

# Strategic Plan 2010-2013

Mahere Rautaki 2010-2013



NEW ZEALAND AIDS FOUNDATION  
Te Tūāpapa Mate Āraikore o Aotearoa



## Vision

A world without HIV and AIDS.

## Matakite

He ao kore HIV, kore AIDS hoki.

## Mission

To prevent the transmission of HIV and provide support for people living with HIV and their whānau and families.

## Koromakinga

Ki te ārai i te tuku o te HIV me te tautoko i ngā tāngata e mau ana i te HIV me o ratou whānau.



# The New Zealand AIDS Foundation Te Tūāpapa Mate Āraikore o Aotearoa

The New Zealand AIDS Foundation (NZAF) is Aotearoa New Zealand's national HIV prevention and healthcare organisation. The NZAF is a registered charity that grew out of gay community initiatives in the 1980s. Today, the NZAF brings history, passion, commitment, expertise and diversity to meet the emerging trends of the HIV epidemic and the changing needs of the communities it serves.

The NZAF provides health and support services to people with HIV to maximise their health and their ability to maintain safe sexual practice, and HIV prevention programmes targeted at the communities most at risk, including HIV, syphilis and Hepatitis C rapid testing and sexual health clinics. The NZAF also undertakes research, strategic analysis and policy advice.

The NZAF National Office is in Auckland, and there are regional centres in Christchurch, Wellington and Auckland. The NZAF employs more than 40 staff and has more than 100 regular volunteers. There are also NZAF-trained professional contractors providing HIV and syphilis rapid testing and counselling in many other regions across Aotearoa New Zealand.

Outside of Aotearoa New Zealand, the NZAF manages an international development programme, working with partners in the Pacific that are committed to the rights and health of Pacific men who have sex with men and transgender people.

# Preface | Kupu Whakataki

This plan sets out the vision, mission, principles and goals of the NZAF for the three year period from 2010 to 2013. The plan was developed by the NZAF Board and management team in consultation with NZAF staff and stakeholders.

The NZAF recently commemorated its 25th anniversary. Of course that commemoration was bittersweet, as 2010 also marks roughly 25 years since the start of the HIV epidemic in our country. The fact that we are still fighting HIV after so many years is obviously the last thing we would want to celebrate. However, this important milestone for the NZAF provides a good opportunity to take stock of our efforts to date. There is much I believe the NZAF and the communities it works with can, and should, be proud of. New Zealand still has one of the lowest HIV prevalence rates in the developed world and people with HIV in New Zealand are living for longer and in better health. I think that it is important that we take the time to celebrate our achievements, and I give my heartfelt thanks to the large and varied group of people that have been involved in this important work.

At the same time, we must not let that pride in our achievements translate into complacency. I wish I could say otherwise, but in many ways our challenge is getting harder, not easier. In essence this document summarises our latest plan of attack for battling HIV in our communities, and for supporting those who are living with HIV. Its contents do not represent a revolution. For instance, the promotion of condoms and lube remains the mainstay of the NZAF's prevention efforts, and is likely to continue to do so for the foreseeable future. Nor does this plan represent business as usual. The number of people living with HIV in Aotearoa New Zealand is increasing. At the same time, the makeup of our most at risk communities is evolving, as is the way members of those communities interact. In certain key areas, this plan therefore charts a new course. For example, we are looking to increasingly leverage the health services that the NZAF offers to provide more targeted prevention services to key individuals and sub-groups.

This gradual evolution in the way we operate is likely to continue. The NZAF will continue to closely monitor changes in the HIV epidemic. As we have redeveloped our approach to HIV prevention over the course of the last strategic plan period, the goals of this plan will be adapted if there is evidence that shows that further change is needed to allow the NZAF to better address emerging trends in the epidemic, or the changing needs of the individuals and communities we serve. We will also formally report on how we are progressing on this plan each year in our annual report. We aim to hold ourselves to a high standard, and invite the communities we work with to do so too.

My thanks again to the hard working NZAF staff whose effort and dedication is vital and to the huge number of volunteers and supporters that work with us.



Alastair Cameron  
NZAF Board Chair



## Goals | Ngā Whāinga

- Goal 1** A significant reduction in the number of people contracting HIV.
- Goal 2** The NZAF provides responsive and culturally appropriate services that provide opportunities for people living with HIV, their whānau and families, to maximise their wellbeing.
- Goal 3** The NZAF has a strong and broad evidence base that informs all aspects of its work.
- Goal 4** The NZAF has a shared vision with organisations committed to HIV prevention and healthcare, and the communities most at risk of HIV have a sense of ownership of that vision.
- Goal 5** The NZAF is a stronger and more sustainable organisation.

# Principles | Matapono

In 2007, a new NZAF Trust Deed was signed; the first since the NZAF was founded in 1985. The changes in the new Trust Deed extended and enhanced the original principles. This document is the first NZAF Strategic Plan to be developed since the revision of the original Trust Deed.

## Commitment to meaningful relationships with tangata whenua

The NZAF is committed to honouring Te Tiriti o Waitangi through a practical commitment to biculturalism, including working co-operatively with whānau, hapu, runanga and iwi as well as Māori organisations, particularly those exercising mana whenua where the NZAF has a physical presence.

## Commitment to diversity of sexual orientation

Gay, bisexual and takatāpui men were, and continue to be, the first people in Aotearoa New Zealand to be significantly affected by the HIV epidemic. The gay communities responded quickly to the emerging epidemic in Aotearoa New Zealand and the NZAF was formed from those gay community initiatives in the 1980s. The inception and growth of the NZAF came from the aroha and passion of these founders. The gay, lesbian, bisexual, transgender, takatāpui, fa'afafine, akava'ine, leiti, and queer communities remain at the heart of the work of the NZAF.

## Commitment to diversity of cultures

By respecting, embracing and fully committing to diversity of cultures in all aspects of our work, the NZAF will strengthen and deliver an appropriate and effective response to the HIV epidemic.

## Commitment to the communities most at risk of HIV

The communities most at risk of HIV in Aotearoa New Zealand are gay and bisexual men, followed by African communities based in Aotearoa New Zealand. The majority of HIV diagnoses in Aotearoa New Zealand result from sexual transmission between men, leading the NZAF to focus much of its efforts on men who have sex with men. Since 2000, increasing numbers of men, women and children from Aotearoa New Zealand-based African communities have been diagnosed with HIV. From 2005, the NZAF has worked with African communities to deliver heterosexual HIV prevention programmes to those most at risk of HIV.

Emerging epidemiological trends are, and will continue to be, constantly monitored so that the NZAF can respond effectively and appropriately to evidence of significant elevated risk in other communities.

## Commitment to the health and wellbeing of people living with HIV

The advent of effective antiretroviral treatment has dramatically changed the experience of living with HIV. These treatments have improved life expectancy but can come with side effects. It is important to remain focused on ensuring the latest treatments are available and funded in a timely way, and that HIV-related stigma and discrimination is continually challenged. The NZAF is committed to working sensitively on the special health needs of those who are living with HIV, their whānau and families, and to ensuring that services for people living with HIV are high quality, effective and professional.

In recognition of the Greater Involvement of People Living with HIV and AIDS Declaration 1994 (GIPA), the NZAF has a practical commitment to ensuring the increased involvement of people living with HIV in all aspects of its operations including organisational decision making and service delivery.

## Commitment to the application of evidence-based knowledge

Research and science-based knowledge has been central to the development of the work of the NZAF since its inception. The activities and initiatives of the NZAF will continue to be informed by scientific information, analysis, research and evidence of the most effective interventions and methodologies.

# HIV in Aotearoa New Zealand

## Mate Āraikore O Aotearoa

In the 25 years of the HIV epidemic in Aotearoa New Zealand, the landscape the NZAF works in has changed. Homosexual Law Reform, the internet and significantly, the advent of antiretroviral (ARV) treatments have changed the environment that the NZAF first confronted in 1985.

Aotearoa New Zealand has one of the lowest HIV prevalence rates in the world – a remarkable achievement. The vast majority of HIV is transmitted sexually; the groups most at risk of HIV are gay, bisexual and takatāpui men, followed by people from, or connected to, African communities based in Aotearoa New Zealand. Since its inception, the NZAF has continuously championed the use of condoms and lube as the single most effective response to HIV, and will continue to do so.

Following the introduction of effective, government-subsidised ARV treatment in 1996/1997, the number of people living longer and well with HIV has increased. This in turn increases the opportunity for secondary HIV infections to occur. The growing number of people living with HIV means that even if the annual rate of secondary transmission remains stable, there will be a higher number of new infections each year. In order to reduce the annual number of new infections, it will be necessary to considerably reduce the annual transmission rate – stabilising it is not enough. This can be achieved by:

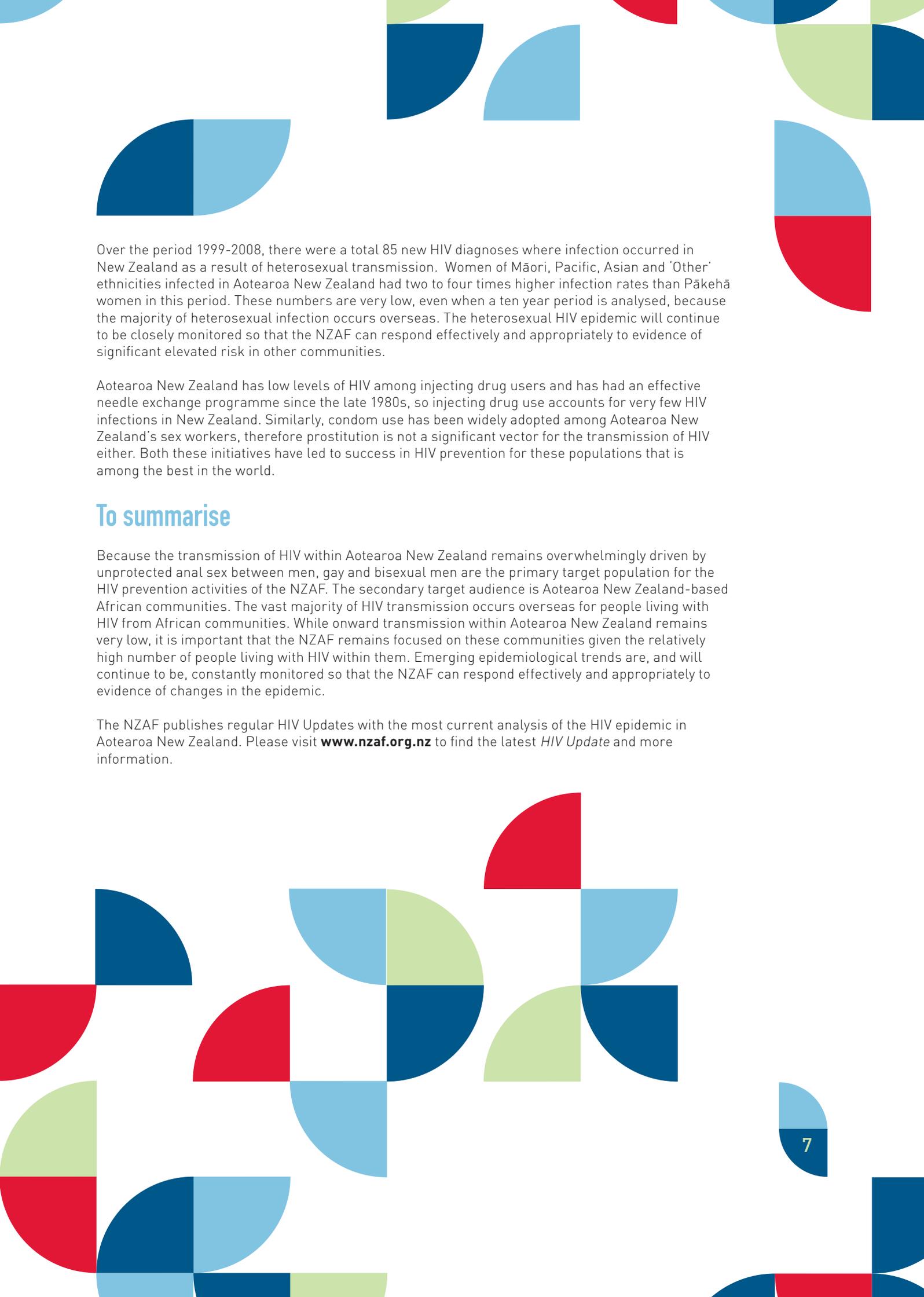
- increasing condom use among the population groups most affected, and thus most at risk
- early intervention in sexual networks where HIV is spreading
- diagnosing new infections early and treating HIV to reduce infectiousness.

HIV testing is a key component in developing protective factors against HIV. Additionally, the long-term prognosis for a person living with HIV is improved the earlier ARV treatment begins. Access to HIV testing is key to enabling potential commencement of treatment by clinicians and therefore a reduction in viral load, which in turn reduces infectivity and the risk of onward transmission.

Behavioural surveillance has shown that gay and bisexual men in Aotearoa New Zealand are maintaining a consistent rate of condom use. However, rates of condom use must be increased even further if new HIV diagnoses are to be limited.

In the period 2005-2009, 75% of the gay and bisexual men newly diagnosed with HIV in New Zealand were infected in Aotearoa New Zealand. By contrast, in the same period, 80% of heterosexual people diagnosed with HIV in Aotearoa New Zealand were infected overseas, almost always in countries where there is a high prevalence of HIV. Among heterosexual populations living with HIV in Aotearoa New Zealand, people from African communities have significantly higher rates of HIV compared to non-African heterosexual communities.

Since 2006, the numbers of new HIV diagnoses have also included people diagnosed through the mandatory immigration HIV screening in Aotearoa New Zealand. It is not known, but likely, that many of the people who were diagnosed during their immigration medical were not permitted to remain in Aotearoa New Zealand.



Over the period 1999-2008, there were a total 85 new HIV diagnoses where infection occurred in New Zealand as a result of heterosexual transmission. Women of Māori, Pacific, Asian and 'Other' ethnicities infected in Aotearoa New Zealand had two to four times higher infection rates than Pākehā women in this period. These numbers are very low, even when a ten year period is analysed, because the majority of heterosexual infection occurs overseas. The heterosexual HIV epidemic will continue to be closely monitored so that the NZAF can respond effectively and appropriately to evidence of significant elevated risk in other communities.

Aotearoa New Zealand has low levels of HIV among injecting drug users and has had an effective needle exchange programme since the late 1980s, so injecting drug use accounts for very few HIV infections in New Zealand. Similarly, condom use has been widely adopted among Aotearoa New Zealand's sex workers, therefore prostitution is not a significant vector for the transmission of HIV either. Both these initiatives have led to success in HIV prevention for these populations that is among the best in the world.

## To summarise

Because the transmission of HIV within Aotearoa New Zealand remains overwhelmingly driven by unprotected anal sex between men, gay and bisexual men are the primary target population for the HIV prevention activities of the NZAF. The secondary target audience is Aotearoa New Zealand-based African communities. The vast majority of HIV transmission occurs overseas for people living with HIV from African communities. While onward transmission within Aotearoa New Zealand remains very low, it is important that the NZAF remains focused on these communities given the relatively high number of people living with HIV within them. Emerging epidemiological trends are, and will continue to be, constantly monitored so that the NZAF can respond effectively and appropriately to evidence of changes in the epidemic.

The NZAF publishes regular HIV Updates with the most current analysis of the HIV epidemic in Aotearoa New Zealand. Please visit [www.nzaf.org.nz](http://www.nzaf.org.nz) to find the latest *HIV Update* and more information.

# Our Goals in Detail | Ngā Whāinga

## Goal 1 Whāinga Tuatahi

A significant reduction in the number of people contracting HIV.

Use of condoms and lubricant is the most effective way to prevent the transmission of HIV. As such, the NZAF is committed to working towards developing a condom culture where condom use is a social norm in Aotearoa New Zealand. However, as early detection of HIV leads to fewer new infections, the NZAF is also committed to a range of initiatives that increase access to, and encourage, HIV and STI testing for gay and bisexual men. STI testing complements HIV testing as the presence of an STI greatly increases the chance of HIV acquisition and transmission.

HIV and STI testing are key components of the NZAF health services, as is the intervention that happens around the testing, which offers a powerful behaviour change opportunity. The NZAF is currently undergoing a review of the most up to date evidence and research to develop a plan for its health services. That plan will include initiatives that build on the NZAF health services to provide additional, more targeted prevention services.

### Key Activities

The *NZAF HIV Prevention Plan 2009-2014* outlines four key behaviour change goals that will ensure the NZAF has the greatest impact on reducing the number of people contracting HIV in Aotearoa New Zealand. The four goals are:

1. Increasing rates of condom use for anal sex between men.
2. Increasing HIV and STI testing rates for gay and bisexual men (including the ongoing provision of professional, high quality health services).
3. Increasing rates of condom use for first anal sex between men.
4. Increasing rates of condom use within New Zealand-based African communities.

In addition, the NZAF will develop a framework for its health services, looking to use those services to undertake additional, more targeted prevention interventions.

For more information about the  
NZAF HIV prevention activities, go to  
[www.nzaf.org.nz/hiv-prevention](http://www.nzaf.org.nz/hiv-prevention)

## Goal 2 Whāinga Tuarua

The NZAF provides responsive and culturally appropriate services that provide opportunities for people living with HIV, their whānau and families, to maximise their wellbeing.

The NZAF is currently undergoing a thorough review of the most up to date evidence and research to develop a plan for its health services, including the services developed and provided for people who live with HIV. The provision of these health services continues to be a key strategic priority.

The NZAF has always had, and will continue to have, a broader focus than just HIV prevention. Ensuring that people living with HIV are involved in the development of any NZAF plans that affect or impact upon those living with HIV in Aotearoa New Zealand is a priority. The NZAF is committed to improving the coverage of appropriate services for those living with HIV through service developments like the NZAF-contracted counsellors available in many regional centres at present.

### Key Activities

1. Address stigma and discrimination experienced by people living with HIV, in particular those who are minorities within the population groups living with HIV.
2. Provide professional and high quality community services that support people living with HIV, their partners, whānau and families, to maximise their health and maintain safe sexual behaviours.
3. Increase the network of community-based health services for those living with HIV.

**If evidence or the development of the framework for NZAF health services shows that change is necessary, this goal and the key activities will be updated.**

## Goal 3 Whāinga Tuatoru

The NZAF has a strong and broad evidence base that informs all aspects of its work.

Since its inception, the NZAF has prioritised the need to develop its work based on scientific evidence, knowledge and research. The NZAF supports the basic UNAIDS/WHO-mandated second generation surveillance that is appropriate for a country such as Aotearoa New Zealand with a low-level, concentrated epidemic (HIV epidemiological surveillance, HIV behavioural surveillance, and STI surveillance). Additionally, the NZAF is committed to encouraging and supporting research and surveillance activities in New Zealand that are focused on communities living with HIV: gay, bisexual and takatāpui men; and Aotearoa New Zealand-based African communities. Over the last fifteen years, most HIV research conducted in Aotearoa New Zealand has involved active collaboration with universities here and overseas, and it is expected that these partnerships will continue to build over the next three years. Several of the research and evaluation projects highlighted below are likely to be hosted in the university sector, rather than based primarily at the NZAF. Continued implementation of the evaluation framework within the *NZAF HIV Prevention Plan 2009-2014* and ensuring the new health services plan has a clear evaluation framework are key priorities over the next three years.

### Key Activities

1. Support the development of ongoing and appropriately resourced behavioural surveillance studies of Aotearoa New Zealand's most at risk groups, specifically gay and bisexual men and African communities.
2. Build HIV-specific expertise in Aotearoa New Zealand by maintaining up to date information services, full access to international research publications, and a scientific analysis capacity which increases in-depth knowledge about the epidemic to strengthen decision-making and to improve awareness among those at highest risk of HIV acquisition.
3. Support the development of evaluation initiatives that clearly ascertain attribution and measure the effectiveness of the NZAF's ongoing prevention activities.
4. Advocate for other high priority research projects as necessary, for example ongoing surveillance of trends in STI diagnoses among men who have sex with men, and further surveys of the health and wellbeing of all people living with HIV in Aotearoa New Zealand.

This goal will be monitored on an ongoing basis to ensure that the NZAF is responsive if evidence shows that change is necessary.

## Goal 4 Whāinga Tuawhā

The NZAF has a shared vision with organisations committed to HIV prevention and healthcare, and the communities most at risk of HIV have a sense of ownership of that vision.

Aotearoa New Zealand is a small nation, and the NZAF recognises that all organisations in HIV prevention and healthcare work need to collaborate effectively to achieve real change for the communities most at risk of HIV. The NZAF believes that all organisations working in this sector need to have a sense of shared vision and that their collective direction needs to be supported by the communities they serve. The NZAF will continue to work to foster a strong base of relationships within the communities most affected by HIV and to build a shared sense of belonging and vision.

### Key Activities

1. Maintain relationships and work co-operatively with whānau, runanga, iwi, takatāpui groups and Māori organisations (particularly mana whenua in the places where the NZAF has a physical presence), to ensure HIV prevention and healthcare is effective for takatāpui and whānau.
2. Maintain and develop stronger, collaborative relationships with gay, African and HIV positive support organisations and communities, in order to increase their sense of ownership of a shared vision for HIV prevention and healthcare in Aotearoa New Zealand.
3. Ensure people with direct experience of living with HIV contribute to improving the effectiveness and relevance of HIV prevention and healthcare services and programmes.
4. Maintain and broaden strong relationships with primary care, public health, sexual health, infectious disease and other relevant health services, to increase collaboration with the many health professionals that have an impact on HIV prevention and healthcare.

# Goal 5

## Whāinga Tuarima

The NZAF is a stronger and more sustainable organisation.

The NZAF is committed to continuing to be an accessible, relevant, effective and viable organisation. We recognise that 'how' we work, our manner and approach, as well as the way we integrate our principles, greatly influences the achievement of the strategic goals in this plan.

Aotearoa New Zealand has one of the lowest HIV prevalence rates worldwide and is considered a leader in the international arena of human rights-based responses to HIV. In 2009, the NZAF began working on a three year programme of capacity building focused on improving the sexual health and human rights of Pacific men who have sex with men (MSM) and reducing stigma and discrimination against MSM in the Pacific. The NZAF will continue to participate in international work and advocacy when invited to, and will continue to take an active interest in the Pacific, but the primary focus will always be within Aotearoa New Zealand.

### Key Activities

1. New models of revenue generation will be explored to build a more diverse funding base, including social enterprise opportunities.
2. Key indicators will be developed to monitor, review and guide planning for good employment practices that affirm and reflect the belief that NZAF staff are our greatest asset.
3. Key indicators will be developed to monitor, review and guide planning to improve staff satisfaction, professional development and skill matches so that the NZAF can progress towards a workforce that has the right people, in the right place, at the right time.
4. Develop a planning framework that improves the efficiency of strategic and operational systems and processes.
5. Continue the international development capacity building work focused on men who have sex with men in the Pacific.



[www.nzaf.org.nz](http://www.nzaf.org.nz)

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