is sourced from within the community rather than from outside. The researcher-constructed term ,'men who have sex with men,' as a standalone term can invoke passionate objection from gay men who feel that they are rendered invisible by its use, particularly given the term's non-consultative origins and application in scientific research. For the purposes of this Action Plan we will be using the term 'gay', however we acknowledge that there are a diversity of identities in our community and that no one term is capable of encompassing them all.

Peer Based

Gay men have the knowledge, skills and determination to end the epidemic and are best placed to do so, with support from other areas of the HIV partnership. The HIV engagement experience is inextricably woven into the sexual, social and indeed whole-of-life interactions of gay men and these, in turn, are best understood by those that experience and enact them.

The peer-based foundation of our prevention engagement is our strength and distinction, and gives us a much stronger basis for engagement than would otherwise be the case. Given the influence that peer norms have on sexual behaviour, peer education emerges as one of the most successful strategies in the response to HIV/AIDS.

Gay and Sex Positive

ACON supports and promotes a positive, life-affirming view of gay men's sexual activity in all its diversity. We recognise that a denigration of gay sexual activity is strongly linked with homophobia, and that mutually consensual sexual activity should be honoured and encouraged.



Safe Sex Culture

We recognise that gay men themselves have developed and sustained myriad inventive approaches to balancing pleasure and risk over three decades of epidemic experience. ACON has played a lead role over many years in informing, promoting and fostering the emergent cultures of safe sex and broader risk reduction strategies. However, we maintain our strong support for condoms as the currently most assured means of preventing HIV transmission.

Diversity

Gay men reflect the broader ethnic, cultural and linguistic diversity that constitutes the Australian community. Multiple subcultures exist within the gay community that interact and interconnect, but also have distinct social and sexual practice characteristics that may require specific and distinctive responses. It is also the case that the similarities and connections that bind gay men as a community, can be as strong and resilient as the ties of other identities which they may also possess.

Statewide Reach

ACON is a statewide organisation and our aim is to provide programs and services to people across NSW. We do this through our offices in Sydney, the Hunter and the Northern Rivers, via outreach services across rural and regional NSW, and increasingly through the internet and social media. Like all organisations, we work within resource constraints and allocate resources where they will have the greatest population level impact. We also extend our reach through partnerships with other NGOs, community organisations and Local Health Districts.

ACTION AREA ONE HIV PREVENTION

TARGET POPULATION

All gay and homosexually active men

ACTION AREA ONE: HIV PREVENTION

ACON has a long history of adapting creatively to emerging trends in behaviours and epidemiology, and has shown leadership in areas now accepted as best practice globally, such as the inclusion of positive men in prevention campaigns and interventions, innovative outreach programs and promoting effective negotiated safety agreements.

We have always worked in a holistic model, addressing individual behaviours, community norms and the structural, environmental and behavioural issues impacting on HIV transmission, utilising a range of strategies including social marketing, peer education and outreach work, advocacy and, more recently, online engagement and education strategies.

This approach, with the addition in 2008 of then-promising but unexplored biomedical prevention possibilities, has come to be known as a combination prevention approach and is now established as the optimal approach to effective, sustainable HIV prevention programs. Subsequent research has conclusively demonstrated the potential of biomedical prevention approaches to radically transform the pattern of HIV epidemics and strengthen effective prevention.

Recent shifts in the epidemiology of HIV among gay men in NSW suggest the relative stability of new infections may no longer be relied upon.

We need to act now to sustain the safe sex culture built to date while making the most of opportunities which recent biomedical prevention research has made available to us. At a minimum, sustaining (if not enhancing) safe sex norms among NSW gay men will be essential to achieving strategic and campaign goals. While an increasingly broad range of practiceinitiated harm reduction techniques continue to be identified, condoms remain by far the safest and most assured means of preventing HIV transmission.

The key objectives of our HIV prevention program are to:

- 1.1 Lead the NSW HIV prevention partnership response to and with gay men and other men who have sex with men.
- 1.2 Maximise safe sex knowledge and practice among gay and other homosexually active men, including: high levels of condom use in casual encounters between men of unknown or discordant sero-status, and effective negotiated safety strategies in relationships.
- 1.3 Ensure that gay men are aware of and have appropriate access to biomedical approaches to risk reduction and prevention.
- 1.4 Support, promote and enable optimum access to HIV testing and STI screening for gay men by working in partnership with key stakeholders, including establishing a rapid screening service.
- 1.5 Increase uptake of earlier access to treatment among HIV positive gay men.

ACTIVITIES

- 1.1.1 Chair interagencies and participate in associated committees as required.
- 1.1.2 Work in collaboration with LHDs, community organisations, businesses and social groups to maximise reach of and community engagement with planned interventions.
- 1.2.1 Implement and adapt the *Ending HIV* communication platform to incorporate new functionality and topics.
- 1.2.2 Continue to implement a range of peer education outreach and workshop programs to engage a broad range of gay men and build personal skills to prevent HIV.
- 1.2.3 Continue to facilitate easy access to condoms and other safe sex equipment through safe sex pack distribution and partnerships with relevant community venues.
- 1.2.4 Develop innovative health promotion messages aimed at sustaining safe sex culture, primarily condom use, among gay men and integrate them into the *Ending HIV* initiative.
- 1.2.5 Continue to provide up to date information aimed at ensuring that gay men are also equipped with current and comprehensive knowledge about a range of noncondom based risk reduction strategies.
- 1.2.6 Develop a range of targeted activities and/or interventions for at-risk populations.
- 1.2.7 Ensure continued close collaboration between ACON's Gay Men's HIV

Prevention and Alcohol and Other Drugs Programs to ensure that the impacts of substance use on health and HIV prevention practice are monitored and minimised.

- 1.3.1 Develop education and social marketing approaches and programs to ensure optimal use of PrEP once it is made available.
- 1.3.2 Continue to monitor and promote the availability of PEP to those men who may benefit from it.
- 1.4.1 Provide innovative, targeted engagement strategies aimed at increasing the knowledge of gay and other homosexually active men on when to seek HIV and STI tests.
- 1.4.2 Sustain appropriate linkages with STI prevention programs and testing services.
- 1.4.3 Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to testing.
- 1.4.4 In collaboration with key partners, continue to operate ACON's rapid HIV and STI screening service.
- 1.5.1 In collaboration with Positive Life NSW, NAPWHA and other response partners, develop a campaign, specific to gay men with HIV, addressing the health and prevention benefits of HIV antiretroviral treatment.
- 1.5.2 Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to treatment uptake and support treatment adherence.

ENDING HIV

The *Ending HIV* community engagement and mobilisation initiative will be one of the primary foundations of our prevention activity until 2015. More than a campaign, *Ending HIV* represents a significant development in the way we engage with our community around HIV prevention and health promotion.

While segments of *Ending HIV* about testing and treating leverage off recent changes in the HIV response, maintaining and improving the safe sex culture that exists in NSW is essential if the other strategies are to have any effect. While safe sex messaging has diversified in recent times, condoms remain at the core of this messaging and of preventing HIV.

A rapidly changing epidemic and an increasing array of options for communicating and connecting with peers makes it both imperative and easier to sustain an ongoing, interactive dialogue with gay men, incorporating both a significantly enhanced social media presence and a diverse face to face engagement.

A reinvigorated engagement frame, together with the newly developed *Ending HIV* interactive website, puts us in a stronger position to achieve prevention goals and targets. The prevention messaging will focus primarily on the testing, treatment and staying safe narratives and will reflect the diversity of gay subcultures and populations.

Test More

Encourage all sexually active gay men to test for HIV/STIs at least twice a year, more often if multiple partner concurrency rates are significant (i.e. more than 10 partners in 6 months).

Treat Early

Encourage gay men with HIV to consider the health and prevention benefits of accessing HIV antiretroviral therapy earlier than is currently the case.

Stay Safe

Ensure that gay men are informed about the crucial importance of preserving safe sex cultures, principally incorporating condoms. This component of the *Ending HIV* initiative also needs to address other factors such as drug and alcohol use in sexual settings.

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ADDRESSING DIVERSITY

ACON's HIV prevention work encompasses a range of sub-populations of gay men, and we work in partnership with others to be able to offer a range of approaches that engage and address specific populations and groups within our community.

Aboriginal Men

Aboriginal people are a priority population within the NSW HIV response as outlined in the *NSW HIV Strategy* 2012-2015. While current rates of HIV transmission are comparable to the broader community, higher rates of STIs remain a concern. Work with the Aboriginal gay community is conducted in partnership with the Aboriginal Health & Medical Research Council (AHMRC) and the network of Aboriginal Controlled Community Health Services (ACCHS).

Sexually Adventurous Gay Men (SAM)

Behavioural research undertaken by the Kirby Institute (*Three Or More* and the *Pleasure And Sexual Health* studies) and the Centre for Social Research and Health indicates that SAM have multiple sex partners, a broad sexual repertoire, can often be frequent users of recreational drugs, and use risk reduction strategies other than condoms. A disproportionate number of HIV positive men are represented within SAM sub cultural settings.

Gay Men Who Inject Drugs

Less than 3% of gay men report any injecting drug use, though this is a significantly higher rate than in the general population. HIV positive gay men are twice as likely to inject as HIV negative gay men. There is a likely intersection between sexual and injecting transmission routes in some subgroups of gay men. Therefore provision of information and equipment for safe injection remains a high priority.

Young Men

The annual number of men aged 20-29 diagnosed with HIV remained stable until 2010/2011. However, increases have occurred in the last two successive years. ACON has responded with a redevelopment of its engagement with young gay men focusing particularly on condom reenforcement and the need for them to adopt regular HIV/STI testing patterns earlier than is currently the case.

Undiagnosed Men with HIV

The Kirby Institute estimates that upwards of 30% of all HIV transmission derives from undiagnosed gay men, more often than not in primary infection when infectivity can be extremely high. There are therefore likely to be significant numbers of gay men operating on the incorrect assumption of being HIV negative. This represents a significant risk to the health of the men and to their sexual partners. A specific focus on undiagnosed gay HIV positive men will be central to our work.

Identifying cases of undiagnosed infection is a priority for ending HIV so reaching men who have never been tested is also a priority.

Men in Sero-Discordant Relationships

In the Sydney Gay Community Periodic Survey, half of all HIV positive men are in sero-discordant or sero-nonconcordant relationships, while for negative men, it is 25%. Additionally, 20% of HIV positive men report non-concordant unprotected anal sex with a regular partner, underscoring the importance of talking to men in these relationships about the impact of treatment and other risk reduction strategies.

Men From Culturally and Linguistically Diverse Backgrounds

Men from certain cultural backgrounds appear to be affected disproportionately by HIV. In particular, men of Chinese and Thai descent need to be a priority. This work will be conducted with prevention response partners including the Multicultural HIV and Hepatitis Service. In some cases this will mean putting existing messages into more culturally appropriate constructs while in other cases, specific messages for different populations may need to be developed.

Older Gay Men

Older gay men above 50 years of age have not been a strong focus for HIV prevention activities but recent changes in the epidemic indicate that this group warrants further attention, particularly as treatment tends to be recommended even earlier for men in this age range.

Other Homosexually Active Men

Men who may identify as bisexual or who may not identify as gay but are homosexually active interact with gay men in spaces such as the Internet or at sex on premises venues, and while they may not be reached through gay community media, will be reached by ACON's core 'Ending HIV' messaging in those spaces. Outreach to SOPVs also offers an opportunity for peer educators to engage with men without presupposing a specific relationship to gay identity. Targeted outreach strategies to reach this subpopulation may also be developed in partnership with LHDs or other NGOs.

REDUCING UNDIAGNOSED INFECTIONS

The most significant challenge to achieving *Ending HIV* and the goals of the *NSW HIV Strategy 2012 – 2013: A New Era*, is to reduce undiagnosed infection among gay and other homosexually active men.

In 2008, Kirby Institute modelling suggested that at least a third of all NSW HIV transmission was acquired from undiagnosed men.

Updated 2013 estimates suggest an increasing proportion of transmissions from undiagnosed men which is rapidly becoming the shared norm across comparable developed world epidemics.

Reducing the number of undiagnosed cases is therefore crucial to reducing transmission.

Barriers to testing have been identified across a range of attitudinal survey and behavioural study findings and include:

- The time, cost and inconvenience of returning for test results .
- Not having illness or symptoms.
- Not perceiving oneself to be at risk (no/ low partner change).
- Fear of diagnosis and its consequences

 including discrimination, rejection and disclosure and concerns about the impact of treatment.

Predictors of recent HIV testing from the Sydney Gay Community Periodic Survey include:

- Younger age.
- Gay-identifying and gay communityattached.
- More UAI, more sexual partners, sexual partner is HIV-positive.

In addition, research among gay men in developed countries shows that a perceived benefit from testing is significantly associated with regular testing.

The development and implementation of effective engagement strategies to reduce undiagnosed infection is a key priority of this plan. Undiagnosed men are a diverse group but increasing testing among two key groups is essential to success - those very recently infected and therefore highly infectious; and those with established infection who would appear to face significant psychosocial barriers to testing. Gay and other homosexually active men comprise a significant proportion of those presenting with late infection, and many of these men are diagnosed by non-s100 GPs in areas of high incidence.

This Action Plan incorporates a number of activities which address increasing testing and reducing barriers to testing across the population of gay men, specifically under objectives 1.4 and 1.5, which aim to increase testing and improve awareness of the benefits of treatment; objective 4.1 which aims to increase the availability and range of testing options; and also under objectives 2.2 and 4.5, which seek to address issues of stigma and discrimination. These broad objectivities and activities will encompass the following specific activities:

- Targeting the undiagnosed.
- Increase testing rates of gay men.
- Advocacy and research.
- Addressing stigma and discrimination.

Targeting The Undiagnosed

- Develop and roll out social marketing initiatives aimed at engaging undiagnosed men.
- Diversify our media buying schedule to reach gay men who do not access traditional gay media platforms.
- Continue to educate gay men of the importance of seeking testing as soon as possible after high risk events.
- Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to testing.
- Increase awareness of improvements in HIV treatments and the significant health and longevity benefits of accessing care and treatment for HIV.
- Implement an outreach education program with GPs and other health professionals in priority geographic areas on the important role they play in accessing and engaging with this population group – including the need for them to encourage opportunistic testing for all gay men with each GP/ clinic visit.

Increase Testing Rates Of Gay Men

- In collaboration with key partners, continue to operate ACON's rapid HIV and STI screening service.
- Implement major screening outreach drives through sex on premises venues and major LGBTI events including Fair Day and other Mardi Gras Festival events, Coast Out Festival, etc.
- Consider offering screening to all Sydney Gay Community Periodic Survey respondents as part of survey completion.
- Create a series of Gay Test Days that are sub culturally/regionally associated/ owned, (e.g. A Big Gay Bear Test Day).
- Integrate targeted messaging into our population group specific programs including the Sexually Adventurous Men's (SAM) Project, the SEXC (Sexual Transmission of HCV) Project, the Aboriginal Gay Men's Project and the Asian Gay Men's Project.
- Through our Pride in Diversity program, work with large employers and their HR teams to build not only awareness in terms of HIV stigma and discrimination but the importance of regular testing.
- In collaboration with key community partners (Camp Co-op, Sydney Convicts, Harbour City Bears, GAMMA, etc) and volunteer networks, build a community testing coalition.

Advocacy and Research

- Expand access to the FORTH trial of home based testing and extend the trial timeframe.
- Advocate at the federal level for regulatory reform to facilitate better access to new testing technologies and better access to testing in community settings.
- Ensure NSW Health investment in HIV social/behavioural and surveillance research supports building our understanding of barriers to and facilitators of regular testing.
- Advocate for the expansion of and improved access to post exposure prophylaxis, and work with providers to develop effective strategies to engage PEP clients with regular testing.

Addressing Stigma and Discrimination

 Implement advocacy and social marketing initiatives to address stigma and discrimination and reduce fear of diagnosis.

BETWEEN 12,500 AND 15,000 PEOPLE ARE WITH HIV IN NSW

UP TO 30% (4830) DO NOT KNOW THAT THEY ARE HIV POSITIVE

AROUND 10,170 PEOPLE KNOW THAT THEY ARE HIV POSITIVE



OTHER PREVENTION WORK

STIs and HCV

HIV prevention does not occur in a vacuum and it is important to ensure that broader education concerning sexually transmissible infections (STIs) continues to occur. This is particularly so given the impact that STI co-infection has in facilitating transmissibility of unsuppressed HIV. This education will cover both primary prevention and the need for regular sexual health testing. Recently, there has been mounting evidence of the sexual transmission of hepatitis C, particularly in the context of unprotected sex between gay men with HIV and further work needs to be done in this area in partnership with Hepatitis NSW.

Alcohol and Other Drugs

Understanding and responding to the impact of alcohol and drug use on HIV transmission remains a priority across the organisation. It is important to assist gay men in making safe decisions when they are under the influence of alcohol and other drugs. Additionally, the provision of sterile injecting equipment as well as education on safe injecting practices is an area of significant success in the NSW response and ACON will continue to play a significant role in this area.

HIV and Sexual Health Advisory Committee

The HIV and Sexual Health Advisory Committee (HSHAC) encompasses a range of expert opinion and insight drawn from across the NSW HIV prevention partnership. Its principle role is to advise the ACON CEO in respect of ensuring that prevention campaigns and educational resources conform to *NSW HIV Strategy* goals, targets and action areas and also to HIV Action Plan. Board representation on HSHAC ensures that appropriate risk management is undertaken.

ACTION AREA TWO HIV HEALTH PROMOTION

TARGET POPULATION

All HIV positive gay and homosexually active men

ACTION AREA TWO: HIV HEALTH PROMOTION

HIV health promotion has the dual goals of supporting gay men with HIV to live healthy and fulfilling lives, while also giving them the knowledge and skills to optimise health and prevent transmission. The challenge for us during the life of this Plan is to continue to reposition our messages and our program engagement to ensure that we support and work with the greatest number of men with HIV in ways that are mutually relevant and productive.

Our HIV health promotion activities have undergone significant changes in the last two years.

Genesis is a peer based weekend workshop for gay men who are newly diagnosed with HIV. Genesis has long been evaluated highly by participants.

We intend to increase the number of Genesis workshops offered to at least six per year. We will also offer a follow up workshop focusing on reengaging with participants a year later. We will also increase the involvement of peer facilitator volunteers to improve the experience for the participants and ensure adequate resources are available for enhanced program delivery. The Social is a new HIV health promotion program developed to replace the longrunning Planet Positive. This program will run 6 times a year within two weeks of a Genesis workshop taking place, at a wide range of locations aimed at maximising the involvement of gay men with HIV. Encouraging the involvement and leadership of participants is key to providing these spaces. Health promotion topics and messages will be integrated into the events.

We will also be offering a range of new one and two day peer based information forums and workshops, aimed at providing the opportunity for interactive health promotion engagement discussion and debate.

The key objectives of our HIV health promotion program are to:

- 2.1 Develop and implement a HIV health promotion Strategy focussing on post diagnosis support, living well with HIV and planning for healthy ageing.
- 2.2 Develop and deliver a range of HIV health promotion programs which support gay men with HIV to maximise their long term health and wellbeing.
- 2.3 Ensure that HIV health promotion programs support and have appropriate linkages to relevant LGBTI Health Outcome Strategies.

ACTIVITIES

- 2.1.1 Provide health promotion and peer-based support following diagnosis via a reinvigorated Genesis program, linking newly diagnosed people with counselling, and facilitating treatment discussions through HIV S100 providers via the Newly Diagnosed Service.
- 2.2.1 Provide ongoing opportunities for health promotion and social connection with community events and forums such as The Social, a bi-monthly event primarily for gay men with HIV.
- 2.2.2 Facilitate the development of online services that promote good health for people with HIV, as well as online communities that develop social connectedness and reduce social isolation for gay men with HIV throughout NSW.
- 2.2.3 Develop resources and initiatives that focus on the benefits of HIV treatment.
- 2.2.4 Support the redevelopment and implementation of initiatives addressing HIV stigma and discrimination.
- 2.2.5 Continue to maintain a strong focus on sexual health and activity in the context of broader health needs for gay men with HIV.

- 2.2.6 Provide ongoing opportunities for health promotion and social connection through regional retreats.
- 2.3.1 Develop health promotion interventions to address identified priority issues affecting the long term health of people with HIV, such as smoking and risky alcohol and drug use.

ACTION AREA THREE HIV CARE & SUPPORT SERVICES

TARGET POPULATION

All people with HIV and HIV negative gay men at high risk of HIV

ACTION AREA THREE: HIV CARE & SUPPORT SERVICES

Historically, the term 'care and support' has encompassed ambulatory care, support and case management services delivered to people with HIV, either in support of primary healthcare in general practice or outpatients clinic settings or in a range of similar client-based services delivered through HIV non-government agencies. At ACON these services currently include Counselling, the Enhanced Primary Care Program, CSN, Housing, the Integrated Therapies Program and the Newly Diagnosed Service.

Following the introduction of effective HIV combination therapy in the 1990s, the majority of people with HIV are now living well and have less need of ongoing care and support services. However the *NSW HIV Strategy 2012-2015* recognises the crucial role that counselling in particular has in ensuring sustained post-diagnosis behaviour change for many individuals.

Research demonstrates that counselling, is an important component of any prevention strategy. Counselling and support can assist in building readiness and commitment to change and has a role in achieving an increase in routine testing, early uptake of treatment, supportive healthy lifestyle habits and continued treatment adherence. This may take the form of initial post-test results counselling, longer term support or peer support activities.

Additionally it is likely that a minority of HIV positive people as well as some HIV negative gay men who are considered at high risk of contracting HIV will need more intensive support. These people may be experiencing issues such as problematic substance use, severe and persistent mental illness, relationship abuse, comorbid health issues, poverty or transient housing. Therefore more intensive interventions such as longer term counselling, support services and case management may be needed. ACON recognises that people with HIV struggling with multiple health and social problems require additional complementary interventions to improve their health outcomes and reduce risk behaviours.

The key objectives of our HIV Care and Support Services are to:

- 3.1 Review our current care and support programs to ensure they continue to meet the needs of people with HIV.
- 3.2 Implement a strengthened support program with a focus on immediate post diagnosis care and support to improve the health outcomes for newly diagnosed and support them to reduce the risk of HIV transmission.
- 3.3 Revise and update our intake and case management processes to ensure person centred, tailored responses.
- 3.4 Address substance support use co-morbidities.

ACTIVITIES

- 3.1.1 Undertake a review of all HIV care and support services currently offered to ensure that they are best fit for meeting current and future service needs.
- 3.1.2 Develop programs to address the health areas that have the most negative health impact on people with HIV.
- 3.2.1 Provide post-test counselling and point of care assistance, within rapid testing initiatives. We will provide referral to a range of clinical care services that are available and access to information on treatment providers and options.
- 3.2.2 ACON's Newly Diagnosed Service will provide support to GPs at time of diagnosis and promote their ongoing role in meeting the primary health needs of people with HIV and to ensure links with GPs who are HIV treatment prescribers.
- 3.2.3 Ensure all newly diagnosed people who present, either through ACON testing initiatives and/or the Newly Diagnosed Service are provided with the opportunity to be linked to peer education and support.

- 3.2.4 Increase our client treatments advice and adherence support capacity in order to prioritise client access to information about the benefits of earlier and increased treatment uptake.
- 3.3.1 Provide complex care coordination for HIV positive people and those at risk of HIV who have multiple care and support needs.
- 3.3.2 Provide solutions focused counselling to HIV positive people, those affected and/ or at risk, addressing the impact of mental health on risk behaviours, regular testing and treatment compliance.
- 3.4.1 Provide support for substance use co-morbidity, recognising the potential impact on a person with HIV's health and wellbeing through counselling from the Substance Support Service, NSP harm minimisation support and referrals to drug and alcohol treatment services.

ACTION AREA FOUR HIV ADVOCACY, LEADERSHIP AND CAPACITY DEVELOPMENT

HIV ADVOCACY, LEADERSHIP AND CAPACITY DEVELOPMENT

One of the primary components of ACON's commitment to reducing HIV transmission among gay men and improving the health of people with HIV is a sustained advocacy effort on behalf of our communities. Many policy and political barriers remain, preventing both ACON and the sector at large from mounting the most effective response possible.

ACON has a crucial role in advocating for gay men and people with HIV at a state level (and with key partners federally) to have access to the tools they need to sustain good health and prevent HIV transmission. Advocacy priorities change over time and our work in this area needs to be flexible and open to new opportunities and challenges. Nonetheless, at the time of writing, it is clear that significant advocacy and capacity building will be required in the following areas:

- 4.1 Improving testing service capacity, flexibility and accessibility, including ensuring access to rapid and home based testing.
- 4.2 Improving access to and uptake of treatment, through revising treatment guidelines and enabling easier access through enhanced pharmacy services.

- 4.3 Improving access to and awareness of biomedical prevention technologies such PrEP and PEP.
- 4.4 Advocating for better access to data and increased research capacity to sustain and enhance the sector's ability to develop and deliver effective HIV programs.
- 4.5 Addressing stigma and discrimination.

ACTIVITIES

Key activities under these objectives include:

- 4.1.1 Advocating for gay men to have greater control over testing, including self-administered and home-based testing.
- 4.1.2 Working with ASHM to build the capacity of non-s100 GPs to encourage testing of their gay male clients.
- 4.1.3 Working with Government agencies, Local Health Districts and individual sexual health clinics to expand the range of HIV testing options available to gay men.
- 4. 1.4 Working with research institutions, Government agencies, Local Health Districts and individual sexual health clinics to ensure that gay men have optimum access to HIV testing.
- 4.2.1 Working with prevention partners to build the capacity of low case load GPs to manage HIV positive clients.
- 4.2.2 Working with institutions, Government agencies, Local Health Districts and individual sexual health clinics to advocate for treatment guidelines that provide sufficient scope and flexibility to accommodate physician/patient treatment choices based on best practice evidence and case circumstances.

- 4.2.3 Continuing to collaborate in the roll out and expansion of the Enhanced Medication Access scheme and advocate for regulatory and systemic change to remove all impediments to accessing HIV antiretroviral therapies.
- 4.3.1 Continuing to advocate for access to emerging biomedical technologies, including preexposure prophylaxis which, alongside post-exposure prophylaxis, regular testing, early treatment and condom use and risk reduction strategies, can optimise reductions in transmission.
- 4.4.1 Advocating for regular, sustained and timely access to updated NSW HIV notifications data.
- 4.4.2 Advocating for more rigorous STI risk indicator data collection.
- 4.5.1 Engaging the broader community through advocacy and social marketing activities to address HIV stigma and discrimination.
- 4.5.2 Collaboration with Positive Life NSW to deliver sensitivity training around HIV and sexuality issues for other service providers.

ORGANISATIONAL DEVELOPMENT

ACON is committed to strengthening operations to improve program and service delivery activities and maximise our potential. This is highlighted in ACON's commitment to and investment in developing its organisational capacity, specifically targeting key operational issues.

Employees play a critical role in developing, implementing and evaluating targeted interventions, and as such workforce development will continue to be an essential priority in promoting organisational capacity. Staff will be skilled up in understanding and using research, data, and evaluation to ensure efforts are appropriately evidence-based. This will largely be achieved through increased training and skill development, and increased investment in effective data and knowledge management.

ACON volunteers will continue to be critical in implementing strategies within this Action Plan, as evidenced by their extraordinary contributions over the last twenty-seven years. Volunteers are an essential resource for extending program reach and engaging with communities, and ensuring a quality, professional and effective volunteer program will assist in allowing ACON to more effectively pursue its mission of HIV prevention, as well as deliver thousands more occasions of service to people with HIV. Maintaining current information technology capacity is critical to meeting the demands and complexities of a rapid paced and changing HIV sector. ACON is committed to ensuring adaptability and flexibility in its information technology infrastructure and operating systems.

ACON is also committed to helping build a vibrant and effective community sector, and will continue to provide capacity development and support to community organisations, other NGOs and key sector stakeholders. This includes shared accommodation and facilities management, collaborative policy and advocacy work and shared learning and development opportunities. ACON will continue to develop and deliver shared services in collaboration with other organisations. to extend the reach and impact of programs and support mutual capacity building.

Our own organisational capacity will be further developed through delivering shared services targeting select communities in partnership with other organisations. This will assist in promoting learning through the sharing of knowledge, skills and experience, which will have direct impact on improving program and service outputs while ensuring effective use of time, resources and funding.

PLANNING, MONITORING & EVALUATION

A comprehensive Planning, Evaluation, and Knowledge Management (PEKM) Framework has been developed and will be implemented across the organisation throughout 2013/14.

Efficient data management will continue to be integral to operations and the effective collection, storage, analysis and interpretation of data will remain essential to supporting strategic objectives. ACON is committed to building data management systems which allow us to effectively build and retain corporate knowledge. A client services database is but one example currently in development and scheduled for implementation during the initial stages of this Action Plan. Implementation of a sustainable knowledge management framework will allow ACON to build an organisational culture that promotes knowledge sharing and constant learning while preserving, recording and enhancing corporate knowledge. In addition, it will provide a platform to generate value from the organisation's intellectual capital and knowledge-based assets. We will also work with research partners and other stakeholders, as well as utilising our own service data, to help monitor the impact of our work and determine annual priorities across all action areas.

Evaluation of projects and programs has always been a core component of program improvement and effectiveness. ACON has developed a comprehensive suite of key performance indicators at the levels of output, quality and impact for all of our core HIV programming activities. Appendix 1 provides an example of our current KPI framework for HIV prevention. This will be reviewed and revised as new activities envisaged by this plan are incorporated into our programming.

APPENDIX 1 KPI FRAMEWORK FOR CURRENT HIV PREVENTION PROGRAMMING

KPI FRAMEWORK FOR CURRENT HIV PREVENTION PROGRAMMING

Modality: What program mix will be implemented to achieve program objectives?		Output:	Impact:	Quality:
4.1	Social marketing campaigns utilising a range of traditional media (newspaper ads, leaflets and posters, etc.), social media and web based interventions.	 Number and range of print campaigns. Number of print ads. Number of posters and other print resources distributed. Number of social media and web based interventions. Number of sites developed. Number of online campaigns developed. Number of mobile technology interventions developed. 	Knowledge, skills and behaviour change when possible such as: • % that have a better knowledge of RRS. • % who got tested. • % who disclose more than before the campaign.	Post-campaign survey: • Reach: number of gay men reached; % of the target audience who recalled the campaign; % of target that understood the message. • Qualitative/engagement website analytics: time spent on site; # of pages visited; bounce rate. • Quantitative website analytics: number of unique visitors; # & % of new visitors. • Social media engagement analytics: number of fans; site visits from friends of fans (referrals); followers. • Uptake and use of online facilities: % increase of online communities; # & % using reminder services, risk calculator).
4.2	Peer education approaches including face to face and online workshops.	 Number of peer education programs/ workshops delivered. Number of overall participants. Number of peer educators trained. Number of peer educators utilised. Number of volunteers hours contributed. 	Pre-post assessment and 6 month clients follow-up: • Knowledge change. • Reported behavioural change. • Reported confidence in level of condom use, sexual negotiation and service access for testing.	Number and proportion of peer education participants that complete workshop programs % of participants evaluations who would recommend the workshops.

prog be ir achie	lality: What gram mix will mplemented to eve program ectives?	Output:	Impact:	Quality:
4.3	Outreach programs.	 Number of Sexperts or equivalent trained. Number of Sexperts shifts. Number of hours. Number of SOPVs involved. Number of resources distributed. Number of brief interventions on site (by type – e.g. testing info, oral sex, STI etc.) 	• Pre-post changes in perceived skills and knowledge.	 % of clients satisfied with program. % of outreach workers retained.
4.4	Counselling.	Number of prevention counselling sessions provided.	 Pre-post changes in perceived skills and knowledge. Post intervention behaviour or lifestyle changes. 	 % of clients satisfied with service. Proportion of clients who leave program early.
4.6	NSP service provision with brief interventions.	 Number of needles and syringes distributed. Number of brief interventions provided. Number of NSP peer volunteers engaged. 	• % of surveyed participants who recall brief intervention key messages.	 % of clients satisfied with NSP service. % of NSP peer volunteers satisfied.
4.7	Distribution of resources: print, online, safe packs.	Number of resources distributed.		 % of partner organisations who distribute resources. % of partner organisations who rate resources as useful to their clients. Turnover rate of resources.

KEY RESEARCH

The life changing impact of HIV antiretroviral (ARV) treatment in preventing disease progression and delivering near normal life expectancy has been demonstrated all over the world and there is growing evidence that untreated HIV may have detrimental effects at all stages of infection.

Treatment is beneficial even when initiated later in HIV infection, however later treatment may not repair damage associated with viral replication and immune activation during early stages of infection. Earlier treatment may prevent the damage associated with HIV replication during early stages and may also reduce the added risk of developing health problems such as cancers, osteoporosis and neurological complications.

Recent research findings have also provided proof of concept for the prevention benefit from effective HIV treatment. Modern HIV treatments are highly effective at reducing the amount of virus circulating in the blood to very low levels, 'undetectable' by standard tests. Having an undetectable viral load (UDVL) drastically reduces the risk of passing HIV onto another person during sex. It is important to note that 'undetectable' does not mean an absence of HIV. Rather, it signifies that effective treatment has dramatically reduced the level of HIV to extremely low levels, detectable only by very specialised and 'sensitive' pathology tests.

APPENDIX 2 THE EVIDENCE BASE

TREATMENT AS PREVENTION

Various observational and cohort studies have demonstrated the impact of HIV treatment on prevention, more specifically:

- HPTN 052, which began in April 2005, enrolled 1,763 HIV-serodiscordant couples, most of whom (97%) were heterosexual. The purpose was to measure whether immediate versus delayed use of ARV therapy by the HIV-positive partner would reduce transmission of the virus to the negative partner. The study was also meant to evaluate whether beginning ARV treatment earlier would benefit the health of the HIV-positive partner.
- 886 HIV-positive participants were randomized to start ARV therapy right away (the immediate treatment group), while 877 waited until their CD4s dropped to 250 or they developed an AIDS-related illness (the delayed treatment group).
- The trial was originally to report its findings in 2015 but was stopped in May 2011 when it became obvious that the reduction in transmissions seen was so great that it would be unethical to continue recruiting study participants to the less protected arm.
- The key finding was that the prevention efficacy of treatment was 96% – in other words HIV-positive people taking ARVs were more than 20 times less likely to infect their partners than untreated people.

PRE-EXPOSURE PROPHYLAXIS (IPREX)

The use of Pre Exposure Prophylaxis (PrEP) – providing HIV negative people with HIV therapy in order to avoid infection has significant potential to reduce new diagnoses of HIV, particularly within high risk groups such as men in serodiscordant relationships and/or sexually adventurous men,

The first randomised controlled trial (RCT) of PrEP to produce a statistically meaningful result announced its findings on 23 November 2010. The iPrEx (Pre-exposure Prophylaxis Initiative) trial found that the HIV infection rate in HIV-negative gay men who were given a daily pill containing two HIV drugs was reduced by 44%, compared with men given a placebo.

The efficacy in subjects who, by selfreport and pill count, took the drugs more than 90% of the time was 73%. The other major finding of the trial was that while 93% of trial subjects reported taking the pills correctly, on the basis of drug-level monitoring in blood tests only 51% actually did so. The investigators calculated that if participants had taken their pills every time, the efficacy of the drug regimen would have been well in excess of 90% [or comparable with subsequent HPTN 052 findings -96%] compared with a placebo.

HIV TREATMENT AND MORTALITY RISK

Recent research¹ shows that people who take effective antiretroviral therapy and are able to sustain an undetectable viral load and a CD4 cell count of over 500 have the same life expectancy as HIV negative people of the same age and sex.

This finding comes from a study involving 3280 people with HIV, 80% of whom were men. 53% of all participants were resident in the USA, 40% in Europe and 5% in Australasia. In this study, even those patients who began treatment later in the course of infection (<200 CD4) had only a slightly increased mortality risk (1.14) compared to the general population, as long as they were able to sustain UVL and CD4 counts above 500.

An earlier study conducted in Denmark² among 2267 people with HIV found that those on effective therapy, and without co-infections or co-morbidities such as problematic drug or alcohol use, had the same probability of surviving to 65 years of age as HIV negative people of the same age and sex. Another Danish study³ found that among 2921 people with HIV receiving HIV care matched to 10,642 HIV negative controls, smoking had a greater impact on prognosis than HIV-related factors. HIV positive current smokers had a four times higher risk of mortality than HIV positive non-smokers.

Taken together, these studies underline the importance of increasing access to treatment and to effective health promotion and care programs which support people with HIV to maintain treatment adherence and make healthier life choices.

Footnotes:

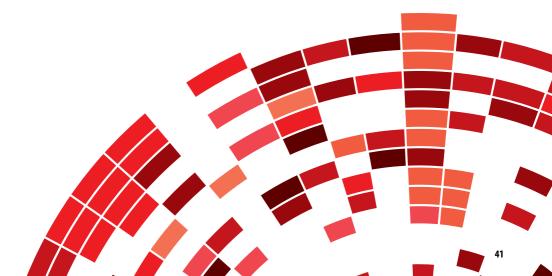
- 1Rodger AJ et al. Mortality in well controlled HIV in the continuous antiretroviral therapy arms of the
SMART and ESPRIT trials compared with the general population. AIDS 27: 973-979, doi: 10.1097/
QAD.0b013e32835cae9c, 2013
- 2 Obel N et al. Impact of non-HIV and HIV risk factors on survival in HIV-infected patients on HAART: a population-based nationwide cohort study. PLoS One 6 (7): e22698. Doi:10/1371/journal. pone.0022698, 2011
- 3 Helleberg M et al. Mortality attributable to smoking among HIV-1-infected individuals: a nationwide population-based cohort study. Clin Infect Dis, online edition. DOI: 10.1093/cid/cis933, 2012

APPENDIX 3 ACCON OBJECTIVES & ACTIVITIES UNDER THE NSW HIV STRATEGY 2012 - 2015

ACTION AREA ONE: HIV PREVENTION

NSW Strategy Priority Area		ACON Objectives		Activities
3.2 Intensify HIV prevention	1.1	Lead the NSW HIV prevention partnership response to and with gay men and other men who have sex with men.	1.1.1	Chair interagencies and participate in associated committees as required.
with priority populations.			1.1.2	Work in collaboration with LHDs, community organisations, businesses and social groups to maximise reach of and community engagement with planned interventions.
	1.2	Maximise safe sex knowledge and practice among gay and other homosexually active men, including high levels of condom use in casual encounters between men of unknown or discordant sero-status and effective negotiated safety strategies in relationships.	1.2.1	Implement and adapt the <i>Ending HIV</i> communication platform to incorporate new functionality and topics.
			1.2.2	Continue to implement a range of peer education outreach and workshop programs to engage a broad range of gay men and build personal skills to prevent HIV.
			1.2.3	Continue to facilitate easy access to condoms and other safe sex equipment through safe sex pack distribution and partnerships with relevant community venues.
			1.2.4	Develop innovative health promotion messages aimed at sustaining safe sex culture, primarily condom use, among gay men and integrate them into the <i>Ending HIV</i> initiative.
			1.2.5	Continue to provide up to date information aimed at ensuring that gay men are also equipped with current and comprehensive knowledge about a range of non-condom based risk reduction strategies.
	1.3		1.2.6	Ensure continued close collaboration between gay men's HIV prevention and the agency's alcohol and other drugs program to ensure that the impacts of substance use on health and HIV prevention practice are monitored and minimised.
			1.2.7	Develop a range of targeted activities and/or interventions for at-risk populations.
		Ensure that gay men are aware of and have appropriate access to biomedical approaches to risk reduction and prevention	1.3.1	Develop education and social marketing approaches and programs to ensure optimal use of PrEP once it is made available.
			1.3.2	Continue to monitor and promote the availability of PEP to those men who may benefit from it.

NSW Strategy Priority Area		ACON Objectives		Activities
3.4 Promote HIV testing, make it easier to have an HIV test.	1.4	Support, promote and enable optimum access to HIV testing and STI screening for gay men by working in partnership with key stakeholders, including establishing a rapid screening service.	1.4.1	Provide innovative, targeted engagement strategies aimed at increasing the knowledge of gay and other homosexually active men on when to seek HIV and STI tests.
			1.4.2	Sustain appropriate linkages with STI prevention programs and testing services.
			1.4.3	Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to testing.
			1.4.4	In collaboration with key partners, continue to operate ACON's rapid HIV and STI screening service.
3.5 Promote treatment uptake, make access to treatment easy	1.5	Increase uptake of earlier access to treatment among HIV positive gay men.	1.5.1	In collaboration with Positive Life NSW, NAPWHA and other response partners, develop a campaign, specific to gay men with HIV, addressing the health and prevention benefits of HIV antiretroviral treatment.
and support treatment adherence.			1.5.2	Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to treatment uptake and support treatment adherence.



ACTION AREA TWO: HIV HEALTH PROMOTION

NSW Strategy		Objectives		Activities
3.7 Improve the health and well-being of people living with HIV	2.1	Develop and implement a HIV Health Promotion Strategy focussing on post diagnosis support, living well with HIV and planning for healthy ageing.	2.1.1	Provide health promotion and peer-based support following diagnosis via a reinvigorated Genesis program, linking newly diagnosed people with counselling, and facilitating treatment discussions with HIV S100 providers via the Newly Diagnosed Service.
	2.2	Develop and deliver a range of HIV Health Promotion programs which support gay men with HIV to maximise their long term health and wellbeing.	2.2.1	Provide ongoing opportunities for health promotion and social connection through community events and forums such as The Social, a bi-monthly event primarily for gay men with HIV.
			2.2.2	Facilitate the development of online services that promote good health for people with HIV, as well as online communities that develop social connectedness and reduce social isolation for gay men with HIV throughout NSW.
			2.2.3	Develop resources and initiatives that focus on the benefits of HIV treatment.
			2.2.4	Support the redevelopment and implementation of initiatives addressing HIV stigma and discrimination.
			2.2.5	Continue to maintain a strong focus on sexual health and activity in the context of broader health needs for gay men with HIV.
			2.2.6	Provide ongoing opportunities for health promotion and social connection through regional retreats.
	2.3	Ensure that HIV Health Promotion programs support and have appropriate linkages to relevant LGBTI Health Outcome Strategies.	2.3.1	Develop health promotion interventions to address identified priority issues affecting the long term health of people with HIV, such as smoking and risky alcohol and drug use.

ACTION AREA THREE: HIV CARE AND SUPPORT

NSW Strategy		Objectives		Activities
3.6 Provide treatment, care and support services in the community.	3.1	Review our current care and support programs to ensure they continue to meet the needs of people with HIV.	3.1.1	Undertake a review of all HIV Care and Support Services currently offered to ensure that they are best fit for meeting current and future service needs.
			3.1.2	Develop programs to address the health areas that have the most negative health impact on people with HIV.
	program with a focus on immedi post diagnosis care and support th improve the health outcomes for newly diagnosed and support th to reduce the risk of HIV transmis 3.3 Revise and update our intake and management processes to ensure person centred, tailored response	Implement a strengthened support program with a focus on immediate post diagnosis care and support to improve the health outcomes for newly diagnosed and support them to reduce the risk of HIV transmission.	3.2.1	Provide post-test counselling and point of care assistance, within rapid testing initiatives. We will provide referral to a range of clinical care services that are available, access to information on treatment providers and options.
			3.2.2	ACON's Newly Diagnosed Service will provide support to GPs at time of diagnosis and promote their ongoing role in meeting the primary health needs of people with HIV and to ensure links with GPs who are HIV treatment prescribers. This will be achieved in partnership with ASHM's education program.
			3.2.3	Ensure all newly diagnosed people who present, either through ACON testing initiatives and/or the Newly Diagnosed Service are provided with the opportunity to be linked to peer education and support.
			3.2.4	Increase our client treatments advice and adherence support capacity in order to prioritise client access to information about the benefits of earlier and increased treatment uptake.
		Revise and update our intake and case management processes to ensure person centred, tailored responses.	3.3.1	Provide complex care coordination for HIV positive people and those at risk of HIV who have multiple care and support needs.
			3.3.2	Provide solutions focused counselling to HIV positive people, those affected and/or at risk, addressing the impact of mental health on risk behaviours, regular testing and treatment compliance.
		Address substance support use co- morbidities.	3.4.1	Provide support for substance use co-morbidity, recognising the potential impact on a person with HIV's health and wellbeing through counselling from the substance use service, NSP harm minimisation support and referrals to drug and alcohol treatment services.

ACTION AREA FOUR: ADVOCACY, LEADERSHIP AND CAPACITY DEVELOPMENT

	NSW Strategy		Objectives	Activities
3.4	Promote HIV testing, make it easier to have an HIV test.	4.1	Improve testing service capacity, flexibility and accessibility, including ensuring access to rapid and home-based testing.	4.1.1 ACON will advocate for gay men to have greater control over testing, including self-administered and home-based testing.
				4.1.2 ACON will work with ASHM to build the capacity of non-s100 GPs to encourage testing of their gay male clients.
				4.1.3 ACON will work with Government agencies, Local Health Districts and individual sexual health clinics to expand the range of HIV testing options available to gay men.
				4. 1.4 ACON will work with research institutions, Government agencies, Local Health Districts and individual sexual health clinics to ensure that gay men have optimum access to HIV testing.
3.5	Promote treatment uptake, make access to treatment	4.2	Improve access to and uptake of treatment.	4.2.1 ACON will work with prevention partners to build the capacity of low case load GPs to manage HIV positive clients
	easy and support treatment adherence.			4.2.2 ACON will work with institutions, Government agencies, Local Health Districts and individual sexual health clinics to advocate for treatment guidelines that provide sufficient scope and flexibility to accommodate physician/patient treatment choices based on best practice evidence and case circumstances.
2.3	Pre-exposure prohylaxis.			4.2.3 ACON will continue to collaborate in the roll out and expansion of the Enhanced Medication Access scheme and advocate for regulatory and systemic change to remove all impediments to accessing HIV antiretroviral therapies.
		4.3	Improve access to and awareness of biomedical prevention technologies such PrEP and PEP.	4.3.1 ACON will continue to advocate for access to emerging biomedical technologies, including pre- exposure prophylaxis which, alongside post-exposure prophylaxis, regular testing, early treatment and condom use and risk reduction strategies, can optimise reductions in transmission.
4.4	Continue to invest in surveillance and	4.4	.4 Improve access to data and increase research capacity to strengthen the sector's ability to develop and deliver a more effective HIV program.	4.4.1 ACON will advocate for regular access to updated NSW HIV notifications data.
	research to inform the HIV response.			4.4.2 ACON will advocate for a more rigorous collection of STI risk indicator data.
3.7			Address stigma and discrimination.	4.5.1 Engage the broader community through advocacy and social marketing activities to address HIV stigma and discrimination.
				4.5.2 In collaboration with Positive Life NSW deliver sensitivity training around HIV and sexuality issues for other service providers.

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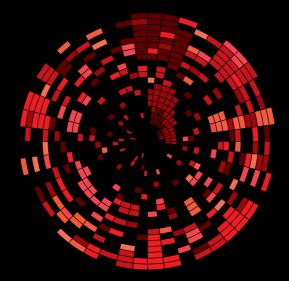
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