New Zealand AIDS Foundation
Te Tūāpapa Mate Āraikore o Aotearoa

Strategic Plan 2016-2019

Mahere Rautaki Mō Te Tūāpapa Mate Āraikore o Aotearoa 2016-2019

The strategy 2016-2019

Mission: to prevent the spread of HIV and support people living with HIV, their friends and whānau

1
Increase Primary Prevention (Condoms and PrEP)

4 outcomes

Outcome one: 80% of MSM report condom use for casual sex, including among Māori and other ethnic groups

Outcome two: 80% of MSM report condom use at first anal sex, including among Māori and other ethnic groups

Outcome three: The role of pre-exposure prophylaxis (PrEP) in HIV prevention is understood by MSM and appropriate clinical pathways exist for targeted uptake among those at highest risk

Outcome four: The African programme is distributing 13,000 condoms per annum and community members report greater understanding of the role of condoms in HIV and STI prevention

2
Increase Testing and Treatment

4 outcomes

Outcome five: NZAF testing volumes have reached 6,000 per annum and 80% of these are from the communities most affected by HIV (MSM and New Zealand-based Africans)

Outcome six: The number of high-risk MSM who have tested in the last 12 months increases from 52% to 70% by 2019

Outcome seven: The role of treatment in HIV prevention is understood among MSM, Africans and other key affected groups

Outcome eight: The CD4 threshold for accessing HIV treatment has been removed and all people diagnosed with HIV both understand the benefits of immediate treatment and have access to care and quality treatment options that support adherence

3
Support People Living with HIV

2 outcomes

Outcome nine: The NZAF has provided culturally appropriate and demand-driven support to people living with HIV

Outcome ten: The NZAF has contributed to combatting the effects of HIV stigma and discrimination and attitudes surrounding HIV have improved among MSM, Africans and the general population when compared to baseline data

4
Enable Success

6 outcomes

Outcome eleven: We have sufficient and sustainable resources to effectively implement our activities

Outcome twelve: We are equipped to deliver on our commitment to respect the bi-cultural heritage of Aotearoa New Zealand

Outcome thirteen: We have strong relationships with key stakeholders and communities that enhance our ability to deliver on this Strategic Plan

Outcome fourteen: Our strategy and tactics are informed by the best available data and evidence

Outcome fifteen: The NZAF Board has provided strategic leadership, governance and oversight that enabled the organisation to achieve its mission

Outcome sixteen: We have management processes and an organisational culture that has resulted in skilled, experienced and motivated staff efficiently enacting the strategy

A commitment to the bicultural heritage of Aotearoa, including responsiveness to Māori and whānau

A commitment to responsiveness to all cultures

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The New Zealand AIDS Foundation

Te Tūāpapa Mate Āraikore o Aotearoa

The New Zealand AIDS Foundation (NZAF) is a not-for-profit organisation that grew from concern for the rapidly increasing HIV and AIDS epidemic among gay men, during the early 1980s.

Our story began in 1985 and today, we connect with thousands of Kiwis every week, by trying to improve the health of communities most affected by HIV.

Our HIV prevention work is about delivering programmes that inspire behaviour change. Through community mobilisation and education, we empower those at highest risk of HIV to take action to reduce new transmissions. We also aim to combat HIV-related stigma and advocate for government policies that respond to the needs of our communities, and contribute to our vision of a world without HIV and AIDS.

NZAF's health centres are committed to the wellbeing of our communities through the provision of rapid testing for HIV and other STIs, counselling and peer-support for people living with HIV.

Our team is a dynamic, passionate group of people from varied backgrounds, many of whom come from the communities we serve. We have a national office in Auckland, health centres in Auckland, Wellington and Christchurch, and contracted services around regional New Zealand.

HIV in New Zealand

Te Mate Ketoketo i Aotearoa

New Zealand has done well to keep HIV under control and continues to have one of the lowest prevalence rates in the world. This is a direct result of over thirty years of effective partnerships between NZAF, government, partner organisations and our communities. Early legislative change, based on human rights and public health principles, has enabled condom promotion and harm reduction strategies within affected populations have been very successful.

Men who have sex with men (MSM) are overwhelmingly the group most affected by HIV in New Zealand, followed by heterosexuals from African communities. Today, we see very low levels of HIV in traditionally affected groups such as those who inject drugs, sex workers and babies born to mothers living with HIV.

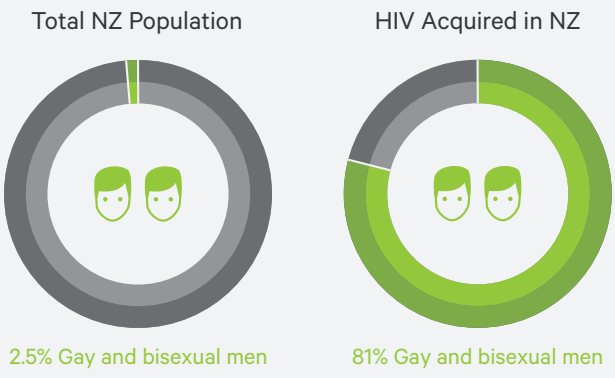
Men who have Sex with Men (MSM)

While MSM only account for about 2.5% of New Zealand's population, they are consistently over-represented in HIV diagnoses. In 2015, 81% of new HIV diagnoses, where infection occurred in New Zealand, were MSM.

HIV among MSM has continued to rise since 2000, with 2015 seeing the highest number ever diagnosed in a single year. A number of environmental and behavioural factors are believed to be contributing to this trend:

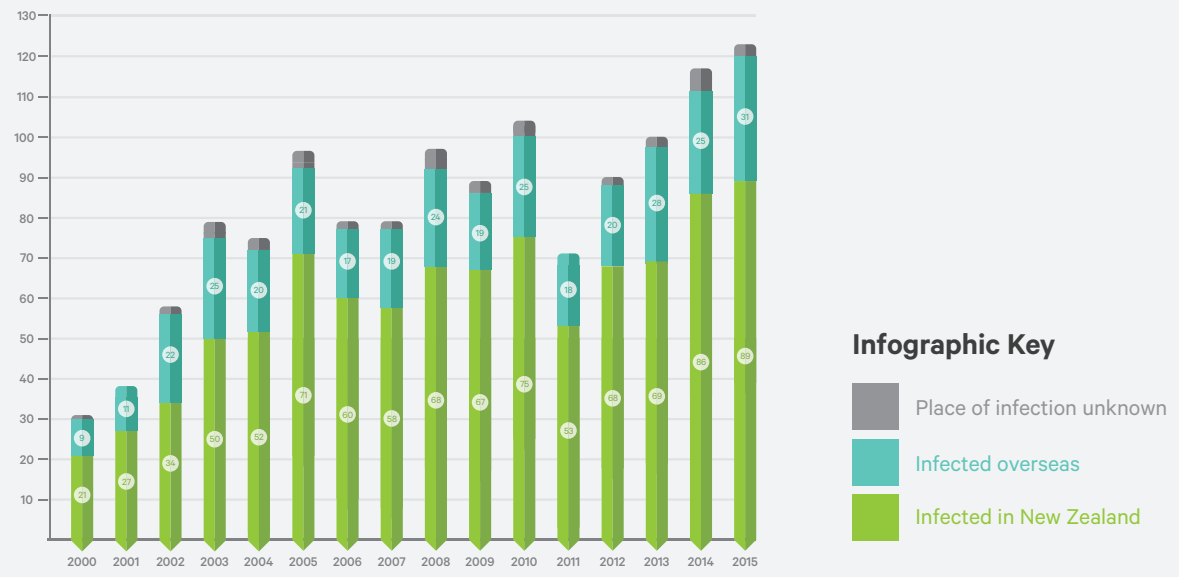
- A growing number of people living with HIV has increased HIV prevalence among MSM, driving the likelihood of more transmissions within this group
- Rapid uptake of the internet and app-based dating technology among MSM is thought to have increased the overlap of sexual partnering, creating more complex sexual networks
- An increasingly fragmented and diverse MSM community has challenged traditional methods and locations used for prevention messaging
- The success of HIV treatment has contributed to people viewing HIV as less life-threatening than it once was
- The growing normalisation of sex without condoms in pornography, and increased knowledge of biomedical HIV prevention strategies, may be contributing to reduced rates of condom use

MSM as a proportion of New Zealand's population compared to the proportion of HIV diagnoses in 2015



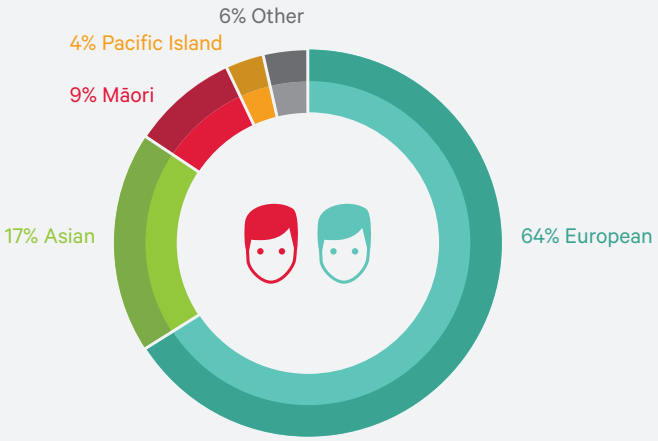
Annual HIV diagnoses in gay and bisexual men in New Zealand, 2000-2015

(excludes those previously diagnosed overseas)



Ethnicity of MSM diagnosed with HIV between 2011-2015

(includes those previously diagnosed overseas)



Of the MSM diagnosed with HIV in New Zealand between 2011-2015, 60% resided in Auckland, 13% in Wellington, 12% in the rest of the North Island and 9% in the South Island.

Heterosexually acquired HIV

The trend of HIV diagnoses among heterosexual men and women is quite different to MSM, with their rates having increased rapidly in the early 2000s, but declined by 2010. To understand this, it's helpful to look at the number of HIV diagnoses according to whether HIV was acquired in New Zealand or overseas.

The annual number of heterosexual men and women infected in New Zealand has risen gradually since the mid-1990s, and for the last few years has remained just below the number infected overseas. Although it is still much smaller than the number of MSM.

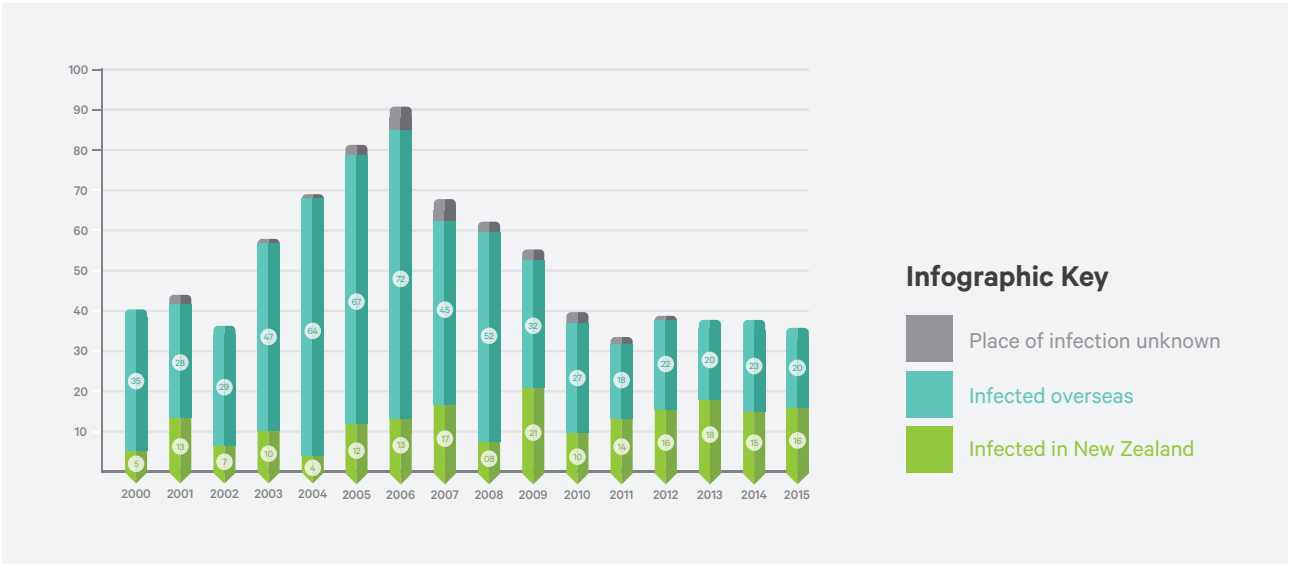
HIV diagnoses among heterosexual men and women, who were infected overseas, rose sharply from 2002 to 2006, corresponding with a large increase in immigrants and refugees from African countries with a high prevalence of HIV.

During this period, HIV screening was not a compulsory part of the immigration process in New Zealand. Diagnoses among this group began to decline from 2007, after the 2005 immigration policy changes which introduced mandatory HIV testing for residency applicants and people applying for visas for longer than 12 months.

Among all heterosexual men and women diagnosed with HIV in New Zealand, Africans remain the only ethnicity that is consistently overrepresented.

Annual HIV diagnoses in heterosexual men and women in New Zealand, 2000-2015

(excludes those previously diagnosed overseas)



Other key affected populations

The number of HIV diagnoses in New Zealand, among people who inject drugs, sex workers or babies born to women living with HIV, remains very low. We were the first country in the world to establish a needle exchange programme, resulting in a 2014 study that found HIV prevalence of 0.2% in people who inject drugs.

Sex workers also have legal protection in New Zealand and the last study of this group found zero people living with HIV. In the context of perinatal transmission, only 1 in 80,000 screened pregnant women were found to be HIV positive in 2013, and the last child diagnosed with HIV in New Zealand was born overseas. New Zealand can be proud of these successes.

Reflections on the 2013-2016 Strategic Plan

We set ourselves three strategic goals for 2013-2016.

Preventing the spread of HIV

New HIV diagnoses among MSM, where infection occurred in New Zealand, are on the rise. While this may be partly explained by increases in HIV testing, the trend is concerning and shows that more needs to be done to curb the epidemic. HIV diagnoses in heterosexual men and women, where infection occurred in New Zealand, have remained stable over the last several years.

NZAF health centres increased the annual number of individuals who tested for HIV from 2,200 to 4,200 during this period and continued to provide behaviour change counselling to clients at high risk of HIV. A review of our operations to increase testing capacity and improve social marketing of HIV testing contributed to this result.

Despite consistent social marketing of condom use and distribution of 600,000 condoms annually, the number of MSM engaging in sex without condoms, with casual partners, increased in 2014. Diagnoses of syphilis and rectal gonorrhoea also rose sharply among MSM over the last three years, indicating an increase in rates of unprotected sex.

International evidence proved the real-world effectiveness of new biomedical approaches to preventing HIV, most notably 'test and treat' and pre-exposure prophylaxis (PrEP). These advances, which are discussed in more detail in the 2016-2019 strategy, have the potential to significantly reduce new HIV infections if implemented on top of existing condom promotion efforts. We began advocating for these tools to be made available in New Zealand.

Supporting people living with HIV

Each year our counselling team engaged in approximately 1,000 interactions with clients living with HIV; providing services including one-on-one support for managing a new diagnosis and addressing social isolation through peer support groups.

HIV-related stigma is a key barrier to accessing HIV testing and treatment services, as well as affecting the wellbeing of those living with the virus. A nationwide campaign to reduce stigma among New Zealanders was developed and launched in collaboration with Positive Women Inc. A baseline study measured attitudes towards people living with HIV in the general public and will be repeated in future to evaluate changes.

We partnered with others in the sector to advocate for the removal of the CD4 threshold so those diagnosed with HIV don't have to wait until their immune system is damaged to start treatment. We also collaborated with Body Positive to fund a 'Peer Navigator' service that provides support with treatment adherence and using the health system.

We recognise that people who have first-hand experience of living with HIV need to be involved in the design of the HIV response. We established the People Living with HIV (PLHIV) Advisory Group and they have provided strategic advice to the board and management in the development of the 2016-2019 Strategic Plan.

Building a strong and robust organisation

Our work is at its best when grounded in solid knowledge. Analysis of our testing services showed opportunities to increase the number of high-risk individuals accessing our services. An evaluation of our condom social marketing programme showed that audience exposure to the programme was associated with increased likelihood to use a condom. We also looked at new ways to measure the success of our programmes, so we can continue to improve.

As our strategy and core messages evolved, it became very clear that we needed to communicate with stakeholders to ensure their understanding and support for change. We engaged with media, members, volunteers, community, clinicians, funders, politicians, board advisory groups and staff to build support.

NZAF's total annual income has not increased for eight years, and sits at approximately $4.6m. Rising inflation and cost pressures mean this income doesn't go as far as it used to, and as a result, the organisation has been running in deficit.

Ninety-two percent of our income is from the Ministry of Health. A revised fundraising strategy has laid the foundations to diversify our income by increasing the number of regular donors to the Foundation. Average monthly income from regular donors has increased from $1,000 to $3,000 in the 2015/16 fiscal year.

Our people are the key to our success so it's important we have a high level of employee satisfaction, and a high performance culture of collaboration. Employee surveys over this period reported 90% of staff feel that their work is valued and that communication between various teams in the organisation have improved.

> "NZAF health centres increased the annual number of individuals who tested for HIV from 2,200 to 4,200 between 2013 and 2016."

A new direction for NZAF

He ahunga hōu mō Te Tūāpapa Mate Āraikore

Our strategy for preventing HIV transmission has revolved around the social marketing of condom use, supported by community development, work to eliminate HIV stigma and increased support for human rights and effective public health legislative change. While this strategy has kept HIV prevalence low in New Zealand, evidence suggests that the epidemic continues to grow, particularly among MSM, where sexual risk behaviour may also be on the rise.

Condoms remain the most effective population level barrier to HIV and STIs so we need to maintain high rates of condom use for casual sex among MSM.

Scientific breakthroughs, supported by real-world evidence, demonstrate that treatment-based prevention can complement existing condom promotion to decrease new HIV infections.

Early treatment for long-term health and prevention

In July 2015, the START study proved that early treatment of HIV infection is critical for optimising long-term health. It demonstrated that the risk of developing serious illness or death was 57% lower among those treated early, compared to those whose treatment was delayed.

The preventative benefits of starting HIV treatment were also confirmed in 2015, when the HPTN 052 study showed that being on HIV treatment reduced the risk of passing it on to a sexual partner by 93%. This was further validated by the results of the PARTNER study in 2016, where there were no HIV transmissions between gay male couples, where the infected partner had an undetectable viral load.

> "Zero HIV transmissions were found between gay male couples, where the HIV infected partner had an undetectable viral load, over 22,000 occasions of sex." – PARTNER study, 2016

Pre-exposure prophylaxis highly protective

Another breakthrough in treatment-based prevention has been pre-exposure prophylaxis (PrEP). PrEP refers to the use of HIV medication by people who are HIV-negative in order to reduce their risk of HIV infection. The iPrEx trial among MSM showed that if PrEP is taken every day as prescribed, it reduces the risk of getting HIV by at least 92%.

Interim results of two subsequent studies in 2015 (PROUD and Ipergay) both reported an 86% protective effect in study participants. At a population level, it demonstrates that a dramatic reduction in HIV infection rates can be expected if PrEP uptake is used by individuals with low rates of condom use.

> "Key to success will be ensuring uptake of PrEP is among those MSM who don't regularly use condoms for casual sex, rather than those who do."

Ending HIV by 2025

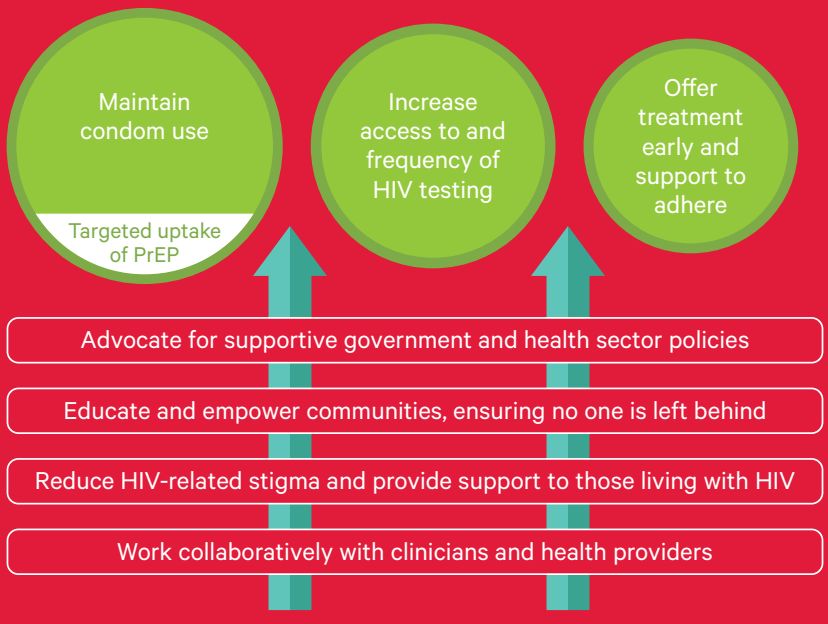
With these developments in mind, we've adopted the aspirational vision of ending new HIV transmissions in New Zealand by 2025, through a combination of tools.

First and foremost, we must continue to promote condoms as the most effective population level barrier for the prevention of HIV and other STIs. New Zealand cannot afford to lose the condom culture that has taken three decades to build. Adding to this, PrEP needs to be approved for HIV prevention and encouraged among the subset of MSM who are at highest risk of HIV, because they struggle with condom use.

We need to increase access to and uptake of testing and remove policy barriers that prevent immediate treatment upon HIV diagnosis. This would not only bring about individual health benefits for people living with HIV, but can result in undetectable levels of HIV in their body, drastically reducing the chance of onward transmission.

Our work must be underpinned by supportive government policies, community education and empowerment, a reduction in HIV-related stigma, and better support for people living with HIV. It will also require strong collaboration across the HIV sector. We need to find new ways of connecting with the people we serve, so the board is considering the merits of name change for the organisation to better align with a vision of "Ending HIV in Aotearoa."

Ending new HIV transmissions in New Zealand by 2025



The strategy 2016-2019

The four strategic goals and 16 outcomes below set a clear direction for the 2016-2019 timeframe, as we embark on a commitment to ending HIV in New Zealand. Our strategy is driven by our mission to prevent HIV transmission in New Zealand and support people living with HIV, their friends and whānau.

Mission: to prevent the spread of HIV and support people living with HIV, their friends and whānau

1	2	3	4
Increase Primary Prevention (Condoms and PrEP)	Increase Testing and Treatment	Support People Living with HIV	Enable Success
4 outcomes	4 outcomes	2 outcomes	6 outcomes

A commitment to the bicultural heritage of Aotearoa, including responsiveness to Māori and whānau

A commitment to responsiveness to all cultures

Goal One: Increase Primary Prevention

Whāinga Tuatahi: Te āraitanga matua

To end new HIV transmissions, we'll continue condom-based prevention and find even more innovative ways to encourage condom use. Condoms provide a barrier that HIV cannot pass through, so they work very effectively to prevent HIV transmission during sex. They are also incredibly cheap, scalable and easily accessible in New Zealand. We have set ourselves a target to maintain levels of condom use among MSM, with casual partners, at 80%.

We also need to help facilitate access to PrEP in New Zealand and educate MSM on how targeted PrEP can help greatly in HIV prevention. While it is currently expensive and does not provide protection from other STIs, PrEP can have a significant effect on reducing HIV transmission in high-risk MSM, who need an alternative to condom use. The World Health Organisation strongly recommends its inclusion in combination HIV prevention strategies.

Overall, we need to combine condoms and PrEP to see the proportion of MSM protected from HIV during sex with casual partners increase beyond the 80% reported when condoms alone are being used. Key to this will be ensuring the uptake of PrEP is among those MSM who don't regularly use condoms for casual sex, rather than those who do.

> "Condoms provide a barrier that HIV cannot pass through, so they work very effectively to prevent HIV transmission during sex."

① Outcome one: 80% of MSM report condom use for casual sex, including among Māori and other ethnic groups

We will:

- Maintain current levels of activity for the social marketing of condom use
- Address common barriers to condom use through engagement and education of the communities we connect with
- Distribute free condoms and lubricant at convenient locations for MSM
- Maximise the acceptability of condom use by advocating for the inclusion of lubricant and thinner condoms on the PHARMAC schedule
- Provide one-on-one behaviour-change counselling support and health education through the NZAF Health Service.

② Outcome two: 80% of MSM report condom use at first anal sex, including among Māori and other ethnic groups

Same actions as outcome one

③ Outcome three: The role of pre-exposure prophylaxis (PrEP) in HIV prevention is understood by MSM, and appropriate clinical pathways exist for targeted uptake among those at highest risk

We will:

- Collaborate on the development and implementation of the NZPrEP Demonstration Project
- Integrate PrEP into social marketing activities, targeting the promotion of PrEP uptake to MSM at highest risk of HIV
- Work in partnership with the clinical sector and other relevant stakeholders to improve PrEP access for high-risk MSM, through effective legal pathways of generic importation and the development of guidelines and training for prescribers, once PrEP is approved for use
- Demonstrate public health leadership in the framing of PrEP, ensuring the role it can play for those at highest risk of HIV is understood and supported
- Ensure our work on PrEP maximises the potential for equitable uptake among subsets of high risk MSM
- Build a business case for public funding of PrEP in New Zealand for highest-risk MSM

④ Outcome four: The African programme is distributing 13,000 condoms per annum and community members report greater understanding of the role of condoms in HIV and STI prevention

We will:

- Distribute condoms and lubricant packs at key African community events in a culturally appropriate way
- Incorporate appropriate condom education in African community engagement, integrating messaging around related issues of health, gender equality, testing, HIV stigma and the role of HIV treatment
- Maintain relationships with key African community leaders who champion condom use for HIV and STI prevention

Note: Outcome four is specific to the African programme because condom promotion in this population is different to that of MSM. Throughout the remainder of this strategy, the NZAF African programme is integrated into the higher level goals of testing, treatment and support.

Goal Two: Increase Testing and Treatment

Whāinga Tuarua: Te whakamātautau me Te maimoa

As well as encouraging our communities to stay safe by protecting themselves from HIV, it has become clear that a scaled-up 'test and treat' programme can significantly contribute to a reduction in new HIV infections. This requires two key changes.

First, we need to increase access and frequency of HIV testing throughout the health system, particularly among MSM and heterosexual Africans. Research from 2011 found that among Auckland MSM living with HIV, one in five (21%) did not know they had the virus. If we can test the right people, we can reduce the number of New Zealanders living with undiagnosed HIV (currently estimated to be 600 individuals), and provide timely care and treatment.

Second, we need to improve access to treatment so those diagnosed with HIV can benefit from improved long-term health and a reduction in their risk of transmitting the virus to others. Currently, those diagnosed may not immediately be able to access HIV treatment due to a PHARMAC policy restricting medicine until a person's CD4 cell count drops below 500. This policy directly contradicts recommendations from the World Health Organisation and it means that a person's immune system has to be sufficiently damaged by HIV before they can access medications.

As New Zealand's HIV epidemic is relatively contained, eliminating undiagnosed HIV through increased testing and immediate treatment to reduce onward transmission is practical, achievable, and affordable. The cost of removing the existing PHARMAC policy for accessing treatment is likely to be recouped quickly through the prevention of new infections. The lifetime savings to the health system of every avoided case of HIV is estimated to be between $408,000 and $593,000.

5 Outcome five: NZAF testing volumes have reached 6,000 per annum and 80% of these are from the communities most affected by HIV (MSM and New Zealand-based Africans)

We will:

- Continue to orient NZAF Health Services to provide testing that is accessible and appropriate to all MSM and African populations
- Develop peer testing pilots (including at events such as Hui Takatāpui, Love Life Fono and international cultural events) and implement a full programme by 2019 if appropriate and feasible
- Develop a home testing pilot and implement a full programme by 2019 if appropriate and feasible
- Encourage testing through social marketing activities, including through culturally relevant channels

6 Outcome six: The number of high-risk MSM who have tested in the last 12 months increases from 52% to 70% by 2019

We will:

- Deliver targeted social marketing campaigns promoting testing to this group, ensuring we maximise our reach to Māori, Pacific and Asian MSM
- Provide education for MSM on recommended frequency of HIV and STI testing relative to risk
- Collaborate with primary health care, Iwi providers and other ethnic providers to encourage the promotion of HIV and STI testing for MSM, and provide training and quality assurance where appropriate

> The lifetime savings to the health system of an avoided case of HIV is estimated to be between $408,000 and $593,000.
>
> – Covec Cost Benefit Analysis, 2013

⑦ Outcome seven: The role of treatment in HIV prevention is understood among MSM, Africans and other key affected groups

We will:

- Provide education to MSM and Africans on the benefits of HIV treatment for prevention
- Integrate treatment as prevention messaging into our social marketing activities

⑧ Outcome eight: The CD4 threshold for accessing HIV treatment is removed and all people diagnosed with HIV understand the benefits of immediate treatment and have access to care and quality treatment options that support adherence

We will:

- Lead advocacy and community mobilisation to remove the CD4 threshold for treatment access
- Provide culturally appropriate information to people living with HIV on the benefits of immediate treatment and undetectable viral load
- Support people living with HIV to access healthcare services
- Advocate for access to a wider range of quality treatment options to be included in the PHARMAC schedule

> Reducing undiagnosed HIV infection through increasing uptake of testing among key affected communities is critical on the path to ending HIV.

Goal Three: Support people living with HIV, their friends and whānau

Whāinga Tuatoru: Te tautoko tāngata e ora ana me te Mate Ketoketo, ō rātou hoa, whānau hoki

In 2015, approximately 3,200 people were living with HIV in New Zealand. Of these 2,560 were estimated to have been diagnosed and PHARMAC data showed that 2,082 were receiving subsidised treatment. A core part of our mission is to provide support for people living with HIV, their friends and whānau.

HIV-related stigma is a key barrier to accessing HIV testing and treatment and impacts the emotional wellbeing of those living with the virus. It occurs in many forms and not only from within people's own communities, but also in health settings and in wider society.

Research conducted in 2014 found that, despite knowing key facts about HIV transmission, New Zealanders still discriminate. For example, though respondents were aware that HIV is not transmitted through touch or proximity, 42% said they would feel uncomfortable flatting with someone with HIV.

We can reduce stigma by talking more about HIV, improving the visibility of people living with HIV, and educating our communities about the realities of life with the virus. We are committed to better understanding the needs and aspirations of people living with HIV in New Zealand so we can respond in the most appropriate way.

While the immediate priority is improving early access to treatment, we also need to ensure that people living with HIV have the knowledge and support to navigate their health decisions. This will require broader community education and a range of support services for managing a new diagnosis and life with HIV.

⑨ Outcome nine: The NZAF has provided culturally appropriate and demand-driven support to people living with HIV

We will:

- Ensure that all people who test HIV positive through the NZAF Health Service are offered immediate support and education to manage the emotional, relationship and practical aspects of their diagnosis
- Ensure linkage to HIV clinical care pathways is offered and supported immediately following HIV diagnosis
- Ensure that one-on-one counselling is available to people living with HIV, their friends and whānau if they need it
- Provide supportive social group settings in which people living with HIV can connect
- Collaborate with partner organisations where appropriate, on the delivery of education and support to people living with HIV
- Undertake measures to ensure the support we provide is responsive to the needs of Tangata Whenua and other non-Europeans
- Commission a piece of research that explores the needs and aspirations of people living with HIV in Aotearoa New Zealand, and use the findings for strategic and operational decision-making going forward.

⑩ Outcome ten: NZAF has contributed to combatting the effects of HIV stigma and discrimination, and attitudes surrounding HIV have improved among MSM, Africans and the general population, when compared to baseline data

We will:

- Collaborate with partner organisations where appropriate to undertake public education that improves understanding of HIV and reduces stigma and discrimination
- Undertake policy advocacy to encourage public policy and legal frameworks that do not discriminate against people living with HIV
- Include HIV stigma and discrimination messaging in our marketing materials and media presence where appropriate
- Continue providing education for medical students, the New Zealand Blood Service and other health professionals
- Educate MSM, Africans and the general population on the impact of HIV treatment on HIV transmission probability

> HIV stigma is very much alive and has wide reaching impacts. Negative attitudes surrounding HIV must be challenged and changed.

Goal Four: Enable Success

Whāinga Tuawhā: Te whakatūturu angitu

We believe that if we achieve outcomes 1-9 by 2019, we will have set ourselves on a path to ending HIV transmission in New Zealand. Outcomes 10-15 are about building the strongest organisation we can to enable success.

⑪ Outcome eleven: We have sufficient and sustainable resources to effectively implement our activities

We will:

- Successfully negotiate a new three-year contract with the Ministry of Health and advocate for annual inflation adjustments year-on-year
- Implement the fundraising strategy and achieve targeted gross income of $500,000 from fundraising activity in the 18/19 fiscal year
- Build an internal culture that understands the importance of fundraising for our future sustainability and supports fundraising activity
- Ensure cost effectiveness of the organisation and that resources are allocated to support the implementation of the Strategic Plan
- Operate at least break-even budgets for the duration of the strategy
- Seek opportunities to improve environmental performance through operational and programme delivery efficiencies

⑫ Outcome twelve: We are equipped to deliver on our commitment to respect the bi-cultural heritage of New Zealand

We will:

- Engage in a co-designed bicultural process to ensure that the NZAF strategic plan's implementation is responsive to Māori
- Develop a Māori outcomes framework which has specific outcomes for Māori
- Provide Te Tiriti o Waitangi and Tikanga training to all staff and board members and encourage a culture where learnings are integrated across the organisation's activities
- Ensure that Māori staff are supported to apply deep cultural capability to programme development and implementation

⑬ Outcome thirteen: We have strong relationships with key stakeholders and communities that enhance our ability to deliver on this Strategic Plan

We will:

- Build and maintain cross-sector and community relationships required for the successful implementation of this Strategic Plan
- Build and maintain relationships across government to help ensure policy supports and resources a combination HIV prevention approach, and is in line with World Health Organisation guidelines on prevention and care
- Continue to co-ordinate the agenda and work plan of the National HIV and AIDS Forum

⑭ Outcome fourteen: Our strategy and tactics are informed by the best available data and evidence

We will:

- Inform strategic and operational decision-making with analysis of the best available local and international science and data
- Continue to develop relationships with research and academic institutions, particularly the Gay Men's Sexual Health Research Group at the University of Auckland and the AIDS Epidemiology Group at the University of Otago
- Evaluate both existing and pilot programmes and integrate new findings into planning
- Continue to build an internal culture that values information sharing and knowledge-led programming
- Advocate for the ongoing funding and support of key research projects that inform our work.

⑮ Outcome fifteen: The NZAF Board has provided strategic leadership, governance and oversight that enables the organisation to achieve its mission

The board will:

- Promote the election process for elected trustees, so that high-calibre candidates are nominated for election
- Follow a thorough recruitment process for appointing trustees and co-opting board members, to ensure it maintains an appropriate mix of skills, knowledge and experience
- Ensure it has mechanisms in place that allow advice and feedback to be received from members and from communities affected by HIV
- Honour the NZAF's commitment to the bi-cultural heritage of New Zealand Aotearoa and respond to the needs and aspirations of Tangata Whenua
- Provide strategic leadership and governance through the development and approval of an outcomes framework, strategic plans, annual plans, policies and annual budgets
- Monitor and evaluate the operation of the organisation
- Work with the organisation to represent and promote the interests of NZAF with key stakeholders

⑯ Outcome sixteen: We have management processes and an organisational culture that has resulted in skilled, experienced and motivated staff efficiently enacting the strategy

We will:

- Ensure that staff feel equipped and empowered to effectively deliver all elements of this Strategic Plan
- Have a senior management team that is united around the vision of this Strategic Plan and can drive it down through all levels of the organisation
- Ensure accountability by continuously improving planning, monitoring and reporting cycles
- Monitor staff satisfaction levels through bi-annual staff surveys and implement improvements where feasible and appropriate
- Continue to build a culture based on trust and collaboration in which strategies exist to manage conflict effectively
- Continue to develop a high-performance culture in which managers are equipped to set performance standards and maintain accountability

Success towards achieving our mission by the end of this strategic plan period will look like:

1. A downward trend in HIV diagnoses with a high CD4 cell count, while HIV testing remains stable or has decreased.
2. An increase in the proportion of HIV diagnoses that indicate long-term undiagnosed infection in New Zealand, as measured by a CD4 cell count below 350 at diagnosis.
3. The CD4 threshold for treatment access is removed.
4. We have demonstrated that PrEP is feasible in the New Zealand context.
5. Attitudes surrounding HIV in the general population have improved and people living with HIV are receiving a range of quality, demand-driven services and support from the NZAF.
6. We see no inequity in rates of condom use, HIV testing rates and HIV diagnoses for Māori, Pacific or Asian MSM.

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Useful links

The New Zealand AIDS Foundation:
http://www.nzaf.org.nz/

Ending HIV:
http://endinghiv.org.nz

Love Cover Protect
http://lcp.nz

The AIDS Epidemiology Group:
http://dnmeds.otago.ac.nz/departments/psm/research/aids/index.html

The Gay Men's Sexual Health Research Group:
https://www.fmhs.auckland.ac.nz/en/soph/about/our-departments/social-and-community-health/our-research/gmsh.html


MAKE TACOS
NOT WAR

2016-2019 Strategic Goals and Outcomes in summary

1

Goal one: Increase primary prevention

Outcome one: 80% of MSM report condom use for casual sex, including among Māori and other ethnic groups

Outcome two: 80% of MSM report condom use at first anal sex, including among Māori and other ethnic groups

Outcome three: The role of pre-exposure prophylaxis (PrEP) in HIV prevention is understood by MSM and appropriate clinical pathways exist for targeted uptake among those at highest risk

Outcome four: The African programme is distributing 13,000 condoms per annum and community members report greater understanding of the role of condoms in HIV and STI prevention

2

Goal two: Increase testing and treatment

Outcome five: NZAF testing volumes have reached 6,000 per annum and 80% of these are from the communities most affected by HIV (MSM and New Zealand-based Africans)

Outcome six: The number of high-risk MSM who have tested in the last 12 months increases from 52% to 70% by 2019

Outcome seven: The role of treatment in HIV prevention is understood among MSM, Africans and other key affected groups

Outcome eight: The CD4 threshold for accessing HIV treatment has been removed and all people diagnosed with HIV both understand the benefits of immediate treatment and have access to care and quality treatment options that support adherence

3

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

Outcome nine: The NZAF has provided culturally appropriate and demand-driven support to people living with HIV

Outcome ten: The NZAF has contributed to combatting the effects of HIV stigma and discrimination and attitudes surrounding HIV have improved among MSM, Africans and the general population when compared to baseline data

4

Goal four: Enabling success

Outcome eleven: We have sufficient and sustainable resources to effectively implement our activities

Outcome twelve: We are equipped to deliver on our commitment to respect the bi-cultural heritage of Aotearoa New Zealand

Outcome thirteen: We have strong relationships with key stakeholders and communities that enhance our ability to deliver on this Strategic Plan

Outcome fourteen: Our strategy and tactics are informed by the best available data and evidence

Outcome fifteen: The NZAF Board has provided strategic leadership, governance and oversight that enabled the organisation to achieve its mission

Outcome sixteen: We have management processes and an organisational culture that has resulted in skilled, experienced and motivated staff efficiently enacting the strategy

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.

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