



HETEROSEXUAL HIV/AIDS SERVICE STRATEGIC PLAN 2008-2012

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SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW  **HEALTH**

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1. Executive summary

The Heterosexual HIV/AIDS Service [HHAS] provides services to men and women living heterosexually with HIV/AIDS, their partners and family members. It has made an important contribution to the HIV/AIDS sector in NSW, and is highly regarded for ensuring that the information and support needs of this population group are met, and that their access to services is improved. The service has grown substantially since its inception, and it is considered timely that it develop its first Strategic Plan to guide future directions.

This Strategic Plan outlines the priorities for HHAS over the next five years. These priorities are in line with statewide HIV/AIDS policy directives, and take account of emerging issues and trends relevant to heterosexual people affected by HIV/AIDS. They also build on the substantial work undertaken by HHAS over recent years. In developing this Strategic Plan, consultations were undertaken with a broad range of stakeholders to ensure an appropriate and shared sense of future direction for HHAS.

The HHAS objectives for the next five years are to:

- Increase knowledge and awareness of a broad range of health and wellbeing issues associated with HIV/AIDS for heterosexual people living with HIV/AIDS;
- Increase clients' access to appropriate health services;
- Increase the capacity of heterosexual people in sero discordant relationships to communicate effectively about physical intimacy, including safe sex and the use of Post Exposure Prophylaxis [PEP];
- Reduce social isolation of the HHAS primary target group;
- Increase access to professional and peer support for the HHAS primary target group;
- Improve heterosexual positive women's access to HIV/AIDS treatment and health services;
- Increase the capacity of workers in other services to provide appropriate and effective treatment, care and support services to heterosexual HIV positive clients, their families and partners;
- Ensure that priority issues for heterosexuals living with HIV/AIDS are included in relevant statewide policy documents and AHS and NGO plans; and
- Increase the visibility of issues facing heterosexual people living with HIV/AIDS in relevant public health campaigns and the media.

In addition HHAS will work on improving aspects of its internal processes including service planning, governance arrangements and infrastructure.

In implementing the Strategic Plan HHAS will:

- Prioritise its efforts in line with prevalence and demographic data.
- Ensure responsiveness to emerging issues.
- Seek opportunities for collaboration and partnership with others.

2. Introduction

The Heterosexual HIV/AIDS Service [HHAS] was established in 1998. It grew from a small, volunteer, peer support service which had been operating since 1991. Following a period of substantial growth, it was funded by the Central Sydney Area Health Service and formally established as a statewide service. HHAS now receives annual recurrent funding of \$189,038 from the AIDS and Infectious Diseases Branch of the NSW Department of Health and is auspiced by Sydney South West Area Health Service [SSWAHS].

In February 2006 a Memorandum of Understanding [MOU] was formalised between the NSW Department of Health and SSWAHS. Under the MOU the role of HHAS is to provide services to men and women living heterosexually with HIV/AIDS, their partners and family members in order to:

- Enhance the physical, sexual and emotional health of men and women living heterosexually with HIV/AIDS .
- Increase access to medical treatments, health services and relevant health care professionals to men and women living heterosexually with HIV/AIDS.
- Enhance and support women who are affected by HIV/AIDS to gain equitable access to services and treatment information.
- Reduce the health consequences of social isolation to men and women living heterosexually with HIV/AIDS, their partners and family members.
- Ensure that the needs of HIV positive heterosexuals and their partners and family members are included in HIV/AIDS education and health care initiatives.
- Ensure that priority issues for heterosexuals living with HIV/AIDS are on the agenda of Area Health Services and relevant non-government organisations.

Organisationally, HHAS is located within and managed by the SSWAHS Community HIV/AIDS Service, with Executive/Senior management provided by the General Manager of Community Health. An HHAS Advisory Group [HHSAG] has been established, chaired by the SSWAHS Manager HIV/AIDS & Related Programs, with membership drawn from relevant areas within SSWAHS and external government and non-government agencies. The role of HHSAG is to contribute to the development of the strategic directions of HHAS, provide a monitoring role in relation to access to HHAS services, identify and advise on areas of need, and to support the development of collaborative projects with external agencies.

3. Context

3.1 EPIDEMIOLOGY

In NSW, since 1981 there have been a total of 14,415 HIV notifications. Of these 1,163 or 8.06% were due to heterosexual exposure. In the six years between 2001 and 2006 the number of new heterosexual notifications ranged between 55 [16.2% of all notifications] and 74 [18.2%] per year. In 2006 there were 69 new notifications due to heterosexual exposure, which represented 18.7% of all new notifications in that year.

Women are slightly underrepresented across all heterosexual notifications compared to men, at 43.9%. In recent years however, the numbers of notifications for women has risen above this to 58.1% in 2004, 44.3% in 2005 and 52.2% in 2006.

Approximately 20% of all heterosexual notifications since 1981 were for people born in Australia. In recent years, significant numbers of notifications were for people born in Sub Saharan Africa [23% of all new notifications in 2004, 14.8% in 2005 and 27.5% in 2006], and South East Asia [17.6% in 2004, 18% in 2005 and 13% in 2006]. New notifications for people born in countries other than the abovementioned made up 31% of new notifications in 2004, 27.9% in 2005 and 31.9% in 2006.

Within NSW the vast majority of people with HIV reported living in metropolitan or urban areas at the time of their HIV notification. Area Health Services with the highest numbers of people residing within their boundaries at the time of notification are South East Sydney Illawarra AHS [SESAHS] and Sydney South West AHS [SSWAHS] each with approximately 25% all notifications, and Sydney West AHS [SWAHS] with 13%. For rural AHSs, Hunter New England AHS reported the highest numbers of notifications with 57 cases [approximately 5%] and North Coast AHS [NCAHS] a total of 38 cases [3%]. In 2006, the metropolitan AHSs with the highest numbers of new notifications were SWAHS with 19 and SSWAHS with 15. In rural areas, NCAHS recorded 3 new notifications in 2006.

3.2 POLICY CONTEXT

In NSW, the primary policy framework for HIV/AIDS services is the *NSW HIV/AIDS Strategy 2006-2009* [the Strategy]. The Strategy provides a framework for reducing future HIV infections among those populations considered at highest risk; and identifies priorities for improving the health of people living with HIV/AIDS. The goals of the Strategy are to:

- Reduce new HIV infections in NSW.
- Improve the health of people living with HIV/AIDS; and
- Reduce HIV-related discrimination and address systemic barriers to HIV health promotion.

Under the Strategy each funded service is responsible for translating statewide priorities into strategic and operational plans. This document forms the basis of the HHAS strategic response to the provision of services to people with HIV/AIDS living heterosexually, their partners and families.

Of particular relevance are the Strategy's health promotion priorities of:

- Health promotion for people living with HIV/AIDS;
- Health promotion for people in HIV sero-discordant relationships; and
- Creating a supportive environment for people living with HIV/AIDS.

In more specific terms, HHAS is recognised in the Strategy as having a lead role in health promotion for heterosexual people in HIV sero-discordant relationships, in line with the following objectives to:

- Build community support and understanding of sero-discordancy;

- Improve the supports available to HIV negative partners following their partners diagnosis;
- Strengthen relationships to enable mutual support and communication, including communication regarding safe sex;
- Maintain high levels of knowledge regarding Post Exposure Prophylaxis [PEP] among people in sero-discordant relationships; and
- Provide effective and responsive health promotions programs to people in sero-discordant relationships.

In the area of treatment, care and support, the priorities most relevant to the work of HHAS fall within the Strategy areas of:

- Health and wellbeing; and
- Coordination, partnerships and service linkages.

3.3 SERVICE DELIVERY CONTEXT

Across NSW, HIV/AIDS services are delivered through a range of government and non-government agencies which provide health promotion, prevention, treatment, care and support services. The unique contribution of HHAS within this spectrum of service delivery is to provide a focus for the particular needs of heterosexual people affected by HIV/AIDS, their partners and families. Since its inception, key strengths have been the implementation of peer support strategies, and the development of information and resources that are directly relevant to the heterosexually affected community. These remain critical functions for HHAS into the future.

However, responsibility for services to heterosexual people affected by HIV/AIDS is shared with many other agencies. The majority of positive heterosexuals will access health and support services through local providers, for example hospitals, sexual health services, women's health services, General Practitioners, and allied health services. In addition, many statewide HIV/AIDS organisations include positive heterosexuals in their target groups, as do HIV/AIDS specialist clinical services. Accordingly, in addition to direct service delivery to its target group, HHAS has an important leadership role in facilitating the provision of relevant and appropriate services for heterosexual people affected by HIV/AIDS, regardless of the access point.

The principle of *partnership and joint action* underpins the NSW Strategy. In line with this, HHAS will ensure that working in collaboration and partnership with other providers is a central element of its approach.

3.4 SUPPORT AND RATIONALE FOR HHAS STRATEGIC DIRECTIONS

The HHAS strategic priorities for the next five years were determined following analysis of information gathered through two primary processes. Firstly a review of relevant documentation was undertaken. Of particular value were the NSW HIV/AIDS Strategy 2006-2009, the MOU between the NSW Department and SSWAHS, and many HHAS internal current and historical documents. The *Straightpoz Study Volume 1*¹ also

¹ Monograph 2/2006. Men and women living heterosexually with HIV. The Straightpoz study, Volume 1. Asha Person, David Barton, Wendy Richards. National Centre in HIV Social Research.

provided valuable insight about the issues and needs of HIV positive heterosexuals, their partners and families. Secondly, interviews were held with a broad range of stakeholders who have an interest in the future directions of HHAS. A summary of the themes arising from both these processes are outlined below, and provide the rationale for the objectives and priorities in the following section. In essence, the future directions aim to build on and strengthen the substantial gains already made through the work of HHAS.

Overarching considerations:

The planning and implementation of future HHAS service strategies is to be underpinned by:

- Relevant epidemiology data indicating prevalence, recent notifications, and geographical location of heterosexual people with HIV across NSW.
- Attention to emerging issues.
- Specifically identified needs of the target group.
- Evidence about effective health promotion practice.
- Ongoing evaluation and review of service strategies.
- The need to raise broader awareness about the role of HHAS, particularly in rural and remote areas of NSW.
- Strengthened partnerships with other organisations/services, and an increase in work undertaken in collaboration.

Specific priorities

- Reducing isolation remains a key priority, with particular attention to be given to:
 - Proactive identification and engagement of HHAS clients, and the establishment of clearer pathways for service provision and referral.
 - Identifying the barriers for clients in accessing HHAS services, and their particular support needs and preferences.
 - Developing and trialling new and innovative approaches for peer support, e.g. through the internet, establishing buddy systems, activities operating in partnership with other services, and facilitating the establishment of self-sustaining support networks.
 - Support initiatives for rural and remote clients who are unable to attend meetings, and for those who are reluctant to meet face-to-face.

- Expand the scope and utilisation of the HHAS website, such that greater use is made of its potential as a health promotion tool, and to develop interactive capability.

- A strengthened focus on capacity building in order to:
 - Facilitate the delivery of appropriate services to the HHAS target group by other HIV sector agencies and workers providing services to the target group.
 - Build shared responsibility for service delivery to heterosexual positive clients, their partners and families.

- Resource development is a key ongoing priority. In particular there is a need to increase the health literacy of the target group and to develop targeted resources on a broad range of relevant health issues, including safe sex, sexuality, and sero discordancy.

- Position HHAS as an expert service with regard to reproductive health issues for positive people. Working in partnership with appropriate other organisations, this should include the development of resources for both clients and health workers, and acting in a consultancy role to clinicians and HIV specialists.

- Strengthen HHAS's work with CALD clients, particularly through working in partnership with other services such as the Multicultural HIV/AIDS and Hepatitis C Service [MHHAS] to develop approaches that increase access to HHAS services for this client group.

- An ongoing focus on issues related to sero-discordancy, including:
 - Development of specifically targeted resources that mirror the issues faced in heterosexual sero-discordant relationships, clearly articulate disclosure requirements, and provide information about PEP.
 - Implement support strategies that specifically target positive men and women, negative partners, and couples.

- A focus on whole of life issues associated with sero-discordancy, for example attention to casual, new and long term relationships, issues for those newly infected and those with longer term HIV infection.
- Capacity building with other services and workers to facilitate the provision of appropriate support services.
- An ongoing role in advocacy, including:
 - For the needs and issues of heterosexual positive people, their partners and families to be articulated in relevant state policy documents and represented at relevant forums.
 - To encourage other services to take up their responsibilities for the provision of appropriate services for positive heterosexuals.
 - For greater visibility and acceptance of the prevalence of HIV in the heterosexual population amongst the broader community.
- Continue HHAS's role in contributing to relevant research projects.

Internal organisational issues

Over the next five years HHAS to develop more rigorous governance and management systems, including:

- Attention to matching staff roles to service needs and strategic direction.
- The development of improved systems for client registration and data collection.
- The adoption of comprehensive internal policies, procedures and protocols to guide the work of the service.
- Strengthened mechanisms for reporting and evaluation.

4. Target areas, objectives and priority strategies

HHAS target group

The primary HHAS target group is HIV positive heterosexual men and women, their partners and family members.

A secondary target group is health workers and health services that share responsibility for HIV/AIDS service delivery to the HHAS primary client group.

Program areas, objectives and priority strategies

In implementing this plan, HHAS will:

- Prioritise its efforts in line with prevalence and demographic data.
- Ensure responsiveness to emerging issues.
- Seek opportunities for collaboration and partnership with others.

PROGRAM AREA	OBJECTIVES	PRIORITY STRATEGIES 2008-2011
Health promotion	Increase knowledge and awareness of a broad range of health and wellbeing issues associated with HIV/AIDS for heterosexual people.	Develop appropriate health related resources and ensure their accessibility to clients and other workers. Further develop the HHAS website as a health promotion tool.
	Increase clients access to appropriate health services.	Develop clear referral pathways and collaborate with other services to ensure there is awareness of the specific needs of the client group. Promote HHAS broadly, and particularly in locations with high numbers of clients.
	Increase the capacity of heterosexual people in sero discordant relationships to communicate effectively about physical intimacy, including safe sex and the use of PEP.	Provide effective and responsive health promotion programs to people in sero discordant relationships. Develop specific resources and strategies to address issues for heterosexual people in sero-discordant relationships.
Client care and support	Reduce social isolation of the HHAS primary target group. Increase access to professional and peer support for the HHAS primary target group.	Provide frontline telephone support and information services to clients. Implement strategies to raise awareness about HHAS and its key services to relevant organisations throughout NSW, particularly specialist HIV/AIDS services, sexual health services, GPs, women's health services, and counselling services. Develop and implement strategies to identify and engage new clients, with a particular emphasis on strategies to engage clients from CALD backgrounds and in the western suburbs of Sydney. Provide a range of peer support options for clients, taking into account the need to:

PROGRAM AREA	OBJECTIVES	PRIORITY STRATEGIES 2008-2011
		<ul style="list-style-type: none"> • Consider a range of approaches, including face-to-face, as well as other mediums such as internet based or telephone support. • Work in collaboration with key related services to develop, pilot and evaluate approaches to the provision of peer support services to specific target groups such as CALD clients, women and those who are geographically isolated. • Encourage the establishment of self-sustaining peer support options.
	<p>Improve heterosexual positive women's access to treatment and health services.</p>	<p>Identify the barriers to women accessing treatment and health services and develop initiatives to address such barriers.</p> <p>In partnership with other agencies, develop HHAS's capacity to provide expert reproductive health advice to HIV positive clients and their partners as well as to other health professionals.</p>
Capacity building	<p>Increase the capacity of workers in key services within the HIV sector to provide appropriate and effective treatment, care and support services to heterosexual HIV positive clients, their families and partners.</p>	<p>Provide workforce development opportunities to relevant workers, particularly in those locations with higher numbers of positive heterosexual people.</p> <p>Ensure relevant services and workers have access to appropriate resources to assist them to work effectively with heterosexual people affected by HIV.</p> <p>Act in a consultancy capacity to other services and workers seeking information and expertise in working with positive heterosexuals, their partners and families.</p>
Advocacy	<p>Ensure that priority issues for heterosexuals living with HIV/AIDS are included in relevant statewide policy documents and AHS and NGO plans.</p>	<p>Continue to represent the needs and issues of heterosexuals living with HIV/AIDS at relevant policy and service related forums.</p> <p>Provide advice and feedback to</p>

PROGRAM AREA	OBJECTIVES	PRIORITY STRATEGIES 2008-2011
		<p>relevant policy development processes.</p> <p>Identify priority services/agencies and take a proactive role in encouraging them to include issues for heterosexuals living with HIV/AIDS in service planning.</p>
	Increase the visibility of issues facing heterosexual people living with HIV/AIDS in relevant public health campaigns and the media.	<p>Add value to public awareness campaigns by facilitating the inclusion of issues relevant to HIV positive heterosexual people.</p> <p>Take a proactive approach to responding to relevant media issues to raise awareness about issues for HIV positive heterosexual people.</p>
Research	Strengthen the evidence about the specific issues and needs of the HHAS primary target group.	Contribute to relevant external research projects, particularly through facilitating participation of HHAS clients in research activities, and encouraging emphasis on generating evidence about CALD clients.
Internal planning and infrastructure	Strengthen service planning approaches.	<p>Ensure that HHAS service delivery initiatives are planned and prioritised with due regard to:</p> <ul style="list-style-type: none"> • Epidemiology and research data. • Evidence of client needs. • Evidence of effectiveness in health promotion and population health initiatives.
	Strengthen HHAS's internal governance arrangements and infrastructure.	<p>Implement mechanisms to improve HHAS client registration and data collection.</p> <p>Ensure the work of HHAS is underpinned by appropriate policies, procedures and protocols.</p> <p>Encourage a culture of feedback, review and evaluation within HHAS.</p>
	Strengthen HHAS partnerships with other services and workers.	Ensure collaboration with appropriate partner organisations in all HHAS key initiatives, particularly in the development and implementation of individual projects.

5. Implementation, monitoring and reporting

The NSW HIV/AIDS Strategy as well as the MOU between SSWAHS and the NSW Health Department stipulate the need for HHAS to translate statewide priorities into strategic and operational plans. This five-year strategic plan for HHAS describes what will be achieved by 2011. It will be the guiding document utilised by HHAS in its development of annual operational plans to map the initiatives prioritised within each year of the planning cycle. Annual plans will be developed in line with SSWAHS planning requirements, particularly those that apply to Community Health Services and to the HIV/AIDS and Related Programs [HARP] area. Plans will include the required actions, performance indicators, key partner organisations, staff responsible and timelines. Annual planning processes will include a review of HHAS achievements over the previous year. HHAS will comply with the internal reporting requirements of SSWAHS, and with reporting requirements of the NSW Department of Health, through the HARP area.

A consumer reference group will be created to provide input into the yearly HHAS operational plans, and the HHAS Advisory Group will meet twice yearly and have a role in monitoring progress towards achievement of the Strategic Plan.