

Executive summary

To enable AFAO's member organisations ("member organisations") to be effective in the response to monkeypox, governments should work with them to ensure they can deliver core services in their respective jurisdictions. The core services that member organisations should be able to provide include running **independent digital campaigns**, **community forums**, **sector forums**, **peer support** and **monitoring the media**. Member organisations are invaluable resources in the monkeypox response because they are embedded within the LGBTQI+ community, possess highly relevant knowledge and maintain credibility with broad stakeholders.

To be effective stakeholders in the monkeypox response, member organisations need resourcing to deliver core services.

Member organisations recognise the threat monkeypox presents and wish to play active roles in the response; however, they are without the capacity to deliver monkeypox programming sustainably whilst maintaining existing services.

Government and member organisations should work together to ensure member organisations can deliver the following core services during the monkeypox response. Where practical, national peak bodies and member organisations with more capacity will assist member organisations with less capacity. The differences between LGBTQI+ communities in distinct geographic areas mean local campaigns that support Eman8 are indispensable.

The scale and nature of these core services will differ across jurisdictions based on the local community's needs. The member organisation is best placed to know how this might manifest. The core services include:

- **Independent digital campaigns.** Member organisations should have the capacity to utilise the forms of media that spark the most engagement within their local community (traditional media, social media, dating apps etc).
- **Community forums.** Public forums provide information on Monkeypox, allow for targeted messaging to community based on local epidemiology and build confidence in the vaccine and testing. These forums might build on existing networks. In addition to a public forum, member organisations should host forums that specifically address how monkeypox might impact:
 - Trans and gender diverse individuals;
 - People living with HIV; and
 - Aboriginal and Torres Strait Islanders.
- **Sector forums.** These forums would provide relevant information to organisations and stakeholders involved in the monkeypox response, such as:
 - Healthcare groups and hospitals;
 - Housing, social worker and welfare groups;
 - Culturally and linguistically diverse groups; and
 - Aboriginal and Torres Strait Islander groups.
- **Peer support.** Peer support programs can be used to prevent monkeypox and support those who are recovering from monkeypox.
- **Media monitoring.** Member organisations can provide advice to media outlets on appropriate media coverage of monkeypox. They address and refute media coverage of monkeypox that is harmful to the

community or the public health response. They also lead conversations relating monkeypox by responding to media enquiries and pro-actively disseminating health information on social media.

- **Trained Peer Workers.** Member organisations can provide a trained peer workforce, skilled in effective community engagement and communication, that can support clinical staff in rolling out effective vaccination services.

There are other prerequisites to a successful monkeypox response within each jurisdiction.

Beyond resourcing core services, governments can also provide an effective environment that allows member organisations to optimise their deliverables. Governments should ensure they maintain:

- **Effective surveillance of monkeypox.** These statistics provide vital information to member organisations on how they should be using their resources. Moreover, transparent communication of this surveillance builds confidence within the public. There is an opportunity to reactivate platforms utilised to communicate Covid 19 statistics.
- **Funding for other programs such as HIV.** Member organisations are responsible for a range of essential services, and contributing to the monkeypox response should not detract from that. In particular, monkeypox programming and activities should not come at the expense of HIV funding or from HIV funding. Neglecting to resource one or both of HIV and MPX poses a public health risk in itself.

With effective resourcing, member organisations will comprise an invaluable resource in the monkeypox response of each jurisdiction.

Member organisations have a history of success of participating in public health responses. They provide the link between the LGBTQI+ community and other stakeholders such as government, public health organisations, community organisations, epidemiological and social researchers.¹ This link was a critical success factor in Australia's HIV response's success especially when compared to other developed countries.²

There are three features³ of member organisations that make them uniquely effective at providing cost effective, targeted and meaningful services during a public health response such as HIV/AIDS. Member organisations:

- 1 **Are embedded within the community.** Member organisations' level of connection with the community supports a deep understanding of contemporary issues and effective solutions. As organisations that explicitly serve LGBTQI+ communities, member organisations enjoy a level of authority to work with their communities the public service and other non-government organisations do not. This empowers them to:
 - a Deliver targeted, acceptable, and meaningful health promotion and prevention services by involving the community in the development, implementation and study of public health strategies.
 - b Rapidly respond to the changing needs and preferences of their communities. They can monitor how programs are delivered, establish rapid feedback loops, and mobilise communities to identify problems and solutions.⁴
 - c Maintain the trust of the community, who may be wary of traditional service providers due to fear of stigma or rejection.
- 2 **Possess highly specialised knowledge, especially relating to service delivery in the context of the LGBTQI+ community.** Based on their historical and ongoing experience leading in the HIV/AIDS public response in their respective communities, member organisations have a diverse range of professional expertise, which includes community health, health promotion, prevention education and peer-based service delivery. Their technical knowledge covers epidemiology, virology, risk behaviours and components of an effective response.

¹ Richard Feacham, 1995, Evaluation of the National HIV/AIDS Strategy, Commonwealth Department of Human Services and Health.

² Adrian Mindel & Susan Kippax, 2013, 'A national strategic approach to improving the health of gay and bisexual men: experiences from Australia', in Aral et al (ed.), The new public health and STD/HIV Prevention, Springer, Sydney NSW.

³ Nous Group, 2016, Demonstrating the value of community control in Australia's HIV response, <http://www.afao.org.au/wp-content/uploads/2020/05/Demonstrating-the-value-of-community-control-in-Australia%E2%80%99s-HIV-response.pdf>.

⁴ Collins, CJ, Greenall, MN, Mallouris, C & Smith, SL, 2016, Time for full inclusion of community actions in the response to AIDS.

- 3 Maintain credibility with government, mainstream providers and other stakeholders.** Member organisations have retained productive relationships with a broad range of stakeholders. This is in spite of the fact that HIV and AIDS is a politically, socially and religiously sensitive issue for some. Member organisations are widely recognised among government and academic stakeholders as the key community experts on LGBTQI+ health and associated issues. Core to this trust is the member organisations' professionalism with their sophisticated and robust management, financial and governance structures.