

Strategic Plan 2018-2020

Australian Federation of AIDS Organisations

The logo for the Australian Federation of AIDS Organisations (afao) is located in the bottom right corner. It consists of the lowercase letters 'afao' in a bold, sans-serif font. The 'a' and 'f' are connected, and the 'o' is a simple circle. The color of the logo is a dark orange, matching the background of the cover page.

President's Message

We've reached a watershed moment in Australia's response to HIV. There is now a real possibility of driving new HIV transmissions to very low levels in our nation. In our region, the Asia Pacific, we've seen notable improvements in domestic funding and access to HIV treatment. Since its inception in 1985, the Australian Federation of AIDS Organisations has been central to this remarkable effort. It's a tribute to the tireless work of our members and the tens of thousands of community workers, volunteers and activists, clinicians, researchers who've led the response to HIV.

However, this is no time for complacency. In fact, it is a time of challenge. AFAO must continue to adapt and respond to the changing epidemic to ensure no one is left behind. That's always been a non-negotiable part of AFAO's mandate. We have led the community response to HIV in Australia for three decades, but we must now re-double our advocacy, analysis and delivery as a trusted, valued support for our members and communities.

We have before us the opportunity to dramatically drive down rates of HIV transmission among gay and bisexual men. That opportunity must be fully realised, and for all who can benefit. New HIV notifications have been growing for some populations, including people who travel to and from countries with a high prevalence of HIV and Aboriginal and Torres Strait Islander people. We need to develop new partnerships and strategies with these communities. HIV needs to be addressed in its full social context, as well as in terms of health and policy, if Australia is to become the first country in the world to virtually eliminate HIV transmission.

While AFAO has led the national conversation on HIV in Australia for more than a generation, budgetary constraints and a more competitive funding landscape mean it's time to consider if the organisation's operations and structure allow it to best meet its objectives. Our challenges mirror those of many members, and it's time to ask if there are new ways for our organisations to serve our communities. We must ask – can we be stronger together? – and we must have the courage to realise a new vision.

We need to also look at the AFAO's regional and global roles. The Asia Pacific is home to more than 5 million people with HIV. Each year 170,000 people die from an AIDS-related illness, while further 270,000 people become HIV positive. Under this plan, we will continue to partner with community HIV organisations and civil society in our region to provide technical assistance and build capacity and strength. We will champion the self-determination of our regional and in-country partners and will step with them towards the full realisation of their vision. We will also leverage AFAO's considerable domestic and international influence to draw attention and resources to the needs of our region.

Both domestically and regionally, this plan will see us continue to place HIV in its wider health, social, political and human rights context and we will respond as best we can, with the capacity and opportunities available, to the wider milieu within which HIV is located and on issues and concerns for our members and communities.

This strategic plan considers ways we can achieve these outcomes and continue AFAO's proud history of leadership. The plan has benefited enormously from the input of individuals and organisations across Australia and across the region, and I express my deep gratitude to all who participated in this process.

This is a time of challenge. Our Strategic Plan for 2018-20 will ensure the period ahead is also a time of opportunity.



Dr Bridget Haire
AFAO National President

Our Strategic Plan for 2018-2020

Our vision

Working together to end HIV transmission and reduce its impacts through leadership, advocacy and community-led action on health, human rights and social justice in Australia, Asia and the Pacific.

Our strategic directions

1

Lead and coordinate the response to HIV in Australia

AFAO will provide leadership, policy expertise and advocacy and support for our members and partners

2

Health promotion programming and implementation in Australia

AFAO will lead the development of health promotion programs that can be adapted for local contexts

3

Contribute to the response to HIV in the Asia Pacific region

AFAO will work in partnership with regional networks and in-country partners to realise locally self-determined responses to HIV

4

Ensure AFAO is sustainable and lead and support sector reform in Australia

AFAO will strive for its security and that of our community partners

Our values

Respect the dignity of all people

Respect and value diversity

Acknowledge the special place of Aboriginal and Torres Strait Islander people as the first Australians and respect their communities' traditions, views and ways of life

Empower our communities and support their ownership and self-determined control of their health and lives

Protect and promote the human rights of all communities

Promote and support harm reduction principles

Recognise the social determinants of health

Build and promote evidence-based approaches to policy, advocacy and health promotion, guided by the Ottawa Charter

Be accountable and responsive to the communities we are part of, work with, represent and serve

About this document

The *AFAO Strategic Plan 2018-2020* outlines our vision and sets our strategic directions and the connected measures of success for the next three years.

It is a time of significant change for AFAO and the entire community-based response to HIV in both Australia and the Asia Pacific region. Australia is well placed to continue its global leadership and be the first country to reach the Australian Government's goals of virtually eliminating HIV transmission and further improving quality of life for people with HIV. However this will only be possible if the response is intensified, with resourcing commensurate to reach these goals.

This Strategic Plan identifies the key challenges facing us, lays out AFAO's aspirations over the coming years, and highlights the need for AFAO's leadership, coordination, policy, advocacy and program development and delivery. This plan is based on the bold premise that AFAO will be successful in securing the required investment to fulfil its vision however the scale and intensity of our work will ultimately be contingent on the financial resources available.

The Strategic Plan was developed by AFAO's Board, collaboratively with AFAO's members and affiliates, staff and our partners in Australia and the Asia Pacific. Nous Group and Hecate Consulting assisted with the development of the Strategic Plan and, from its Community Partnership Scheme, Nous partly funded the work out of commitment to the community HIV response. A consultation process was undertaken from September to December 2017, with key themes presented back to the Board and members for further refinement. That consultation process affirmed that our members, affiliates and partners agree that an effective response to HIV in Australia and the Asia Pacific requires that AFAO be sustainable.

The plan is also informed by a range of domestic, regional and global policy priorities. We are confident that through the directions and initiatives outlined in this plan, AFAO will lead domestically, and contribute regionally and globally, to these priorities. Globally and regionally, AFAO is guided by the 2016 *United Nations Political Declaration on HIV and AIDS* which provides a global framework for action on HIV.

In Australia, AFAO will lead the implementation of Australia's eighth *National HIV Strategy 2018-2022* whose ambitions exceed global goals and include the virtual elimination of HIV transmission. We will also contribute to other national strategies for blood borne viruses (BBVs) and sexually transmissible infections (STIs) and intersecting strategies that contribute to HIV outcomes, are priorities for our members and affiliates, and impact the lives of our communities, including the *Fifth National Mental Health and Suicide Prevention Plan* and the *National Drug Strategy 2017-2026*.

About us

AFAO is the national federation for Australia's HIV community response. AFAO advocates for a strong and bold vision to prevent HIV and its impacts, responds nationally and regionally to priorities for our members, affiliates and communities, and works with government, clinicians, researchers and community to achieve our goals.

Within Australia, AFAO provides a voice for communities affected by HIV, leads the national conversation on HIV, and provides leadership, coordination and support to Australia's policy, advocacy and health promotion response to HIV. Internationally, AFAO contributes to the development of effective policy and program responses to HIV/AIDS at the global level, particularly in the Asia Pacific region.

While HIV rests at the heart of AFAO's vision, we recognise the deep lessons of HIV and AIDS – that this is the most social of diseases and that responding effectively to HIV requires an expansive vision and approach, encompassing human rights and social justice and addressing intersecting issues of poverty, disadvantage, marginality and criminalisation, broader health issues and their determinants, and the health and social systems within which policy responses to HIV are embedded.

AFAO's objects and strengths are derived from its members and their communities and, accordingly, AFAO will provide leadership, be guided by, promote, coordinate and support the shared goals of its members and the communities they represent in its endeavours.

AFAO is governed by a national Board of Directors who volunteer their time and expertise to direct and oversee AFAO's work.

More information about AFAO's Directors, staff, members, affiliates and history is available at afao.org.au.

Our values

At the centre of our work is our commitment to:

- respect the dignity of all people
- respect and value diversity
- acknowledge the special place of Aboriginal and Torres Strait Islander people as the first Australians and respect their communities' traditions, views and ways of life
- empower our communities and support their ownership and self-determined control of their health and lives
- protect and promote human rights
- promote and support harm reduction principles
- recognise the social determinants of health
- build and promote evidence-based approaches to policy, advocacy and health promotion, guided by the Ottawa Charter
- be accountable and responsive to the communities we are part of, work with, represent and serve.

Our priority communities

AFAO's work is primarily directed towards communities where HIV or the risk of HIV is most prevalent or where there are significant emerging issues. These include:

- gay and bisexual men, transgender and gender diverse people, and the wider LGBTI&Q communities
- people with HIV
- Aboriginal and Torres Strait Islander people
- sex workers
- people who inject or use illicit drugs
- people from or who travel to high prevalence countries
- people in custodial settings.

AFAO recognises that many people are members of more than one priority community, and indeed, that many have additional experiences that are important in their identity and lived experience. AFAO recognises the intersections of identity within and beyond our priority communities. We will strive to balance reach and population impact with equality of access. This reflects our commitment to 'leave no one behind' and to properly recognise the contributions of gender diversity, sexuality, socio-economic status, different abilities, culture and language in achieving our vision.

Our members

AFAO's members are national and state and territory organisations created by communities most affected by HIV. They are deeply embedded within their communities, provide a trusted and credible voice to governments and other stakeholders, and deliver direct education, outreach, support and advocacy. Our members' missions all include a strong focus on HIV, and many encompass wider responses to our communities' health and rights.

Our State and Territory members are the AIDS Councils that lead the HIV community response in their respective jurisdictions, and collectively support the national response. They are:

- ACON (NSW)
- AIDS Action Council of the Australian Capital Territory (AAC ACT)
- Northern Territory AIDS and Hepatitis Council (NTAHC)
- Queensland AIDS Council (QuAC)
- Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD)
- Victorian AIDS Council (VAC)
- Western Australian AIDS Council (WAAC).

Our national members are:

- Anwernekenhe National HIV Alliance (ANA)
- Australian Injecting and Illicit Drug Users League (AIVL)
- National Association of People with HIV Australia (NAPWHA)
- Scarlet Alliance, the Australian Sex Workers Association.

Each organisation has its own independent, community-based governance and consultation processes from which it draws its expertise and leadership. AFAO also has a growing group of affiliate members – currently some 18 organisations spanning community, research, public health and clinical workforce – that endorse AFAO's values and support the work we do.

Our strategic context

This is a time of opportunity and challenges in the Australian epidemic

Australia's HIV prevalence is very low compared to other high-income countries, at around 0.1 per cent of the total population, and the epidemic remains concentrated among gay and bisexual men. Australia has sustained the virtual elimination of HIV among sex workers and through mother-to-child transmission. Australia's highly successful needle and syringe programs coupled with peer-led community education has kept HIV rates among people who inject drugs very low and contributed to reducing rates of other blood-borne viruses such as hepatitis C.

Since 2011 there have been major advances in HIV science and technology, including conclusive evidence that undetectable viral load prevents HIV transmission, PrEP, and new rapid and self-tests. When coupled with proven strategies such as community-led prevention and education, access to sterile injecting equipment and effective HIV treatment, these advances mean it is possible for Australia to virtually eliminate HIV transmission if the right investments and efforts are made.

Australia is uniquely placed to continue its global leadership and be the first country to reach this target. However, this will not happen with current efforts.

Australia's overall stabilisation in transmission rates largely masks divergence in epidemic trends across jurisdictions and populations. Gay men continue to experience the greatest burden of HIV, accounting for the majority of new transmissions and the greatest numbers of people living with HIV. The continued scale-up of PrEP, when coupled with intensive other prevention, testing and treatment efforts, will likely see major gains in reducing HIV transmission among gay men.

New notifications have been growing for some populations, including people who travel to and from countries with high HIV prevalence and Aboriginal and Torres Strait Islander people. Despite great prevention successes, people who inject drugs and sex workers remain priorities so that these successes can be furthered and sustained.

Australia's HIV epidemic will continue diversifying, both in terms of the route of transmission and its proportional impact on priority populations. Stigma and discrimination have reduced considerably since the epidemic emerged in the 1980s, but remain entrenched and, together with continued criminalisation and health service inequities, remain major barriers to virtual elimination.

Australia's response to the epidemic has changed significantly

Australia's response to HIV and AIDS over more than three decades is widely recognised as one of the most successful responses globally. Since the beginning of the epidemic in the early 1980s, community leadership has been at the heart of Australia's response to HIV, and community organisations have been effective, disciplined and responsive to evidence and changing community needs and practice. The response has been built on a strong partnership between communities, government, researchers and clinicians.

However, a lot has changed since the beginning of the response. There is concern that the partnership approach is no longer as equal or as focused. Competitive funding arrangements have resulted in community organisations that previously partnered subsequently having to compete with one another. There have also been funding cuts and defunding of community organisations in some jurisdictions, undermining their ability to respond sufficiently and in some instances leaving no representative body in place. Governments have

reduced capacity to respond to the changing epidemic and, while government policy aspirations are strong, implementation commitment is variable.

HIV remains important in the lives of many in our communities and HIV-health seeking is often high, but HIV, thankfully, no longer figures centrally in community life. With the receding of crisis, community responses have matured and evolved. HIV has become part of our lives, not its central focus. Community organisations have adapted to these changes, recognising new health and social justice issues that matter to our communities, either because of their intersections with HIV or in their own right.

There can be no doubt that the coming three years are rich with opportunities and with challenges. Excellence in prevention, testing and treatment can see dramatic reductions in HIV transmission in Australia. AFAO-commissioned modelling estimates that a fully-realised response to HIV, delivered by AFAO and our members at scale, would avert some 2,025 new infections and generate \$82.1 million in cumulative treatment and care savings by 2020.¹ The lifetime savings from these averted infections exceed \$2bn.

Achieving this will require the right policy commitments and investments, supported by determined, partnership-based implementation and ongoing monitoring and evaluation. AFAO's national leadership and efforts with our members will be critical in achieving our shared goals.

This is a time of opportunity and challenge in the epidemic in Asia Pacific

The Asia Pacific region has the second highest number of people living with HIV in the world, with an estimated 5.1 million people diagnosed by 2015 and some 300,000 new infections per year. There was a 5% decline in new infections in the region in the period 2010-2015 but this progress has slowed in recent years and new HIV infections are on the rise in some countries.²

The epidemic in the region continues to predominantly affect key populations, with concentrated epidemics among men who have sex with men, transgender people, sex workers, people who inject drugs and migrant communities.

Access to the means of prevention remains sub-optimal across the region, with UNAIDS noting low levels of consistent condom use across key populations, insufficient access to testing and treatment, and lower levels of coverage of needle and syringe programs than would be required to reduce new HIV infections. At current levels of activity and investment, the region is not anticipated to reach the UNAIDS Fast-Track target for reducing new HIV infections by 2020.³

The response to the epidemic has changed significantly across the region

While the response – and progress in tackling the epidemic – varies across the diverse countries of Asia and the Pacific, there has been notable progress across much of the region in building clinical, policy and funding infrastructure to improve access to treatment among people living with HIV. There are now some 2.1 million people living with HIV on treatment, and the region is well-placed to meet the UNAIDS Fast Track target of having 4.2 million people living with HIV on treatment by 2020.

In comparison, there has been more limited progress in investment or innovation in HIV prevention in the region. There has been slow progress toward inclusion of our communities in making decisions about funding

¹ Australian Federation of AIDS Organisations, HIV blueprint, <https://www.afao.org.au/wp-content/uploads/2017/08/AFAO-Blueprint-to-end-HIV.pdf>

² HIV and AIDS in Asia and the Pacific Regional Overview <https://www.avert.org/professionals/hiv-around-world/asia-pacific/overview>

³ [UNAIDS Snapshots: HIV Epidemic in Asia and the Pacific, 2016] UNAIDS-ap.org.

allocation, and prevention in many countries has continued to be reliant on donor rather than domestic funding.

There also continues to be significant variation across the region in relation to creation of supportive legal, political and social environments. While some countries have made significant progress in addressing legal, policy and social barriers to HIV prevention, other countries have experienced a marked increase in stigma, discrimination and criminalisation of key populations.

Economic changes in the region have also brought challenges and opportunities to the response to HIV. Increased domestic wealth in key nations has made possible the investment in treatment and care. However, the transition from low income to middle income status will also see reductions in access to donor funding, putting prevention efforts in jeopardy.

In this context, civil society organisations (including community organisations and key population networks) have a critical role in shaping the regional and national responses to HIV. This includes ensuring key populations are represented in the development of policy and programs, the allocation of resources to prevention and treatment, and implementing programs that directly address prevention, testing, access to treatment, and stigma and discrimination. To do this, civil society organisations will benefit from tailored capacity building work that addresses a range of both technical and programmatic issues, including investment efficiency, social contracting, domestic policy advocacy, and next generation prevention.

Strategic Direction 1: Lead and coordinate the response to HIV in Australia

Community leadership and coordination will be essential to Australia achieving the goals of its *National HIV Strategy*. AFAO will continue to provide leadership, policy expertise and advocacy, coordination, and support for its members and partners.

AFAO will focus its efforts to address the variation in health outcomes and responses between jurisdictions and priority populations, including the response to HIV in Aboriginal and Torres Strait Islander communities. AFAO will also keep alert and responsive to health areas that are of concern to its priority communities including other BBV and STIs, mental health, ageing and drugs and alcohol.

| Measures of success | Initiatives |
|---|---|
| <ul style="list-style-type: none"> • HIV remains a priority for Commonwealth, state and territory governments • Policy, legislative and regulatory settings support the goal of virtually eliminating new HIV transmissions in Australia • Reduction in reported stigma and discrimination • AFAO is up to date with the changing epidemic and shares its knowledge with its members and communities • The eighth <i>National HIV Strategy</i> achieves its goal and targets | <p>Policy and advocacy</p> <ol style="list-style-type: none"> 1. Strengthen and expand our relationships and influence with governments, Oppositions and across the Parliament, advisory bodies and other decision-makers at a national level across a range of portfolios 2. Work to ensure that national priorities reflect the changing epidemic and evidence of best practice 3. Advocate for policy, legislative and regulatory settings and strategies that support HIV prevention and improve access to testing and treatment, including through new technologies 4. Advocate for an enabling environment that addresses the underlying causes of vulnerability to HIV and the social, legal and policy barriers to effective prevention, health promotion and service delivery 5. Support our members at the state and territory level to advocate for effective policy settings and strategies <p>Analysis</p> <ol style="list-style-type: none"> 6. Coordinate and monitor research and evaluation to understand and characterise HIV in Australia, to identify changes and emerging epidemics, and promote the evidence base on how best to respond 7. Encourage further research to measure stigma and discrimination and promote action to address it <p>Capacity building</p> <ol style="list-style-type: none"> 8. Deliver targeted capacity building and support to members and affiliates that incorporates knowledge transfer and skills development to ensure they can respond fully to current and emergent issues for their communities <p>Leadership and coordination</p> <ol style="list-style-type: none"> 9. Provide leadership in facilitating and monitoring the implementation of the eighth <i>National HIV Strategy</i> and other BBV, STI and related health strategies 10. Support cross-sector dialogue and collaboration to integrate the national HIV response with other BBV, STI and related health responses, including alcohol and other drugs, mental health, ageing and correctional services. |

Strategic Direction 2: Health promotion programming and implementation in Australia

Health promotion remains a core component of Australia’s response to HIV, enabling our communities to make and enact decisions to promote their health and wellbeing.

Despite the success of existing HIV prevention, testing and treatment efforts, there continue to be unacceptably high numbers of new infections and populations at risk of not enjoying the benefits of current prevention and treatment science and technology. This includes:

- gay and bisexual men, who continue to bear the burden of HIV in Australia
- Aboriginal and Torres Strait Islander people
- trans and gender diverse people
- people who travel to and from countries with high HIV prevalence and
- people receiving a late HIV diagnosis.

There is variable capacity across the sector to develop sophisticated, multi-faceted health promotion programs that address the specific needs of each of these populations.

As the national peak body, AFAO has a key role in leading the development of health promotion programs that are locally informed for direct delivery or that can then be localised to address the specific context. This work will be done in collaboration and consultation with AFAO members and affiliates and with other key partners including Aboriginal and Torres Strait Islander communities and organisations.

| Measures of success | Initiatives |
|--|---|
| <ul style="list-style-type: none"> • Reduction in new HIV infections • Reduction in time from HIV acquisition to diagnosis, and from diagnosis to treatment commencement • Increased knowledge of HIV prevention, testing and treatment among each priority population • Increased capacity among Aboriginal and Torres Strait Islander organisations to address HIV prevention, testing and treatment • Programs are developed and implemented to address specific risk factors and context for each priority population | <ol style="list-style-type: none"> 1. Develop tailored health promotion, education resources and campaigns based on up-to-date epidemiology and behavioural data and international best practice that can be implemented nationally and adapted and used locally 2. Implement HIV prevention programs that successfully target priority populations 3. Implement health promotion interventions using a broad variety of media channels that engage and mobilise affected communities to end HIV transmission 4. Support AFAO members in planning responses to emerging issues and lead on implementation especially where national coordination and delivery is needed 5. Support AFAO members in advocating for the maintenance of HIV prevention and education programs that have successfully targeted priority populations, including gay and bisexual men, trans and gender diverse people, people with HIV, sex workers, people who inject drugs, Aboriginal and Torres Strait Islander communities, and people from culturally and linguistically diverse backgrounds 6. Continue to work with the Anwernekenhe National HIV Alliance and other Aboriginal and Torres Strait Islander organisations to develop the capacity to deliver health promotion programming and implementation. |

Strategic Direction 3: Contribute to the response to HIV in the Asia Pacific region

AFAO will continue to partner with community-led organisations and civil society in the Asia Pacific region to prevent new HIV infections and reduce the impact of HIV on communities and key populations.

Achieving this in the Asia Pacific – as in Australia – requires that the experience and expertise of communities is at the centre of the response. Our goal is to provide support, wherever needed, to realise the self-determination of communities in their responses to HIV. This requires that we continue to advocate for effective and sustainable HIV financing and we provide technical assistance and build capacity and strength that allows our overseas partners to fully realise their visions locally, nationally and regionally.

The regional response to HIV requires strong, community-based organisations of key populations that can work with government to shape policy and funding arrangements, represent their communities needs and experiences and directly develop and implement programs. This response needs to be led and shaped by the communities of the Asia Pacific region. As such, our aspiration is to remain in the region for as long as it is useful for an Australia-based organisation to be actively contributing to the response.

Our focus will continue to be on working in partnership with regional networks and in-country partners to build a HIV response in each country that achieves the goals of reducing new HIV infections and reducing the impact of HIV on communities and key populations. As in Australia, this will require that we continue to locate and respond to HIV in its wider health, social, political and human rights context.

| Measures of success | Initiatives |
|---|--|
| <ul style="list-style-type: none"> • Community and civil society organisations effectively advocate for increased domestic HIV spending and allocative efficiency • Community and civil society organisations have strengthened technical expertise and skills to advocate on HIV and the Sustainable Development Goals • Community and civil society organisations have increased access to and use of strategic information on HIV financing and best practice for countries in transition • Increased collaboration between in-country organisations, and with and between regional networks • Strengthening community organisations are increasingly realising their self-determined visions | <p>Capacity building and technical expertise</p> <ol style="list-style-type: none"> 1. Lead and implement the Sustainable HIV Financing in Transition (SHIFT) program, in partnership with APCASO and APCOM (regional sub-recipients) and the Indonesian AIDS Coalition, Malaysian AIDS Council, Action for Health Initiatives (ACHIEVE), and the Thailand National AIDS Foundation (country sub-recipients) 2. Identify opportunities to provide targeted capacity building, coalition building and technical assistance in countries across the region, including the UNAIDS Fast Track countries (China, India, Pakistan, Myanmar, Indonesia and Vietnam) and Papua New Guinea 3. Develop new models of capacity building that address contemporary challenges in the region and incorporate ongoing mentoring and coaching 4. Provide technical assistance to community and civil society organisations in relation to HIV financing, programming and governance <p>Policy and advocacy</p> <ol style="list-style-type: none"> 5. Advocate to the Australian Government, Opposition and across the Parliament for policy and funding arrangements that support improved HIV outcomes in the region 6. Advocate to international donors, UNAIDS and other international and regional bodies for policy and funding arrangements that support improved HIV outcomes in the region. |

Strategic Direction 4: Ensure AFAO is sustainable and lead and support sector reform in Australia

There have been significant changes in the policy, funding and regulatory environment that have impacted community organisations’ ability to respond to the HIV epidemic – and further change is anticipated. Australia’s overall HIV response is less well-resourced than in the past, with some organisations de-funded and others subject to competitive funding arrangements. Governments have greater expectations for a unified community voice and for demonstration of outcomes. The demand for cost-effective services and minimum overhead costs make the ongoing financial sustainability of our organisations, particularly smaller ones, more challenging. This changing environment is not simply a product of changing funder expectations. There are additional reasons for looking at new models of cooperation, such as scale, coordination, efficiency and effectiveness, and responsiveness to changes in technology and our communities.

These are issues not only for AFAO but also many members and other organisations. Under this plan, we will continue to protect the centrality and strength of the community-based response. In doing so, we will strive to secure AFAO’s future and lead wider discussions with our members with a view to larger-scale sector reform that provides unity and strength by bringing organisations together with shared collective purpose. We will also explore member-funded models, including membership fees.

This strategic direction signifies AFAO’s commitment to leading and supporting our community organisations to navigate this period of change, and to grow a strong and sustainable community response for the future.

| Measures of success | Initiatives |
|--|---|
| <ul style="list-style-type: none"> • AFAO’s leadership and support for sector reform will: <ul style="list-style-type: none"> - be responsive to the changing epidemic - ensure no one is left behind - value collective strength and working together - be led by the community - advocate for a strong and bold vision - acknowledge the special place of Aboriginal and Torres Strait Islander people as the first Australians - prioritise the evidence - care about local contexts • AFAO increases the total number of its unique funding sources • AFAO has the capacity to undertake the full extent of the initiatives outlined in Strategic Directions 1-3 • AFAO has the capacity to respond to requests for assistance from members and affiliates • AFAO retains the expertise of its staff | <ol style="list-style-type: none"> 1. Lead a national consultation process on feasibility and desirability of options for sector reform, including the creation of a single entity operating with shared collective purpose, and implement changes in line with recommendations of that process 2. Further explore diversification of funding sources 3. Continue to strengthen commitment for increased domestic HIV investment 4. Continue to explore member-funded models, including both fee-for-service arrangements and membership fees 5. Maintain the highest standards of corporate governance, compliance and risk management in executing AFAO’s vision domestically and in the Asia Pacific. |

