



New Zealand AIDS Foundation
Te Tūāpapa Mate Āraikore o Aotearoa



Strategic Plan 2019–2022

Mahere Rautaki Mō Te Tūāpapa Mate Āraikore o Aotearoa 2019–2022

Vision

An Aotearoa with zero HIV transmission where people living with or affected by HIV flourish

Moemoea

Kia kore ngā mate
Whakaruhi Ārai Kore, kia
hiki te oranga o te tāngata i
roto o Aotearoa, kia puawai

Mission

Prevent transmission, reduce stigma and maximise the well-being of those most affected by HIV

Whakatakanga

Whakakahore te mate,
whakaiti te poapoa me
whakakaha te oranga o
ngā tāngata e pā ana ki te
Whakaruhi Ārai Kore

Contents

Rārangi take

The New Zealand AIDS Foundation	4
Our Values	5
HIV epidemiology in New Zealand	6
Targeting our response	7
Reflections on 2016–2019	8
Looking forward to 2019–2022	11
2019–2022 Strategic Goals and Focus Areas in summary	12
Goal one: Prevent HIV and STI transmission	14
Goal two: Increase HIV and STI testing	16
Goal three: Maximise the wellbeing of people living with HIV (PLHIV)	18
Goal four: Enable ongoing organisational success	20
Measuring success	23

The New Zealand AIDS Foundation

Te Tūāpapa Mate Āraikore o Aotearoa

The New Zealand AIDS Foundation (NZAF) has been at the forefront of the community response to HIV in Aotearoa for more than 30 years. In response to the AIDS epidemic in the early 1980s and originally known as The AIDS Support Network, we joined the fight to decriminalise homosexuality and uphold the rights of those living with HIV and the broader Rainbow community.

HIV education in the early years was championed by the energetic leadership of Bruce Burnett, a Kiwi living with HIV who had recently returned from San Francisco. He was joined by a dedicated team of volunteers including community members, medical professionals and allies. Like too many in those early years, Bruce passed away in 1985. One year later, NZAF secured a site at Auckland Hospital to provide HIV testing and counselling. Bruce's memory lives on as NZAF continues to provide these services at the aptly named Burnett Centre in Auckland, along with Āwhina Centre in Wellington and Te Toka in Christchurch.

With the same passion and commitment as those who came before us, NZAF continues to prevent HIV transmission, reduce stigma and maximise the wellbeing of those most affected.

Through our community engagement, behaviour-change marketing campaigns, and testing and therapeutic support services, we reach people across New Zealand.

We advocate for healthy public policy and supportive environments to enable our work and all our programmes and services are informed by the best available science and evidence.

As a registered charity, our work is made possible through funding from the Ministry of Health, passionate trust foundations and donations from like-minded individuals who share our vision.

Together, we are working towards an Aotearoa with zero HIV transmissions where people living with or affected by HIV flourish.



“It is with great excitement that we launch this new Strategic Plan for NZAF. It doubles down on our commitments to end new HIV transmissions, reduce the impacts of stigma, and support people living with HIV. Thank you for your ongoing support.”

Jason Myers
Chief Executive

Our Values

Whanonga Tika

Manukura Leadership

We have a proud history of being at the forefront of the HIV response in New Zealand. We act with conviction and inspire change. We are courageous and set audacious goals. We hold ourselves to account.

Mātauranga Knowledge

We have a strong commitment to providing evidence-based programmes and services. We are constantly learning and we adapt and innovate for greater impact. We are committed to sharing information with the communities we serve.

Kotahitanga Inclusiveness

We respect and value each other and our communities. We thrive on our diversity and are committed to equality and equity in the work we do. We build and nurture partnerships because we recognise the value in collective strength.

Tika Integrity

We are committed to doing what is right. We act with integrity and stand up for what we believe in. We recognise our duty of care to the communities we serve.

Aroha Compassion

We are empathetic and nurture the wellbeing of the communities we serve. We are humble and always open to listening. We are trustworthy and caring.

HIV epidemiology in New Zealand

Te mātai tahumaero o te Whakaruhi Ārai Mate i Aotearoa

The management of HIV in New Zealand has been a public health success story.

Thanks to early legislative change that enabled approaches rooted in human rights and public health principles, New Zealand's HIV response has been able to reach the most vulnerable and most impacted.

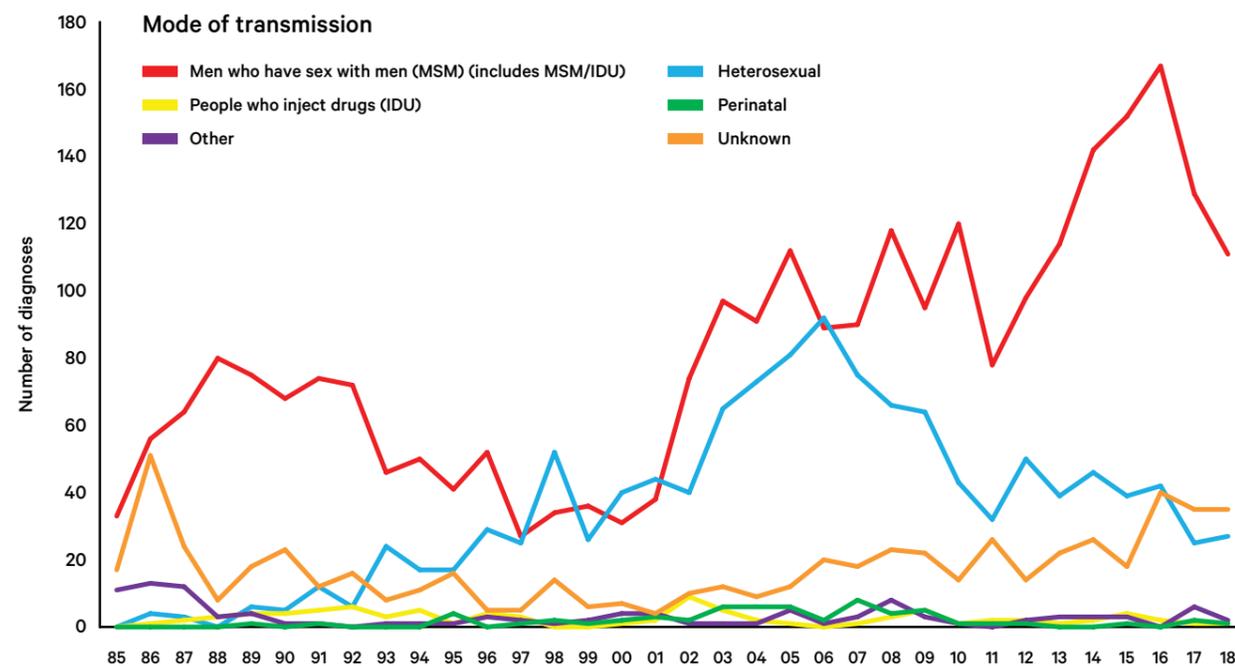
As such, New Zealand was among the first countries in the world to record a decline in the number of AIDS deaths annually.

Since then, HIV prevalence among sex workers and people who inject drugs in New Zealand still remains among the lowest in the world. New diagnoses among heterosexual men and women continue to decline and 2017 saw numbers as low as those seen in the late 1990s.

While there is much to celebrate here, the last decade has been characterised by a resurgent epidemic. Men who have sex with men (MSM) continue to be disproportionately impacted.

The first decrease in the number of new diagnoses in six years was recorded in 2017 and HIV diagnoses among MSM have now decreased 33% since 2016, following this period of steady increase. These figures are encouraging and indicate New Zealand's implementation of a combination of prevention tools in recent years is having an impact.

Figure 1: HIV diagnoses in New Zealand, 1985–2018



Targeting our response

Kia whai te whakautu

Targeting our work to those most affected by HIV in New Zealand is critical if we are to maximise the impact and sustainability of our efforts. The design and delivery of our work is informed by New Zealand's HIV epidemiology, alongside our commitment to respect Aotearoa's bicultural heritage.

Men who have sex with men (MSM)

MSM are the population group most affected by HIV in New Zealand, consistently accounting for approximately 90% of locally acquired HIV diagnoses annually. Programmes and services targeting MSM will continue to be the core of our work, including a focus on equity that responds to emerging trends in new HIV diagnoses.

People living with HIV (PLHIV)

There are approximately 3500 PLHIV in New Zealand. Alongside the work of our partners, NZAF is committed to ensuring that PLHIV benefit from high-quality health and community services. Tackling HIV stigma and discrimination is also a focus of our work.

Māori

While Māori experience slightly lower rates of HIV than non-Māori, they are over-represented among those diagnosed late. Similar to non-Māori, Takatāpui Tane are the group most affected by HIV among Māori. NZAF focuses on ensuring equitable outcomes for Māori, particularly Takatāpui Tane.

People from high HIV prevalence countries

A notable number of new HIV diagnoses in New Zealand are among people from high HIV prevalence countries. This is true for both MSM and heterosexual men and women. While people from Sub-Saharan Africa no longer make up a significant proportion of new diagnoses, there is still high HIV prevalence among this group.

In these contexts, NZAF delivers targeted testing, treatment and stigma reduction work.

As well as responding to those most impacted, NZAF is committed to learning more about those for whom data is limited or for whom partner organisations are the main support providers.

Trans and gender-diverse people

HIV prevalence and diagnoses among trans and gender-diverse people is not well known in New Zealand due to a lack of data. Increased engagement with this group, alongside improved data and research, is needed to better understand how HIV impacts this population.

Sex workers and people who inject drugs

HIV prevalence among sex workers and people who inject drugs in New Zealand is among the lowest in the world for both populations. Some sex workers and people who inject drugs are also part of other key affected communities, such as MSM. NZAF will continue working relationships with organisations serving these populations.

Reflections on 2016–2019

Ngā hokinga mahara mai 2016 ki 2019

NZAF had four strategic goals for the period 2016-2019.

Goal one: Increase Primary Prevention (Condoms and PrEP)

Condoms remained the cornerstone of an HIV prevention approach that also embraced multiple effective HIV prevention tools.

Condoms were a key focus of our *Ending HIV* campaigns and we distributed nearly 800,000 condoms annually through over 150 venues across the country. We also advocated for public funding for lubricant and thinner condoms, aiming to maximise the desirability of this tool.

While knowledge of condom effectiveness remained over 95% among MSM, self-reported frequent condom use with casual partners is showing early signs of decline. It is likely that the introduction of pre-exposure prophylaxis (PrEP), the daily pill that prevents HIV transmission, may be contributing to this.

NZAF facilitated early cross-sector work that enabled access to imported PrEP and led the advocacy and application to PHARMAC that resulted in public funding of PrEP for those at highest risk.

PrEP knowledge among MSM increased from 51% to 83% in the two years to 2018 and approximately 1900 MSM had received funded PrEP by January 2019.

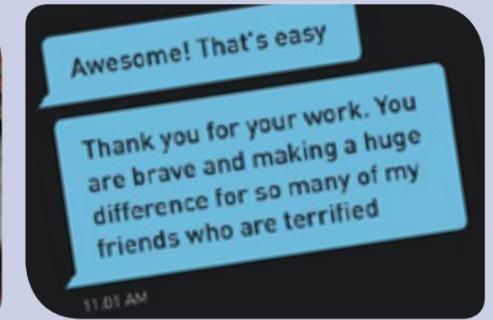
Goal two: Increase Testing and Treatment

We produced three *Ending HIV* campaigns that encouraged MSM to test for HIV more frequently - the aim was to reduce the number of people living with undiagnosed HIV and connecting them to care. The proportion of this group who reported having tested in the previous 12-months increased from 47% to 58% in the two years to 2018.

The number of HIV tests administered by NZAF continued to increase. Alongside increased testing volumes, we adapted our testing services to ensure that we reached the right people in ways that worked best for them. For example, we took our testing outside of our clinics and through outreach and self-testing services, we tested more infrequent testers and diagnosed more HIV.

Access to medicines for treating HIV was improved through the removal of policy barriers restricting treatment access. This was the result of sustained advocacy from NZAF and partners across the sector. Those diagnosed with HIV are no longer required to wait to access treatment. This improves health outcomes and contributes to HIV prevention among those who sustain HIV viral suppression.

NZAF was proud to publicly endorse the 'Undetectable = Untransmittable' campaign, celebrating the prevention benefits that result from early and successful HIV treatment.



Goal three: Supporting people living with HIV, their friends and whānau

The NZAF counselling team engaged in over 500 annual interactions with clients living with HIV; providing services including one-on-one support for managing a new diagnosis and support for general mental health and wellbeing issues.

We also piloted meditation and mindfulness courses, building new connections between PLHIV and providing practical tools to improve daily life.

We challenged HIV stigma at every opportunity in our advocacy, media work, campaigns and events. In collaboration with Positive Women Inc., a second national survey of the general public's attitudes toward people living HIV was completed and showed slight improvements on the baseline survey in 2014. The results of this survey and the personal stories we hear highlight the need for continued and increased focus in this area.

Goal four: Enabling success through a strong organisation

NZAF is committed to being a robust and sustainable organisation and this was a focus for the 2016-2019 period.

With careful financial management and continued growth of our fundraising programme, our financial performance continues to improve year on year.

Recognising our work is at its best when grounded in evidence, we improved several data channels to better improve services and our focus. A new database in our health service provides strong insights to better target testing services. Our *Ending HIV* evaluation surveys allow us to track effectiveness of campaign activities. Disestablishing our hard-copy library collection enabled us to reinvest resource to improve internal information sharing in a digital age.

The input of the diverse communities we serve is essential. A combination of service evaluations, online surveys, co-design workshops and reference groups ensured our work was responsive and effective.

Our people are at the heart of everything we do and we pride ourselves on achieving high levels of employee satisfaction and engagement. Employee surveys over this period showed over 90% of staff feeling valued in their work and close to 100% feeling proud to work for NZAF and inspired to do their best.



“NZAF has a long history of testing the norm and challenging the status quo. It takes courage, commitment and conviction to hear the quieter voices. We are dedicated to equity in our response to HIV and unwavering in our approach.”

Ian Kaihe-Wetting
NZAF Board Member



Looking forward to 2019–2022

Ngā tiro whakamua mai 2019 ki 2022

In August of 2018, NZAF formed an internal working group tasked with developing a new Strategic Plan for 2019-2022. Led by the Chief Executive, the group included staff from across the different teams and functions, many of whom are members of the communities we serve.

The comprehensive consultation process for developing this strategy included face-to-face meetings with key partners and stakeholders and an online survey with close to 100 respondents from affected communities, which captured feedback on the key areas of work being proposed.

The remainder of this document is organised into four goals and 13 focus areas that will guide our work between 2019 and 2022.

Four goals and 13 focus areas that will guide our work between 2019 and 2022.

GOALS

GOAL ONE

Prevent HIV and STI transmission

GOAL TWO

Increase HIV and STI Testing

GOAL THREE

Maximise the well-being of PLHIV

GOAL FOUR

Enable ongoing organisational success

FOCUS AREAS

1

Condoms to prevent HIV and STI transmission

5

Regular testing as a community norm

7

Early HIV treatment

10

Cultural and Community responsiveness

2

PrEP and PEP to prevent HIV acquisition

6

Accessible and responsive testing services

8

HIV stigma and discrimination

11

Knowledge and evidence

3

Sustained undetectable viral load to prevent HIV transmission (U=U)

9

PLHIV health and well-being

12

Stakeholder engagement and partnerships

4

Health issues that can increase HIV risk

13

Sustainability

Goal one: Prevent HIV and STI transmission

Whāinga Tuatahi: Aukati te Whakaruhi Ārai Mate me ngā Mate Paipai

NZAF will build on the prevention approach adopted in the previous Strategic Plan. This approach champions the multiple tools available to prevent HIV transmission, while applying public health principles to maximise the potential of each tool's impact.

Condoms will remain the cornerstone of our prevention strategy. This is critical in a strategy that also embraces other HIV prevention tools that do not protect against other STIs. Alongside maximising condom use for the prevention of both HIV and other STIs, we must increase equitable uptake of pre-exposure prophylaxis (PrEP) among those at highest risk of HIV.

PrEP must also be an accessible option for those who need it.

Finally, we must increase knowledge of the HIV prevention benefits of successful viral suppression for those living with HIV.

This strategy also acknowledges the intersecting health issues that can place MSM at higher risk of acquiring HIV. We are committing to increasing our focus on issues such as sexualised drug use.

1. Focus area: Condoms to prevent HIV and STI transmission

What the evidence tells us:

- Condoms are effective at preventing the transmission of HIV and other STIs when used consistently and correctly
- Condoms are cheap and easily accessible which makes them an effective prevention tool available to all
- Maximising rates of condom use by MSM for casual sex provides community-level protection from the transmission of HIV and most STIs
- Rates of condom use for casual sex between men in New Zealand are high when compared internationally. There are, however, signs that they are starting to decline (*EHIV Survey 2018*)
- MSM report that they are motivated to use condoms because they are the best way to prevent the transmission of HIV and STIs (*EHIV Survey 2018*)

What we will do:

- Deliver targeted and innovative behaviour-change marketing, peer education and one-on-one support to promote condom use for the prevention of HIV and STIs
- Continue to improve the sophistication and effectiveness of our free condom and lubricant distribution programme
- Advocate for a wider range of funded condom and lubricant products to maximise acceptability and accessibility

2. Focus area: PrEP and PEP to prevent HIV acquisition

What the evidence tells us about PrEP:

- PrEP prevents the acquisition of HIV when taken as prescribed but does not protect against other STIs
- The NZ PrEP Demonstration Project has shown that MSM are interested in and motivated to use PrEP as an HIV prevention method and that high levels of PrEP adherence can be maintained
- The proportion of MSM reporting PrEP use has increased from 1% to 13% since 2016 (*EHIV survey 2018*)
- Rapid and equitable uptake of PrEP is critical to maximise its public health benefits and reduce HIV transmission in New Zealand
- It is estimated that 5,847 individuals are eligible for funded PrEP based on current PHARMAC criteria. Approximately 1900 MSM had received funded PrEP by January 2019
- Studies have shown that MSM move in and out of 'periods of risk' and PrEP is not necessarily a life-long regime for everyone

What we will do:

- Deliver targeted and innovative behaviour-change marketing, peer education and one-on-one support to promote equitable PrEP uptake and safe use
- Advocate for and support workforce development and a health system that enables equitable PrEP uptake and safe use
- Continue to monitor PrEP science and implementation learnings to inform advocacy and programming
- Assess the need and feasibility of PrEP provision through NZAF Health Services

What the evidence tells us about PEP:

- Post-exposure prophylaxis (PEP) is most effective when initiated as soon as possible following a potential exposure to HIV and within 72 hours
- The risk of exposure to HIV is highest through receptive anal intercourse without condoms (ASHM PEP guidelines)
- Current PEP prescribing guidelines in New Zealand are not aligned with best practice, with overly-restrictive criteria which limit access

What we will do:

- Include targeted PEP education in the *Ending HIV* social marketing programme
- Advocate for expanded eligibility of PEP that reflects latest scientific evidence and aligns PEP prescribing pathways with those for pre-exposure prophylaxis

3. Focus area: Sustained undetectable viral load (UVL) to prevent HIV transmission (Undetectable equals Untransmittable)

What the evidence tells us:

- For most people living with HIV (PLHIV), early and sustained anti-retroviral treatment (ART) will lead to HIV viral suppression
- When a person living with HIV is on ART and maintains an undetectable viral load (UVL) for at least 6 months, HIV is not transmitted through sex (undetectable equals untransmittable or U=U)
- 69.1% of MSM know that being on treatments and having a UVL means HIV is not transmitted through sex (*EHIV Survey 2018*)
- More than half of MSM living with HIV reported that U=U has made them more comfortable disclosing their HIV status (*EHIV Survey 2018*)

What we will do:

- Deliver targeted and innovative behaviour-change marketing, peer education and one-on-one support to promote the HIV prevention benefits of sustained viral suppression among PLHIV



“PrEP has been a game changer! It allows guys to feel in control of their sexual health and reduces some of the fear and stigma surrounding HIV in the gay community.”

Andrew MacKenzie
PrEPing NZ Co-Founder

4. Focus area: Health issues that can increase HIV risk

What the evidence tells us:

- There are several intersecting health issues (mental health, alcohol and drugs, sexualised drug use) which can further increase HIV acquisition risk among MSM and for which there are limited services available
- A 2014 survey found that half of MSM believed their GP was not aware of their sexual orientation and many men reported negative experiences when they disclosed their sexuality in primary care settings
- Sexual orientation and gender diversity competencies are not well established across the medical workforce, impacting the services and care available to MSM
- Homophobia continues to negatively impact health and wellbeing outcomes through experiences of discrimination, violence, abuse and social exclusion
- Supportive legal and social environments are key to improving the health disparities faced by MSM

What we will do:

- Provide counselling and peer support to MSM at risk of acquiring HIV
- Advocate for and support research that results in better understanding of the impact that intersecting health issues have on MSM
- Advocate for high-quality services that address the unique needs of MSM experiencing intersecting health issues and assess the feasibility of providing services through NZAF

Goal two: Increase HIV and STI testing

Whāinga Tuarua: Me whakapiki ngā mātau o te Whakaruhi Ārai Mate me te Mate Paipai

Accessible testing and early diagnosis of HIV and other STIs are critical for reducing onward transmission and new diagnoses.

Testing also enables individuals to know their status and be better informed about HIV prevention methods like condom use, PrEP and treatment as prevention/ undetectable viral load.

Promoting frequent HIV testing among MSM remains a core component of our strategy. It will also become increasingly important to encourage complementary STI screening among this group.

Removing barriers to testing will be crucial in driving increased frequency – we must make NZAF testing services highly accessible while also advocating for the wider health system to better meet the testing needs of MSM and other affected communities.

5. Focus area: Regular testing as a community norm

What the evidence tells us:

- HIV transmission in New Zealand is largely driven by people who are living with undiagnosed HIV
- Increasing both access to and the frequency of HIV testing is essential to ensure people living with HIV are diagnosed early, provided timely treatment, and linked into ongoing care
- The integration of STI testing with HIV testing is important, where feasible, as the presence of STIs increase the risk of HIV transmission
- The proportion of MSM who tested for HIV in the last 12 months has increased from 47% in 2016 to 58% in 2018 (EHIV survey 2018)

What we will do:

- Deliver targeted and innovative behaviour-change marketing, peer education and one-on-one support to promote regular HIV and STI testing in accordance with risk

6. Focus area: Accessible and responsive testing services

What the evidence tells us:

- New testing models at NZAF, including express drop-in clinics, HIV self-testing and beat outreach, have been successful in reaching a higher proportion of MSM who have never tested before
- HIV self-testing has shown to be an effective and equitable testing strategy, reaching people at high risk of HIV. While currently only a small proportion last tested using a self-test device, 20% reported they would like to use this method for their next test (EHIV survey, 2018)
- NZAF can work hard to continually improve testing services but the reality is that over one third of MSM test for HIV at their GP and approximately 40% new diagnoses are made in a primary care setting

What we will do:

- Continue to innovate NZAF's HIV and STI testing services to further improve acceptability and equity of access among those at highest risk
- Advocate for and support workforce development and a health system that delivers HIV and STI testing that meets the unique needs of MSM



“The continued promotion of testing as a community norm must be accompanied by efforts to ensure testing is easily accessible and that uptake is equitable. We will continue to adopt new and innovative testing tools and approaches that acknowledge and accommodate the diversity of our communities.”

Jill Beaumont

Health Services Manager – Auckland



A still frame from our latest testing campaign video, “Good sex is more than just sex”.



Quick Prick van, February 2018, Auckland

Goal three: Maximise the wellbeing of people living with HIV (PLHIV)

Whāinga Tuatoru: Whakakaha te oranga o ngā tangata i ora ai i te Whakaruhi Ārai Mate

We will work to maximise the health and prevention benefits of HIV treatment for those living with HIV and have made HIV stigma and discrimination a specific focus area of the strategy for the first time.

This strategy also addresses some of the intersecting health issues that can be experienced by people living with HIV.

7. Focus area: Early HIV treatment

What the evidence tells us:

- There is conclusive evidence that early initiation of antiretroviral treatment (ART) enhances the long-term health outcomes of people living with HIV (PLHIV)
- World Health Organisation (WHO) guidelines recommend offering rapid initiation of ART (within seven days) to all PLHIV following a confirmed HIV diagnosis and clinical assessment
- For those who are ready to start treatment, WHO recommends that ART be offered on the day of diagnosis. Studies have shown this reduces common barriers to starting treatment and improves rates of treatment adherence and viral suppression
- International research shows there is loss of engagement at each step in the 'cascade of care' - from HIV diagnosis through to sustained viral suppression. Local data is required.
- Treatment options have improved significantly since the early days of HIV with a dramatic reduction in toxicity and side effects. New combinations continue to be developed, along with single-tablet regimens which reduce pill burden and can improve adherence

What we will do:

- Deliver targeted and innovative peer education, one-on-one support and behaviour-change marketing to promote HIV treatment initiation for people living with HIV
- Continue to support rapid linkage to care and treatment for those diagnosed with HIV through NZAF testing services
- Advocate for the availability of rapid treatment initiation for people newly diagnosed with HIV and for treatment options that ensure high-quality care for all people living with HIV
- Continue to monitor treatment science and New Zealand care-cascade data to inform advocacy and programming



“Unlike when I was diagnosed with HIV, there are more medications available now and they have less side effects. With successful treatment that leads to undetectable viral load, HIV is not transmitted sexually. I am thankful for the amazing progress which means people have more options to find a medication that works best for them.”

Judith Mukakayange
NZAF Staff Member

8. Focus area: HIV stigma and discrimination

What the evidence tells us:

- HIV-related stigma and discrimination continues to have a profound impact on people living with HIV in New Zealand
- Stigma impacts on the uptake of HIV testing, disclosure of HIV status, engagement and retention in care with healthcare personnel, and uptake of and adherence to HIV treatment. This prevents people from using health care and fuels the ongoing transmission of HIV
- A survey of New Zealanders' attitudes to HIV found that 42% of people would be uncomfortable having their food prepared by someone who is living with HIV, despite there being no risk of HIV transmission
- A 2018 NZAF survey of PLHIV found that 59% of PLHIV were resilient or very resilient in the face of HIV stigma and discrimination (PLHIV Needs Survey 2018)
- UNAIDS states that “...not only is HIV-related discrimination a human rights violation, but it is also necessary to address such discrimination and stigma in order to achieve public health goals and overcome the epidemic”. The elimination of HIV-related stigma and discrimination by 2020 is a UNAIDS indicator towards targets to end AIDS

What we will do:

- Increase our advocacy and campaigning efforts to dismantle HIV stigma within communities most affected, the health workforce and across the New Zealand population
- Focus our policy and advocacy capacity on key issues facing people living with HIV, such as the criminalisation of HIV transmission and immigration policy



“The stigma around HIV is destructive. People fear us, as we symbolise sickness and death to them. This makes it hard to be open about living with HIV, which I know personally. Yet, not telling people feels like living a lie, like hiding an important piece of your life – when it’s just a virus in our body, nothing to be ashamed of or for others to fear. Except they do, and that hurts.”

Michael Stevens
Past NZAF Board Chair, NZAF Life Member

9. Focus area: PLHIV health and wellbeing

What the evidence tells us:

- Counselling and peer support that meets the diverse and changing needs of people living with HIV is highly valued and helps to address challenges related to health and wellbeing (PLHIV Needs survey)
- More information is needed to enable support for people living with HIV who face intersecting health issues (such as mental health, ageing, alcohol and drugs, sexualised drug use) for which there are limited culturally appropriate and responsive services available

What we will do:

- Provide counselling and peer support to people living with HIV, their friends and whānau
- Advocate for and support high-quality services that address the unique needs of people living with HIV experiencing intersecting health issues
- Advocate for and support research that results in better understanding of the impact that intersecting health issues have on people living with HIV

Goal four: Enable ongoing organisational success

Whāinga Tuawha: Whakamana te angitū

To enable the effective delivery of this strategy, NZAF is committed to continually improving.

What we will do:

10. Focus area: Cultural and Community Responsiveness

- Further enhance our commitment to ensuring equitable outcomes for Māori, particularly Takatāpui Tane
- Continue to develop a culturally competent workforce that can respond to ethnic and cultural uniqueness and the needs of Rainbow communities

11. Focus area: Knowledge and evidence

- Ensure the best available evidence and community insights inform programmes and services
- Continue to build an internal culture that values information-sharing and knowledge-led programming

12. Focus area: Stakeholder engagement and partnerships

- Develop and implement guidelines that support the meaningful involvement of people living with HIV (MIPA) across our work
- Continue to build and maintain strategic stakeholder relationships across the community, Government and sector

13. Focus area: Sustainability

- Continue to ensure the financial sustainability of NZAF through further developing NZAF's fundraising strategy and advocating for increased government investment
- Develop a plan that enhances our ability to attract, develop and retain a high-quality team
- Complete a review of the NZAF brand, including whether the name of the organisation remains fit for purpose
- Develop and implement an action plan that reduces NZAF's environmental impact



“Charles Dickens once said, ‘...it is the long history of mankind that those who learn to collaborate and improvise most effectively have prevailed’. Partnership will always be a necessary component of the New Zealand HIV response.”

Warren Lindberg

Inaugural NZAF Executive Director,
NZAF Life Member





Measuring success

Tātai te angitū

NZAF has a robust framework for evaluation and knowledge management which we are continually improving.

Over the life of this strategy, evaluation data will be collected against the goals and focus area activities. This data will be used to continually improve annual planning processes and programme implementation and will also enable a mid-term review of overall progress in 2021.

Current evaluation and knowledge data sources include:

- Biannual *Ending HIV* Evaluation Surveys
- Evaluation data from programmes and services

By 2022, NZAF hopes to have contributed to the following population-level measures:

- An equitable downward trend in the number of new HIV diagnoses
- An equitable reduction in rates of undiagnosed and late-diagnosed HIV
- An increased proportion of those PLHIV linked to care and on treatment
- Improved attitudes and perceptions surrounding HIV resulting in less stigma

“Science, evidence and public health values endow HIV prevention programmes with direction and confidence. They show us where we should focus our efforts and why.”

Dr Peter Saxton

Inaugural NZAF Fellow & Director Gay Men’s Sexual Health Research Group, University of Auckland



New Zealand AIDS Foundation

Te Tūāpapa Mate Āraikore o Aotearoa

NZAF's National Office is in Auckland. There are regional centres in Auckland, Wellington and Christchurch, and contracted professionals providing rapid testing and counselling services in most areas of New Zealand.

NZAF National Office

Phone

09 303 3124

Email

contact@nzaf.org.nz

Location

31 Hargreaves Street
St Mary's Bay
Auckland 1011

NZAF Burnett Centre

Phone

09 309 5560

Email

contact.burnett@nzaf.org.nz

Location

35 Hargreaves Street
St Mary's Bay
Auckland 1011

NZAF Āwhina Centre

Phone

04 381 6640

Email

contact.awhina@nzaf.org.nz

Location

Level 1, 187 Willis Street
Wellington 6011

NZAF Te Toka

Phone

03 379 1953

Email

contact.tetoka@nzaf.org.nz

Location

185 Peterborough Street
Christchurch Central 8011