

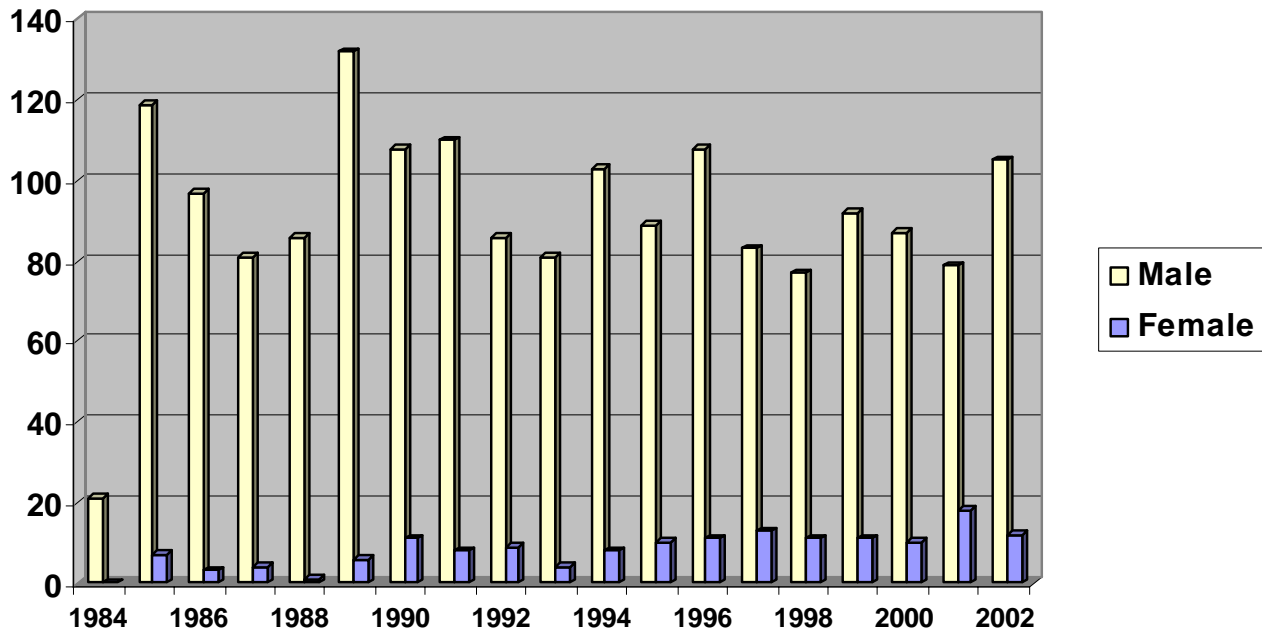
# Qld:

## Notifications one day, Defunded the next

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# Qld Notifications

**Figure 4: HIV diagnoses by year, as at 31 December 2002, where first diagnosis is in Queensland**



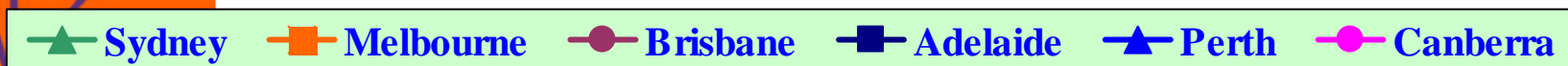
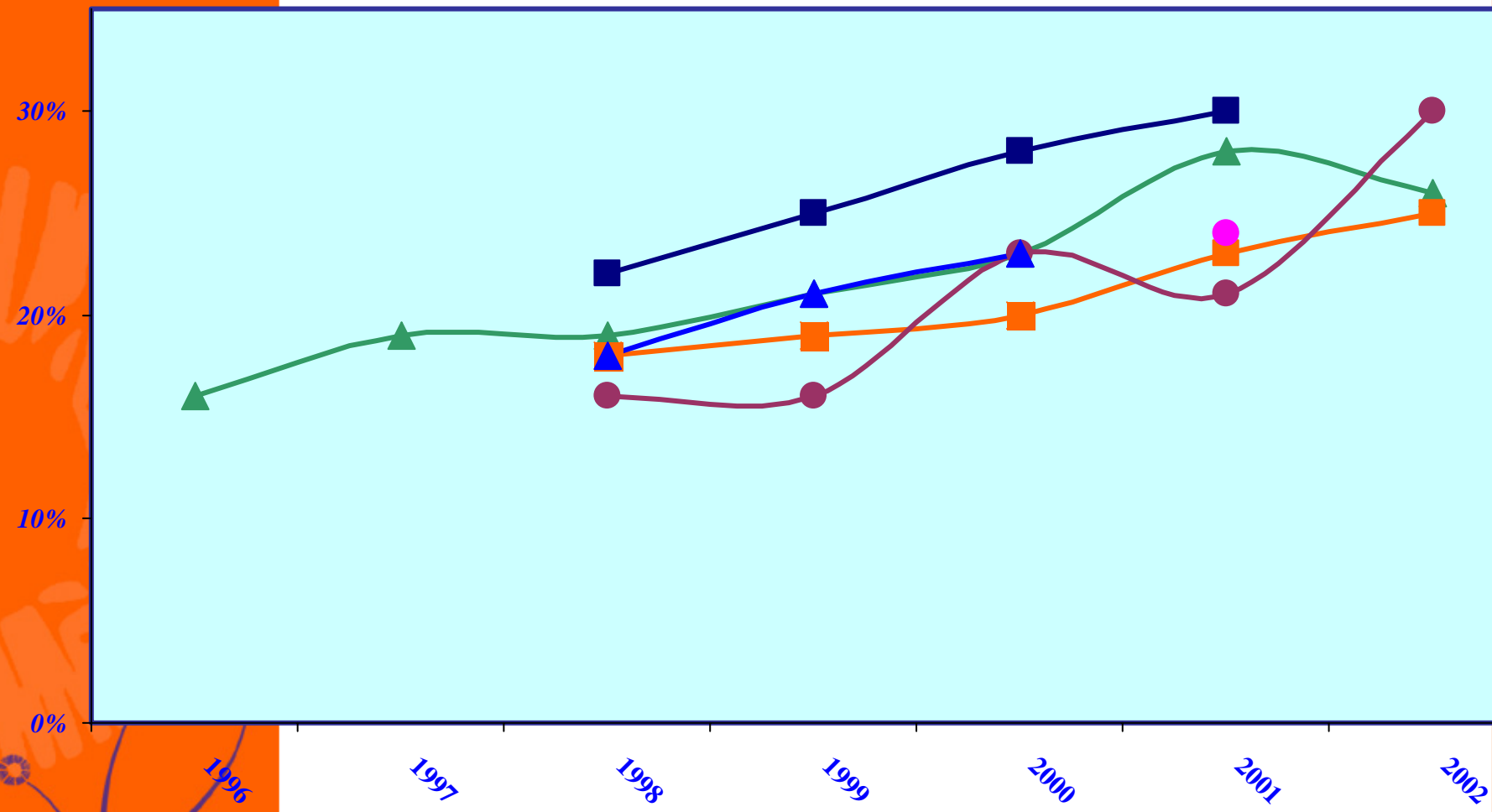
In 2002:

- There was an increase in the number of men aged 20-29 diagnosed with HIV from 16 in 2001 to 31 in 2002.
- HIV notifications are primarily in Brisbane & Gold Coast.

# What's happened in 2003?

- Stats unreleased
- 2002 increase continued at the same level into first  $\frac{1}{2}$  of 2003.
- There is likely to have been a (very) slight decline in the second  $\frac{1}{2}$  of 2003
- The 2003 data is likely to have almost the same number of notifications as the 2002 data – no increase but no decrease.

# Unprotected Anal Intercourse with Casual Partners, Fair Day/Pride/Picnic events, 1996-2002



## What has happened:

- QH Stakeholder meetings: involving CDU, sexual health services, QuAC and QPP.
- The development of a QuAC Action Plan which is due to begin full scale implementation in June 2004.

# QuAC Action Plan

1. Sexual health testing & HIV testing
2. Reinforcement of condom use
3. Reinvigorate GLBT community group relationships
4. Raise awareness of the HIV increase
5. Strengthen the engagement of HIV+ve gay men/msm in prevention efforts;
6. Alcohol and drug use in gay men's sexual activity

# Political Context: Funding

- All Qld HIV funding was put out for tender
- Our current funding will now be split under 2 tenders:
  - Gay/MSM HIV health promotion
  - HIV Services

The HIV Services tender covers services currently covered by both QuAC & St Lukes.

# What's that mean?

- Under the tender arrangements one organisation will have to be defunded
- Collaborative relationships are now competitive.
- QuAC & St Lukes had just established an MOU

# Ramifications for QuAC

- More than ½ the organisation will be shut down
- Infrastructure such as 4 regional Gay/PLWHA community centres will shut down

# What has tendering meant for 'The Rise'

- 'The Rise' has not had the fullest organisational attention it has probably needed – across the entire community based HIV sector.
- Collaborative relationships are under considerable strain
- Community attention has shifted to political contexts rather than HIV prevention.

# What have I heard?

- Projection & Blame – it's the young/old/bisexual/positive/party drug users, QuAC, Qld Health...
- Perceptions that prevention isn't working and we need to 'take a hard line'
- A need to react immediately with poorly planned, short term unthought through interventions (crystal, internet, sex venues)

# Weaknesses of our response

1. 'Wet blanket' Syndrome
2. Reluctance to publicly advocate
3. Public health disease management model
4. Too comfortable

# 'Wet Blanket' Syndrome

- Unwillingness to constructively engage with crisis dialogue casts us as 'the wet blanket'
- The crisis dialogue continues without us – and then it's even harder for us to change it.
- Sets us up for bitching and blame.
- Undermines credibility and brings our work into question

# Reluctance to advocate

- Smile, be happy, don't rock the boat - It took the threat of defunding to begin public advocacy/lobbying
- The fear of active lobbying has often focused on the potential to impact on funding. We've been compliant and have received a possible cut in funding of well over 50%.
- 'The internet'. I've heard us justify why we can't start an internet project because we don't have resources. If we went 'with it' and publicly said 'yes we'd love to, we call on QH to provide funds for this new intervention'. It reallocates the position back on the funder and positions us as an advocate for our communities. It makes us appear relevant and is politically better than just being bagged 'for doing nothing'.

# Public Health Management Model

- I sometimes feel like we work on, rather than with our communities (or target groups)
- We take on the role of 'experts' and 'managers' – so why shouldn't we be allocated blame when things 'go wrong'?
- It can also be pretty boring and energy zapping. We do it cause we're paid – community members switch off and disengage. We expect them to engage but usually on our topics, timeframes and in particular ways.
- We aim to reinvigorate partnerships with GLBT community groups. We will be attempting to strengthen relationships with a focus on longer term partnerships rather than single project focused 'interventions'.

## Too comfortable

- Ultimately, I think there was an assumption that 'they wouldn't dare' cut our funding.
- We got caught off guard and had to switch to our own crisis mode.

# Any Positives?

- Reevaluating projects – and trying new methods for some projects which have been limping along.
- Internal resource reallocation (cash for key projects).
- Forced us to really reinvigorate political alliances and relationships
- Seen a shift to a stronger advocacy stance.
- May be resulting in stronger CBO alliances with some stakeholders.

# Personal Experiences

- Frustration
- Anger
- Powerless
- Really proud
- Empowered
- Made me realise the depth of feeling.

