



New Zealand AIDS Foundation

Te Tūāpapa Mate Āraikore o Aotearoa



## Strategic Plan

Mahere Rautaki

2013 – 2016

**Vision:**

A world without HIV & AIDS

**Matakite:**

He ao kore HIV, kore AIDS hoki

**Mission:**

To reduce the spread of HIV  
and support people living with  
HIV, their families and whānau

# Contents

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The New Zealand AIDS Foundation	01
2010 – 2012: Achievements	02
2013 – 2016: Steps Forward	05
HIV in New Zealand Today	09
Key Factors Influencing the rise of HIV since 2000	13
Current Models of Operation	17
NZAF Health Services	20
Science, Research and Analysis	21
Contact us	22

# The New Zealand AIDS Foundation

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Our story began in 1985. We are a not-for-profit organisation that grew from concerns about the rapidly unfolding HIV/AIDS epidemic in New Zealand during the early 1980s.

Today, we connect with thousands of kiwis through our HIV prevention programmes and our HIV testing, counselling and support services around New Zealand.

Our HIV prevention programmes, Love Your Condom (LYC) and Love Cover Protect (LCP), are entrenched in community. Our qualified team are a dynamic group of people from different backgrounds, many of them coming from the communities we serve. Every member of the team is committed to our vision of a world without HIV and AIDS. As a passionate team, we work with the people most affected by HIV in New Zealand and build a positive condom culture.

Our health and support services include free rapid testing for HIV and other STI's, free counselling, peer support groups for people living with HIV, and advocacy for the rights of those living with and affected by HIV.

We have a national office in Auckland, as well as regional centres in Christchurch, Wellington and Auckland, and contract services in many other regions.



# 2010–2012: Achievements

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## Goal 1 – A significant reduction in the number of people contracting HIV

- New diagnoses for HIV in NZ have reduced by 2% overall and by 12% for the most affected group; gay and bisexual<sup>1</sup>
- Over half a million condoms are now distributed each year
- In 2011 GAPSS GOSS research over 80% of gay and bisexual men stated they mostly used condoms for casual sex<sup>2</sup> and there were indications from other sources that this figure improved by 2013<sup>3</sup>
- Over 1200 NZ Africans attend programme events annually
- The Hui Takatāpui and Love Life Fono were enhanced and initial community engagement with Asian gay and bisexual men initiated

## Goal 2 – Provide responsive culturally appropriate services that provide opportunities for people living with HIV, their whanau and families to maximise their wellbeing

- NZAF now engages with approximately 400 people living with HIV each year
- NZAF initiated collaborative work to address HIV stigma
- HIV testing within NZAF services increased in volume from 900 to 2200 pa
- New approaches to group support and collaborative retreats have been developed
- Outreach testing is occurring in a wide range of settings

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*1. Derived from the Otago University AIDS Epidemiology Group data March 2013 — 2. Findings from the GAPSS and GOSS surveys 2002-2011. Research brief to the Ministry of Health. Peter Saxton, Nigel Dickson, Adrian Ludlam, Tony Hughes AIDS Epidemiology Group August 2012 — 3. An Evaluation of Get it On DR Adams J, Dr Neville S Shore Research for the MoH 2013 pg 56*

### Goal 3 – NZAF has a strong and broad evidence base that informs all aspects of its work

- The Gay Auckland Periodic Sex Survey has been repeated
- Analysis of treatments role in prevention has been made public
- The NZAF Research Fellowship has been created
- Analysis of HIV related health issues for gay men has been extended
- Programme evaluation was enhanced
- Research into African, Asian and Pacific communities was supported

### Goal 4 – Create a shared Vision with organisations committed to HIV prevention and healthcare, and communities most at risk of HIV have a shared ownership of that vision

- NZAF led the reinvigoration of the HIV sector forum
- Over 100 new operational relationships with organisations and businesses were developed
- NZAF worked collaboratively with groups representing people living with HIV on HIV NZ Magazine, World AIDS Day, retreats, seminars, policy analysis and stigma elimination





Attitudes to sexuality, to homosexuality, to human rights, knowledge of HIV and sexual and social behaviour varies considerably amongst different cultures within New Zealand

# 2013–2016: Steps Forward

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NZAF supports community-wide condom use, expansion of testing, and early access to treatment for HIV for personal health and reduced infectivity.

We have set ourselves bold targets for the coming three year period. While we cannot guarantee success and we rely on such factors as community response and funding to support our endeavours, NZAF considers that our strategy provides the best framework within which to achieve these targets.

## Goal 1 – Preventing the Spread of HIV

### Key Targets 2014-16

- Condom use amongst gay and bisexual men increases as measured in the Gay Auckland Periodic Sex Survey and Gay Online Sex Survey
- New diagnosis of HIV acquired in NZ by gay and bisexual men to achieve a downward trend
- New diagnosis of HIV acquired in NZ by NZ Africans to achieve a downward trend
- Maintain a downward trend in new diagnosis of HIV acquired in NZ by the total population

### Actions:

1. Continue to support and develop social marketing through Love Your Condom (LYC) and Love Cover Protect to **promote a condom culture** incorporating feedback from evaluations and research
2. **Extend HIV testing** with a focus on reducing the number of people who do not know they have HIV, and the number who are diagnosed late
3. Advocate for strategic public policy including increased testing via rapid testing and access to treatment through the **removal of the CD4 threshold**
4. Development of prevention activity will have clear plans and approaches to ensure **responsiveness to Māori**

5. Review the **African Programme** incorporating feedback from research
6. Seek opportunities for the **International Programme in the Pacific and integrate it more closely with interaction with Pacific communities in New Zealand**
7. Development of prevention activity will have clear plans and approaches to ensure **responsiveness to the changing cultural and demographic issues** for target groups (e.g. Asian, Pacific, and African)
8. Use the **NZAF Health Service to reinforce and promote condom culture** messages via
  - Behaviour-change counselling
  - Support and education via positive people's networks
9. The Health Service will make explicit the links between **STIs and HIV** and **wider health issues that relate to HIV** so as to support HIV prevention and a condom culture and to provide a responsive service to clients. This will involve enhanced information and advocacy around health issues for men who have sex with men
10. **HIV science and trends** will be analysed and clear advice given to programmes, partners and target audiences on implications for HIV prevention
11. **NZAF communications** will provide accessible information to support **HIV knowledge** amongst target audiences
12. All prevention-focused activities across NZAF will be carried out with a strong emphasis on leveraging **partnerships** (community, clinical, organisational) in order to reduce HIV



## Goal 2 – Supporting People Living with HIV, their Family and Whānau

### Key Targets 2013-16

- The number of HIV tests carried out or supported by NZAF to increase by 30%
- NZAF can demonstrate a range of new services supporting people living with HIV that show 80% or higher levels of participant satisfaction.
- The number of people living with HIV that NZAF engages with to increase by 25%
- Demonstrable actions are taken to eliminate stigma and discrimination

### Actions:

1. NZAF Health Service will continue **counselling** as one component of support for positive people (in addition to its impact of prevention via behaviour change)
2. NZAF Health Service will build on its work as advocates, community workers, support network facilitators, etc. to **enhance flexible social support for people living with HIV** through the stages of their life with the virus
3. **HIV and related sexual health testing will be enhanced at a community level** through outreach and partnerships with other organisations
4. **Accessible rapid HIV testing will be promoted** throughout the health system through advocacy and policy input
5. The enhancement of support for **people living with HIV** will be developed in **close collaboration with groups representing people living with HIV**
6. Development of support for people living with HIV will have clear plans and approaches to ensure **responsiveness to Māori**
7. Development of support for people living with HIV will have clear plans and approaches to **ensure responsiveness to the changing cultural and demographic issues** for target groups (e.g. Asian, Pacific, and African)
8. NZAF will work collaboratively to **take action to eliminate stigma and discrimination**
9. NZAF will advocate and advise on **increased access to treatment**, public policy, human rights and legal frameworks that support the wellbeing of people living with HIV

10. NZAF **communication** will support the dissemination of relevant **information to people living with HIV**
11. All support for people living with HIV will place a strong emphasis on leveraging **partnerships** (community, clinical, organisational) in order to offer effective support

## Goal 3 – NZAF is a Strong Organisation Which is Robust Enough to Deliver on its Mission

### Key Targets 2013-16

- Evidence demonstrates high levels of understanding and support for NZAF's mission, strategy, core messages amongst its stakeholder groups
- NZAF staff feedback document levels of satisfaction and attitudes supporting collaboration at over 80%
- NZAF income to increase by 17% to compensate for inflation

### Actions:

1. NZAF will communicate **its mission, strategy, core messages** and progress in achieving strategic goals openly and promptly to all stakeholders (community, members, partners, funders, staff, etc.)
2. Internal **organisational culture** will continue to be developed to foster organisation-wide thinking, collaboration and creativity
3. NZAF will build on **political and government relationships** to promote an understanding of the value of NZAF's work in detail
4. An **income development strategy** designed to grow adequacy of funding from a range of sources will be developed
5. **Research and analysis** of both science and best practice and **evaluation** of activities will be enhanced as foundations of all NZAF actions; both operationally and strategically
6. **Human resources** strategy will be augmented to ensure it is **clear and consistent**, including a clear rationale for remuneration which supports quality work and motivated staff
7. **Governance and management development** will be maintained so that organisational strategy can be implemented in a sustained way over time

# HIV in New Zealand Today

The two groups most at risk of HIV in New Zealand are gay and bisexual men and NZ African communities.

For Men who have Sex with Men (MSM) the epidemic rose sharply during the 1980s, declined to a low around the new millennium and then rose to a new high level by 2005. The significant majority (73%) were infected in New Zealand. The rise in the MSM epidemic has been halted, despite increased risk from the growing prevalence in the population. From 2009 - 2012 new diagnosis for MSM who contracted HIV in New Zealand have been relatively stable. Our challenge is to turn these encouraging signs into a long term trend of reduced diagnoses.

## Total MSM Diagnosed where infection Occurred in NZ



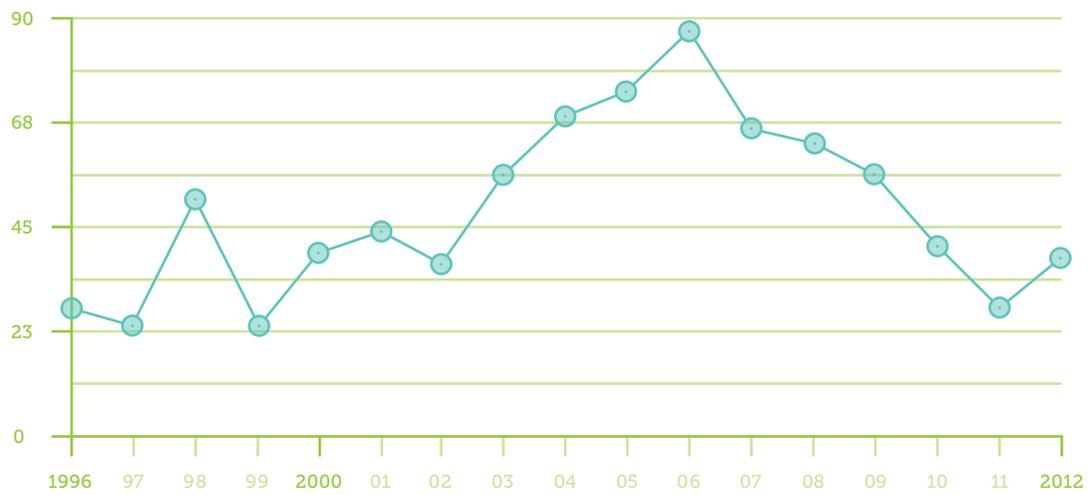
Data provided by AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago March 2013. Graph produced by New Zealand AIDS Foundation.

The heterosexual epidemic has been predominantly amongst African migrants and refugees who acquired HIV in their country of origin. Eighty percent (80%) of all HIV infections amongst heterosexual occurred outside New Zealand. This epidemic built slowly up to 2000 then increased rapidly until 2006. At that time immigration policy was changed to limit the number of people with HIV allowed to enter NZ. Since that time heterosexual diagnoses of HIV have been reduced in number dramatically.



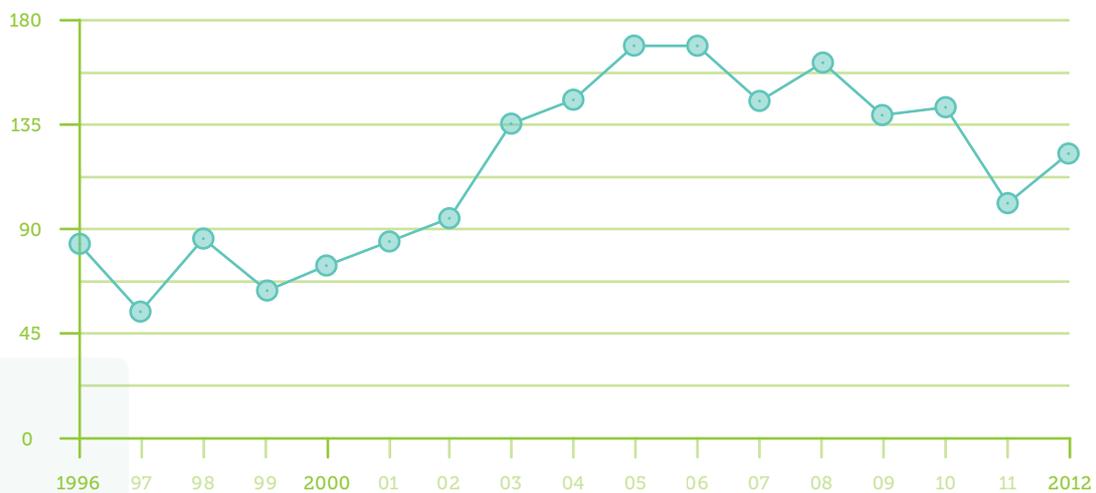
The two groups most at risk of HIV in New Zealand are gay and bisexual men and NZ African communities

## Total Hetrosexuals diagnoses Place of Infection includes NZ & Overseas



Data provided by AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago March 2013. Graph produced by New Zealand AIDS Foundation.

## All HIV Diagnoses Place of Infection Includes New Zealand & Overseas



Data provided by AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago March 2013. Graph produced by New Zealand AIDS Foundation.

New Zealand has no epidemic in relation to intravenous drug users, sex workers or mother to child transmission.

**HIV Testing** for men in New Zealand has increased by approximately 200%,<sup>4</sup> and the figure is likely to be higher overall – the introduction of a mandatory offer of an HIV test to all pregnant women, targeted publicity around rates of unknown HIV infection for gay and bisexual men and innovative testing technology used in community settings (pioneered by NZAF), have all contributed to this success. Despite this, around 21% of gay and bisexual men in Auckland who have HIV remain undiagnosed<sup>5</sup> and 50% of all HIV diagnoses are late.<sup>6</sup>



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4. Estimate derived from data provided by the largest test lab in Auckland — 5. Saxton et al *BMC Public Health* 2013 12:92 — 6. Dickson et al *HIV Medicine* 2012 13:182-19

# Key Factors Influencing the rise of HIV since 2000

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- The **availability of treatment** means that there are very few AIDS deaths. While this is good news it increases the pool of people living with HIV and increases the chance of onwards transmission
- With HIV no-longer being a terminal disease, an element of **complacency** about prevention developed
- The rise of **the internet** with sites for dating and 'hook-ups' dramatically increased the diversity and scope of sexual networking available

The **prevalence of HIV amongst gay and bisexual men is 6.5%** - this is approximately two thirds the level of Australia and is considerably lower than many American and European cities.<sup>7</sup>

Men who have a **high number of partners** are significantly more at risk of HIV<sup>8</sup>

Men who meet their sexual partners **on the internet** are also significantly more at risk of HIV<sup>9</sup>

gay and bisexual men are more at risk of HIV than heterosexuals because **anal sex is 18 times more risky than vaginal sex** due to the biology of the anal tract and gut<sup>10</sup>

1 in 5 gay and bisexual men in Auckland who have HIV do not know they have it.<sup>11</sup>

NZAF has a robust and responsive approach to preventing HIV in an increasingly diverse population which is informed by research and strategic analysis

## African Communities

There are an estimated 12,500 Africans in NZ.<sup>12</sup> Approximately 19% of those under care for HIV in NZ are NZ Africans. NZ Africans accounted for 17% of diagnosis 2006-2012.<sup>13</sup> The majority of HIV amongst this population was contracted in Africa – 23 Africans have contracted HIV in NZ since 2005.

New evidence also suggests that there is a significant population of gay and bisexual men within the African community.<sup>14</sup>

It is estimated that 5% of the NZ African community are currently living with HIV.<sup>16</sup>

## Māori

As Tangata Whenua Māori are the first people of the land. When addressing HIV, the principles of the Treaty of Waitangi are given dimension by the risk amongst Takatāpui

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7. Saxton P, Dickson N, Griffiths R, Hughes AJ, Rowden J. 2012. Actual and undiagnosed HIV prevalence in a community sample of men who have sex with men in Auckland, New Zealand. — 8. *ibid* — 9. *ibid* — 10. Baggaley, R.F. White, R.G. Boily, M.C. HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention. *Int J Epidemiol.* 2010; 39:1048-1063. — 11. Saxton P, Dickson N, Griffiths R, Hughes AJ, Rowden J. 2012. Actual and undiagnosed HIV prevalence in a community sample of men who have sex with men in Auckland, New Zealand. — 12. Nigel Dickson<sup>†</sup>, Mark Henrickson<sup>††</sup> and Fungai Mhlanga<sup>††</sup> AfricaNZ Count September 2012. — 13. Nigel Dickson<sup>†</sup>, Mark Henrickson<sup>††</sup> and Fungai Mhlanga<sup>††</sup> AfricaNZ Care September 2012 — 14. *ibid* — 15. *ibid*

Tane (gay men) and the varied attitudes to homosexuality in post-colonial Māori society. NZAF provides specific programmes working alongside Māori. The Hui Takatapui is central to this work. It works in partnership with over 20 Māori organisations and is advised at the governance level by and Te Rōpū ki a Tau o te Waka (the Māori advisory board).

## Ethnic Diversity

New Zealand, particularly Auckland, is becoming increasingly ethnically diverse. The Asian population is growing rapidly and this is being reflected in an increasing proportion of new HIV infections amongst Asian gay and bisexual men.

In addition HIV plays out in its own culturally specific ways amongst Pacific Island communities.

Attitudes to sexuality, to homosexuality, to transgender, to human rights, to community, family and religion, knowledge of HIV and sexual and social behaviour varies considerably amongst different cultures within New Zealand.

## Gay and Bisexual Community Change

Since the passing of homosexual law reform and human rights legislation in the 1980s, and the advent of HIV medications in the 1990s, the experience of gay and bisexual men has changed dramatically. This has precipitated a diversity of expressions of being a man who has sex with men. As a result, the gay male community is arguably stronger, more diverse and less cohesive.



## People Living with HIV

Just over 2000 people are living with HIV in New Zealand.

As at 2008 75% reported a good general state of well-being.

Consultation and research in 2012/13 has indicated that people with HIV face a range of issues that change and are episodic over the course of their life with the virus

- Support with new diagnosis
- Support with treatment
- Social isolation
- Need for peer support
- Facing stigma and discrimination
- Employment issues
- Co-related health issues



# Current Models of Operation

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Our aim to maintain a downward trend of HIV transmission in New Zealand will be achieved by continuing to promote a condom culture, along with increased testing and access to medications

## Why Condoms?

Condoms and lube remain the most effective means of preventing the transmission of HIV at a community-wide level. They are cheap, easy to distribute and use, use is verifiable by partners and if used properly they are 95% effective.

NZ has a very high level of condom use at 80% for gay and bisexual men using condoms most of the time for casual sex.<sup>16</sup> This level of condom culture has been built up over years of consistent messaging. The aim is to sustain and increase the level of condom use.

## Public Health

NZAF takes a public health approach to its work. Public Health is concerned with the health of populations and with the environmental (social and physical) drivers of risks to health. In the case of HIV this means that we concern ourselves with the social norms and legal/human rights frameworks around sexuality, the environments in which people have sex, and the attitudes and beliefs that encourage or discourage safe sex. We aim to create a culture and environment of safety.

Historically NZAF has linked scientific analysis, health education and health promotion (safe sex campaigns, innovative testing and behaviour change counselling), with advocacy for human rights and legislative change and support of healthy community environments so as to achieve a reduction in HIV amongst men who have sex with men, and the wider population.

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16. Peter Saxton, Nigel Dickson, Adrian Ludlam, Tony Hughes Condom use among gay and bisexual men in New Zealand Findings from the GAPSS and GOSS surveys 2002-2011 Research brief to the Ministry of Health. AIDS Epidemiology Group August 2012

The factors driving the resurgence of the epidemic post 2000 caused NZAF to reappraise its prevention approach. A number of factors emerged:

- Knowledge of HIV and safe sex was high as measured in the GAPSS GOSS research – but this knowledge did not consistently translate into condom use
- The gay and bisexual community was reasonably robust – there is less of a need for the NZAF to be the driver of community activity
- Fear based approaches to safe sex promotion were of limited value

A **Social Marketing** approach was adopted in 2009-10 via the Love Your Condom (previously get it on!). Key features include:

- Aim to create a condom culture or social movement where condom and lube use is a normal and positive part of sex
- Positive messaging – not fear based messaging
- Focus on the action of using condoms not of education about HIV and safe sex
- Pro-sexual – people are supported to have as much or as little sex as they choose
- Using a wide range of channels to convey the message (e.g. events, mass media, online, social media, venue collateral, ambient marketing, personal role models and community advocates).
- Long term – the programme builds and reinforces its messages over multiple years while being refreshed with different phases and images.

**Strong elements of community development**, health education and health promotion continue to be part of NZAFs prevention work.

- Community engagement staff develop or support events and relationships with venues and organisations where Love Your Condom messaging and condom distribution can occur
- Events such as LYC Big Gay Out, Hui Takatāpui , Love Life Fono, One Night in Mumbai build networks and support community strength and resiliency
- Staff are involved in education workshops with a range of health professionals, student, Māori, Pacific and African community groups
- A range of resources on HIV are distributed

## Treatment Responses to HIV Prevention

In the last three years considerable international attention has been given to bio-medical prevention methods at the expense of condom promotion. The major focus has been on treatment as a means of prevention (i.e. if all people with HIV can be tested and put on treatment early their viral load will reduce making it harder to pass on HIV). A second approach is Pre-Exposure Prophylaxis (PrEP) whereby people without HIV take the medications as a means to reduce their chance of acquiring HIV.

While it is increasingly clear that adherence to medications and the achievement of undetectable viral load for an individual with HIV does have a significant effect in reducing the transmission of the virus, NZAF does not support this approach as a community level response to preventing the spread of HIV among gay and bisexual men.

- One in five gay and bisexual men who have HIV does not know it. In addition those in the early stages of infection are themselves highly infectious, but are least likely to know they have HIV. A treatment approach to prevention cannot work for this significant driver of the epidemic
- The international evidence remains uncertain as to the extent to which treatment reduces the risk of passing on HIV through anal sex between gay and bisexual men

NZAF acknowledges the benefit of treatment in reducing infectivity. However, this benefit will only be gained if the condom culture is actively promoted



# NZAF Health Services

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NZAF Health Services play a key role in prevention. HIV and STI testing helps individuals manage their health and supports a safe sex culture. NZAF has pioneered rapid testing technology in New Zealand which dramatically reduces waiting times for results (from days to minutes). We continued to push the boundaries of innovative technology and responsiveness to people's needs by introducing the P24 antigen test in 2013. Testing is also supported by counselling. Approximately fifty percent (50%) of clients in counselling are HIV negative. This provides an opportunity to address drivers of risky sexual behaviour at a one to one level. Social marketing and testing/counselling are two different voices for prevention. Each reinforces the other and both programmes are sustained over time.

## Supports for People Living with HIV

NZAF's origins are in support for people dying of AIDS. In the last 20 years the advent of treatment has moved our role to support for people living with the chronic life-long illness of HIV. NZAF engages with approximately 400 people living with HIV each year. Current services within NZAF Health Services are focused around one to one counselling but also include:

- Engagement/collaboration with Body Positive, Positive Women and INA through participation in workshops, retreats and referral of individuals
- Running or supporting formal and informal peer support groups
- Services and information on some HIV related health issues such as STIs
- Advocating on behalf of clients with various bodies such as WINZ, landlords etc
- Training of clinical professionals such as: Doctors, nurses and laboratory staff

Other parts of NZAF also contribute to support for people living with HIV:

- The creation of a condom culture contributes to an environment where people with HIV can be sexually active without needing to declare their status
- Advocacy for appropriate legal, human rights and policy frameworks help to reduce stigma and discrimination
- Advocacy for increased access to medications

# Science, Research and Analysis

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NZAF has always based its work on an analysis of the available science pertaining to HIV and has advocated for and supported appropriate research such as the Gay Auckland Periodic Sex Survey and the AfricaNZ research. Robust scientific analysis has been the basis of the organization's plans and strategies.

## Internal Opportunities for Growth within NZAF

### **Internal Culture**

In the last three years NZAF has successfully created a culture of trust, collaboration and organisation-wide thinking within NZAF. The structure has been changed to bring all prevention and health operations under a single General Manager.

### **Financially**

NZAF is approximately 90% dependent on Ministry of Health funding. This has been frozen since 2008. NZAF has managed to make up the loss of effective income through cost savings but costs are outstripping income and deficits are inevitable unless income grows with inflation. The cost benefit of preventing HIV is significant for New Zealand and would logically support increased government funding.

### **Support and Consciousness of HIV**

The advent of HIV treatment has reduced the visibility of HIV in the public mind and this has carried over into the political world. Conversations need to be enhanced to ensure that the risks of HIV and the benefits of NZAFs work are understood at policy and political levels.

# Contact us

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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

- 📞 09 303 3124
- ✉ [contact@nzaf.org.nz](mailto:contact@nzaf.org.nz)
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## NZAF Burnett Centre

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- 📍 Level 1, 187 Willis Street  
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## NZAF Te Toka

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New Zealand AIDS Foundation

Te Tūāpapa Mate Āraikore o Aotearoa



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