

Building on success 3
the Commonwealth
Government Response to
Towards a National Strategy
for HIV/AIDS
Health Promotion for Gay
and Other Homosexually
Active Men

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1. Introduction

The Third National HIV/AIDS Strategy 1996-97 to 1998-99 stated that there would be a review of gay men's education in Australia and the development of a Gay Men's Education Strategy. That review and strategy development undertaken by the National Centre for Health Promotion (NCHP), University of Sydney has now been completed. This Commonwealth Government response is to the two documents produced by the National Centre for Health Promotion. Those documents are *Building on Success 1: 'A Review of Gay and Other Homosexually Active Men's HIV/AIDS Education in Australia'*, and *'Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men'*. Those documents, together with this Commonwealth Government response, form the basis for a national partnership approach to gay men's education for the life of the current National HIV/AIDS Strategy and beyond.

The Government regards the review as comprehensive, and on the recommendation of its Review Advisory Committee, supports the general thrust of the strategy document. The Government notes that the process involved considerable consultation around the country with stakeholders from both government and non-government organisations. This response document developed in consultation with the Australian Federation of AIDS Organisations (AFAO), confirms the general direction to be taken by the Government, as well as specific action to be taken in response to the recommendations of the NCHP.

The development of a fourth National HIV/AIDS Strategy is a key recommendation, and is supported by the Government. The Government will seek to actively engage key stakeholders in consultations for a fourth strategy, and to continue the successful partnership approach to HIV/AIDS for which Australia is justifiably world recognised.

2. Acknowledgments

The Government wishes to acknowledge the work of the National Centre for Health Promotion in conducting the review of gay men's education in Australia and in developing the strategy document.

The National Centre for Health Promotion team was comprised of; Aldo Spina, Marilyn Wise, Don Nutbeam, Elizabeth Harris and Adrian Bauman. Susan Kippax was the principal technical adviser.

Thanks also to the Australian Federation of AIDS Organisations (AFAO) and Geoffrey Fysh who undertook secretariat functions for the project.

Particular thanks to the Review Advisory Committee; Doreen Rosenthal-Chair, Michael Bartos, Mark Bebbington, Phil Carswell, Paul Cramer, Gary Dowsett, Ross Duffin, Terry Evans, Neville Fazulla, Stephen Gallagher, Martyn Goddard, Paul Kinder, Eamonn Murphy, Darryl O'Donnell, Dennis Rhodes, and Alan Thorpe.

3. Objectives

The Government supports the objectives contained in *Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men*.

These are:

- to enhance the quality and effectiveness of the HIV/AIDS health promotion programs for gay and other homosexually active men in Australia;
- to enhance the quality and effectiveness of HIV/AIDS health promotion programs for HIV positive gay and other homosexually active men in Australia; and
- to strengthen the infrastructure support for effective HIV/AIDS health promotion programs for gay and other homosexually active men in Australia.

4. Education principles

The Government reinforces its support for the following education principles contained in *'Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men'*.

- Education and prevention programs for established, emerging or potential epidemics in specific communities are best delivered by the communities involved, in partnership with governments, health professionals and researchers.
- The participation of HIV-positive people is central to any HIV prevention and education program. HIV-positive and HIV-negative people should be regarded as partners in HIV prevention education and HIV health maintenance.
- People with HIV/AIDS and gay men and their communities must remain central to the planning, delivery and evaluation of HIV/AIDS programs, services and policies.
- Where there is a clear and direct relationship between HIV/AIDS preventive strategies and strategies directed at communicable and sexually transmissible diseases, education and prevention programs should reflect this.
- Integration of HIV/AIDS services must not dilute or make irrelevant HIV/AIDS programs to their target populations.
- HIV-positive people have specific health promotion needs.
- Education and prevention initiatives must take account of diversities in cultural and linguistic backgrounds, gender, age, sexual orientation, disability and geographical location.
- Educational material designed to aid prevention of HIV must be presented in such a way as to have maximum effect on intended target groups, including groups best reached by the use of more direct educational messages.
- Residents of correctional and other residential institutions should have similar access to education and prevention initiatives as the rest of the community.
- A supportive legal and policy environment must complement education and prevention strategies for HIV, STDs and related communicable diseases.
- Community awareness efforts in connection with discrimination and Australia's policy approach to HIV/AIDS must be maintained.
- All health care workers, carers, and educators should have access to appropriate training in HIV and infection control procedures.

- There is a need to use direct, explicit materials to support education programs where these are culturally appropriate and enhance the credibility of the message.
- Funding must be tied to priority issues or groups.
- There is a need for national leadership and for a national approach to establishing priorities, goals, and policy. The design and delivery of local programs must be in response to the needs and circumstances of local populations.

5. Roles and responsibilities

The extent to which the recommendations in this document are implemented (and achieve the intended outcomes) will depend on cooperation among and within a wide range of sectors of Australian society. The third National HIV/AIDS Strategy 'Partnerships in Practice' outlined the roles and responsibilities of the partners in Australia's response to HIV/AIDS. The Government supports and reiterates the importance of the partnership approach in addressing HIV/AIDS and supports the continuing roles of key stakeholders:

- The Commonwealth Government will continue to provide leadership and coordination for national education programs, research, monitoring and surveillance as it has throughout the epidemic.
- The Australian National Council on AIDS and Related Diseases (ANCARD) is the Commonwealth Government's principal advisory body on AIDS. Its main role is to provide advice to the Commonwealth Minister for Health and Family Services on all matters related to the achievement of the Strategy's goals including identifying emerging issues and monitoring and anticipating changes in the epidemic.
- The Intergovernmental Committee on AIDS and Related Diseases (IGCARD) provides a forum for Commonwealth, State and Territory liaison and coordination on policy, finance, programs and implementation of initiatives related to HIV/AIDS and related diseases.
- State and Territory Governments have responsibility for providing leadership at their level of jurisdiction. This includes establishing an appropriate policy framework and developing, delivering and evaluating a range of services, including education. State and Territory governments primarily fund community organisations to develop and deliver education programs for gay and other homosexually active men. However some government health authorities do provide education programs directly to these groups.
- AIDS Councils are the community based organisations in States and Territories responsible for the majority of the HIV/AIDS education programs for gay and other homosexually active men. However a range of other HIV/AIDS specific, gay and lesbian, and general health and youth organisations do receive some funding for HIV/AIDS education. AIDS Councils focus primarily on three areas of work: education and prevention, care and support for people living with HIV and advocacy and policy development.

- The Australian Federation of AIDS Organisations (AFAO) is the peak organisation representing State and Territory AIDS Councils, the National Association of People with HIV/AIDS (NAPWA), the Australian Intravenous League, and the Scarlet Alliance. It plays a central role in representing the people affected by HIV, coordinating the efforts of non-government organisations, contributing to the development of national policies, programs and strategies and development of national education initiatives.

6. Response to recommendations

The executive summary and a list of the recommendations from *Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men*, to which these responses refer, are attached as Appendix 1 of this document.

6.1 To ensure continuing national leadership and direction

(Recommendation 1)

The Government supports the view that a Fourth National HIV/AIDS Strategy is vital for the success of a Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men. The Government will develop a proposal for an appropriate process for developing a fourth National Strategy before the expiration of the current strategy.

The Government supports the view that a Fourth National Strategy should:

- reaffirm the partnership among key stakeholders
- provide direction for the next phase of education and health promotion for gay and other homosexually active men
- achieve a more cohesive, comprehensive, efficient national response to the epidemic

The Government recognises that for the continuing success of gay and homosexually active men's education, it will be important that a fourth National HIV/AIDS Strategy:

- reaffirms that gay men are the group at greatest risk of HIV infection and AIDS, and hence, must be a priority target group for education and health promotion;
- reaffirms that people living with HIV/AIDS are a key partner in prevention strategies and have specific health promotion needs which require distinct initiatives and programs;

- reaffirms the necessity to ensure that gay men, including HIV positive gay men, continue to be actively engaged in the design, delivery and evaluation of all health promotion (including education) designed to control the spread of the virus and maximise the health of those affected and infected;
- reaffirms the need to ensure equity of access to health education and promotion programs and to ensure equity of outcomes;
- broadens the education and prevention program to become the health promotion program, with consequent broadening of the objectives of the program and the strategies used to achieve these;
- outlines the roles and responsibilities of each level of jurisdiction; Commonwealth, State/Territory, local government, and community agency in the control of HIV/AIDS with particular reference to gay and other homosexually active men.

6.2 To continue a cohesive national approach

(Recommendations 2, 3 and 4)

The Government supports the need for comprehensive State/Territory endorsement of the current and future National HIV/AIDS Strategies and for the development of State/Territory level HIV/AIDS strategic plans which incorporate education and health promotion for gay and other homosexually active men as a specific area for action. The Government supports the development of State/Territory level strategic plans as evidence of State/Territory commitment to the implementation of the National HIV/AIDS Strategy. The Government will actively pursue the possibility of including these State/Territory level strategic plans as performance indicators of the Public Health Outcome Funding Agreements (PHOFAs).

The Government supports the role of the ANCARD/IGCARD Evaluation and Monitoring Working Party in developing and promoting use of appropriate performance indicators to measure progress in reducing the incidence of HIV/AIDS and related diseases among gay and homosexually active men and in improving the quality of life of gay men living with HIV/AIDS.

The Government supports the continuing role of ANCARD in developing a national monitoring and evaluation framework for the National HIV/AIDS Strategy. The Government will draw on this framework in the development of bilateral agreements for public health.

6.3 To develop State/Territory leadership and direction

(Recommendations 5, 6, 7 and 8)

The Government will pursue the possibility of inclusion of State/Territory HIV/AIDS strategic plans as part of the PHOFA process.

The Government, in conjunction with IGCARD, will conduct an audit of existing State/Territory strategic plans and will develop a model action plan to encourage the development of strategic plans in all States and Territories.

The Government will encourage IGCARD to consider support for the development of State/Territory strategic plans as part of the PHOFAs, and the development of appropriate performance indicators to reflect this.

The Government will encourage States and Territories to consult closely with community-based organisations in the development of State/Territory strategic plans.

The Government strongly supports the inclusion of programs for Aboriginal and Torres Strait Islander gay and other homosexually active men in State/Territory strategic plans. The Government supports the Indigenous Gay and Transgender Sexual Health Strategy and will encourage States and Territories to demonstrate links with this Strategy in their strategic plans.

The Government supports the role of health care professionals in the delivery of education and information to gay and other homosexually active men, and will seek to incorporate this into the fourth National HIV/AIDS Strategy. It should be noted that the Government recently funded a two year education program for doctors to be conducted by the Australasian Society for HIV Medicine (ASHM).

NOTE: The responses to these recommendations should be read in conjunction with the responses to recommendations 19 and 20.

6.4 To improve the quality and effectiveness of health promotion interventions

(Recommendations 9 and 10)

On the basis of current data and the findings of the review, the Government supports the priority target groups as recommended and supports their inclusion in a fourth National HIV/AIDS Strategy:

- a) gay men
- b) gay and other homosexually active men living with HIV
- c) gay and other homosexually active Aboriginal and Torres Strait Island men
- d) young men, including young gay men, who are newly sexually active

The Government continues to support the need for HIV/AIDS to be addressed in the wider context of sexual health whilst at the same time wanting to ensure that HIV/AIDS messages are not diminished by such an approach. The Government supports and encourages organisations responsible for the design and delivery of health promotion programs including State/Territory health authorities and community organisations to extend their HIV/AIDS health promotion programs to address other, related communicable diseases only when there is a clearly-identified risk to their target populations.

6.5 To build evidence of effectiveness

(Recommendation 11)

The Government will establish a consensus group to develop a nationally agreed framework for the evaluation of the quality, implementation and achievements of HIV/AIDS health promotion programs.

Consensus Group membership may include representatives of the Commonwealth Department of Health and Family Services (CDHFS), AFAO, the National Association of People with HIV/AIDS (NAPWA), ANCARD Education Subcommittee, Australasian Society for HIV Medicine (ASHM), National Centre for Health Promotion, IGCARD, educators from both a large and a small AIDS Council, social researchers and health promotion professionals with particular skills in program evaluation.

The Government will engage a consultant to develop an evaluation framework (including research methods) and criteria to assess the quality of evidence of effectiveness of health promotion programs for gay and other homosexually active men grounded in a strong evidence based approach. The consultant will develop the framework in consultation with the Consensus Group identified above.

Estimated costs: \$50,000 for the development of an evaluation framework

6.6 To ensure implementation of effective practice

(Recommendations 12, 13, 14, 15, 16 and 17)

The Government supports the view that the health needs of target groups be the driving force in determining health promotion program direction and content, and that programs use a comprehensive range of methods, aimed at addressing each of the determinants of the health of population groups, including environmental and organisational determinants.

The Government supports the benchmarks outlined in Table One (pages 9, 10 and 11) of *Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men*. The Government supports their adoption by all organisations responsible for program delivery as current measures of the quality of an HIV/AIDS health promotion program for gay and other homosexually active men.

The Government will support AFAO to establish an expert group, comprised of educators and researchers from within and beyond the HIV/AIDS sector, to use the criteria developed by the consensus group (see Recommendation 11), to regularly review, update, and disseminate the evidence of effectiveness to members of the partnership.

The Government will encourage the ANCARD Education Sub-committee to develop guidelines for the preparation and use of sexually explicit resources as a component of interventions. The guidelines should recommend formative evaluation of the resources to ensure that they are culturally appropriate and credible to the target population before full production and distribution. A discussion paper on this subject has already been prepared by the ANCARD Education Subcommittee. The Government will support the publication and distribution of a guidelines resource and will seek its endorsement by IGCARD.

Government funded national education initiatives currently underway already demonstrate the practical application of the Government's leadership and coordination role. For example, a project has recently been established to develop appropriate responses on the issue of sexuality education in Australian High Schools.

Developing effective responses to the challenge of compliance with HIV antiretroviral treatments is a critical issue which has emerged. This is a priority area in gay men's education, and one in which the Government will continue to take a leadership role when required. To date, the initial meeting of a National Compliance Task Force involving community, government and the pharmaceutical industry, has been funded. The Government supports efforts to obtain funding from the pharmaceutical industry for projects addressing education needs in this area, and will consider further support through co-ordination and, if required, supplementary funding of national initiatives.

In the area of Indigenous sexual health, the Government has demonstrated leadership, commitment and support for the National Aboriginal and Torres Strait Islander Gay and Transgender Project. The report of this project identifies an urgent need to address issues of stigmatisation, vilification and discrimination and additional funding will be provided for initiatives to address these issues.

Estimated cost: \$ 5,000 for production of a guidelines resource
 \$40,000 for an Indigenous project through AFAO
 up to \$100,000 for compliance/adherence project through AFAO

6.7 To improve the dissemination and application of effective practice

(Recommendation 18)

The Government has already funded a Research Link project through the National Centre in HIV Social Research (NCHSR) as a pilot program to trial a range of options in this area. Additional funds may be available to fund effective initiatives identified by the pilot study.

6.8 To sustain the capacity to design, deliver, and evaluate health promotion programs

(Recommendations 19 and 20)

The Government will engage a consultant to develop, in consultation with members of the partnership, appropriately detailed and meaningful benchmarks based on those listed under recommendation 19 and as follows:

- a) organisational policy supporting health promotion as a major focus of the work of the agency;
- b) access to epidemiological and population-wide data on the behaviours and knowledge of gay and other homosexually active men, including those who are HIV positive;
- c) access to information on supportive policies, environments, and services (or the lack thereof) that influence the sexual practice and sexual health of gay and other homosexually active men;
- d) a trained, well supervised workforce with skills in research, program design, delivery, and evaluation. This may mean a group that includes people with different strengths in each of these;
- e) a workforce development policy and strategy;
- f) a research and evaluation strategy focused on identifying effective health promotion interventions and disseminating findings; and
- g) funding to support program implementation and evaluation.

The Government will seek a commitment from IGCARD to take on the leadership role in this process, culminating in the endorsement by IGCARD of the agreed benchmarks.

Estimated cost: Up to \$50,000 for the development and implementation of benchmarks.

6.9 To extend the capacity for intervention and evaluation research

(Recommendation 21)

The Government supports the further development of effective links between researchers and educators. The Research Link project mentioned in 6.7 will pilot a number of initiatives to achieve this. The Government will also encourage input to the priority setting role of the Scientific Advisory Committee of the NCHSR through the AFAO and NAPWA representatives.

The Government will explore the possibility of developing a program of visiting fellowships, incorporating placements for social researchers in a community based AIDS Council.

The Government notes the establishment by ANCARD's Research and Advisory Committee of the 5 per cent collaborative funding arrangement among the National HIV Centres.

6.10 To Improve National Monitoring of the Risk of HIV Infection

(Recommendation 22)

The Government supports the further refinement of monitoring and surveillance to aid the development of targeted education programs for specific groups at risk.

The Government will contact the National Centre in HIV Epidemiology and Clinical Research with regard to the monitoring and surveillance of:

- Other homosexually active men
- People from non-English speaking backgrounds
- Aboriginal and Torres Strait Islanders

6.11 To ensure a national approach to workforce training and development

(Recommendation 23)

The Government supports the implementation of a comprehensive range of training initiatives for HIV/AIDS educators. It will establish an expert advisory group with membership comprising representatives from; CDHFS, AFAO, educators in large and small AIDS Councils, experts in competency based training/training reform and education. The advisory group will be charged with reviewing and updating the recommendations from the National Training Agenda for HIV/AIDS Educators report, and overseeing its implementation.

Estimated cost: \$100,000 to support meeting expenses of the expert group and to develop and implement a training agenda for AIDS Councils, possibly including the use of in-house training packages.

Appendix 1

Executive summary and recommendations from *Building on Success 2: Towards a National Strategy for HIV/AIDS Health Promotion for Gay and Other Homosexually Active Men*

Executive summary

The HIV epidemic in Australia has had its greatest impact on gay men. Of those who have died from AIDS more than 89 per cent were gay or other homosexually active men. Of those who have been diagnosed with AIDS more than 88 per cent are gay or other homosexually active men. Of those who have tested positive to the virus (where exposure category is known), more than 80 per cent are gay or other homosexually active men.

Although there has been a dramatic decline in the incidence of HIV infection from the peak rate in 1984 to a comparatively low rate of infection over the last decade it remains of concern that new HIV infections continue to occur in Australia. Each year since 1993 approximately 600 new diagnoses of HIV infection amongst gay and other homosexually active men have been reported. There have also been approximately 200 diagnoses of newly acquired HIV infection.

Altogether, since the first case of HIV was diagnosed in 1983, there have been 16,030 diagnoses (following adjustment for multiple reporting) of HIV infection in Australia to 31 December 1997. There have been 5,540 deaths following AIDS. It is estimated that are currently more than 10,000 people living with HIV in Australia.

***Building on Success 1: A Review of Gay and Other Homosexually Active Men's HIV/AIDS Education in Australia* (hereafter referred to as 'the Review') found that:**

- Australia has been very successful in containing the HIV/AIDS epidemic over the last decade;
- there has been a high volume of educational activity across the nation, addressing different target groups within the gay men's community in particular, and using a range of educational (and other) methods;
- there are high levels of literacy (about HIV/AIDS and safer sexual practice) among gay men and in high levels of safer sexual practice;
- effective partnerships and structures have been developed at national, State/Territory and at community levels to design and deliver effective HIV/AIDS education.

The Review also found:

A changing context

- the waning of the sense of crisis among gay men in relation to their risk of HIV/AIDS and changes in their reactions to the epidemic has necessitated changes in the content and methods of educational programs aimed at minimising the risk of transmission of the virus within gay men's communities;
- the availability of new treatments for people living with HIV has meant the need for renewed effort to ensure compliance with treatment regimens so that they have maximum effect on the health and quality of life of people living with HIV;

Variability in the quality, reach and effectiveness of interventions

- the methods used to date to educate gay and other homosexually active men about HIV/AIDS and its transmission, about safer sexual practice, and about living with HIV/AIDS, have been successful, but interest in the issues is waning among gay men;
- there is ongoing need for health promotion to assist young, newly sexually active men (including gay men) to adopt safer sexual practices;
- there has been no systematic evaluation of the quality or impact of interventions at local and State/Territory levels and no systematic development of a body of evidence of effectiveness;

Changes in the policy environment and infrastructure support for effective action

- the introduction of broadbanded bilateral funding agreements between the Commonwealth and the States and Territories has changed the focus of accountability from process (what is being delivered) to outcomes (what has been achieved);
- the research that has played an essential role in the educational response to the epidemic among gay men has been focused, largely, on macro-level monitoring of knowledge and behaviours (particularly sexual practice) across the population and not sufficiently on the quality and impact of interventions at local level;
- workforce development strategies have not kept pace with the growing need for evidence-based practice.

The recommendations that follow, therefore, have been developed to:

- maintain the policies, programs, and infrastructure that have been responsible for success to date;
- respond to the changing epidemic;
- respond to the changing policy environment
- address evident shortcomings in relation to leadership, direction, methods, monitoring and surveillance, research and evaluation, and workforce development.

Recommendations

To ensure continuing national leadership and direction

It will be necessary to:

- reaffirm the partnership among key stakeholders
- provide direction for the next phase of education and health promotion for gay and other homosexually active men
- achieve a more cohesive, comprehensive, efficient national response to the epidemic

It is recommended that:

1.
 - The Commonwealth Department of Health and Family Services engages the partnership and develop a fourth National HIV/AIDS Strategy that:
 - reaffirms that gay men are the group at greatest risk of HIV infection and AIDS, and hence, must be a priority target group for education and health promotion;
 - reaffirms that people living with HIV/AIDS are the focus of prevention and education strategies that address their own specific health needs;
 - reaffirms the necessity to ensure that gay men continue to be actively engaged in the design, delivery and evaluation of all health promotion (including education) designed to control the spread of the virus;
 - reaffirms the need to ensure equity of access to health education and promotion programs and to ensure equity of outcomes;

- broadens the education and prevention program to become the health promotion program, with consequent broadening of the objectives of the program and the strategies used to achieve these. This will include the need to develop performance indicators (or outcome indicators) that reflect the full range of outcomes of health promotion action;
- outlines the roles and responsibilities of each level of jurisdiction ñ Commonwealth, State/Territory, local government, and community agency ñ in the control of HIV/AIDS with particular reference to gay and other homosexually active men.

To continue a cohesive, national approach

It is recommended that

2.
 - The Commonwealth Department of Health and Family Services continue to make signature of the bilateral Public Health Outcome Funding Agreements contingent upon the States/Territories endorsement of the most recent National HIV/AIDS Strategy and the development of State/Territory strategic plans [as outlined according to the criteria in Recommendation 5].
3.
 - The ANCARD/IGCARD Evaluation and Monitoring Working Party develop a set of valid, verifiable, reliable performance indicators to use to measure progress in reducing the incidence of HIV/AIDS and related diseases among gay and other homosexually active men and in improving the quality of life of gay men living with HIV/AIDS. These should then guide the specification of the outcomes to which the States/Territories and the Commonwealth Department of Health and Family Services are committed through the Public Health Outcome Funding Agreements. (Examples of performance indicators are included in Appendix Two).
4.
 - ANCARD monitor and report on progress in each of the States and Territories in relation to the performance indicators in the Public Health Outcome Funding Agreements.

To develop state/territory leadership and direction

It is recommended that:

5.
 - The Public Health Outcome Funding Agreements commit the State/Territory health authorities to collaborate with community-based organisations to develop statewide strategic plans for health promotion among gay and other homosexually active men, to prevent the spread of HIV/AIDS and related diseases (particularly hepatitis) and to improve health and quality of life.

The plans should include:

- outcomes/levels of performance to be achieved
 - priority target groups
 - program objectives
 - strategies or methods of intervention
 - assignment of roles and responsibilities of each of the organisations responsible for program delivery
 - resources
 - time required.
6.
 - The Public Health Outcome Funding Agreements include a performance indicator that requires the State/Territory health authorities to develop performance agreements with community-based organisations based on the strategic plans. The agreements should include delineation of the roles and responsibilities of each partner and clear definition of lines of accountability for action, achievements, and expenditure.
 7.
 - The strategic plans developed by the State/Territory health authorities and community agencies incorporate support for the implementation of programs for Aboriginal and Torres Strait Islander gay and other homosexually active men over sufficient time and with sufficient resources to enable the achievement of the desired outcomes, at individual, community, and population levels.
 8.
 - The State/Territory health authorities and community agencies support the role of health care professionals in the delivery of education and information to gay and other homosexually active men, particularly those men who are HIV positive.

To improve the quality and effectiveness of health promotion interventions

Current data show only limited risk of HIV infection among other homosexually active men. These men do not constitute a homogenous group, making it difficult to communicate directly with them. Rather, the use of environmental strategies such as safe sex policies at venues or settings in which men have sex with men are likely to be more effective in reaching and influencing the behaviour of other homosexually active men.

No other target groups should be given priority until there is clear evidence of significant risk of infection (or potential risk) or unless specific local conditions apply. Criteria that can be used to assist in assessing levels of risk are outlined in Appendix Three.

It is recommended that:

9.
 - The following target groups be given priority:
 - a) gay men
 - b) gay and other homosexually active men living with HIV
 - c) gay and other homosexually active Aboriginal and Torres Strait Island men
 - d) young men, including young gay men, who are newly sexually active
10.
 - Organisations responsible for the design and delivery of health promotion programs including State/Territory health authorities and community organisations, extend their HIV/AIDS health promotion programs to address other, related communicable diseases only when there is a clearly-identified risk to their target populations.

To build evidence of effectiveness

The new outcomes focus for public health that is being required by the new Public Health Outcomes Funding Agreements means that it is now urgent to develop evidence of effectiveness in HIV/AIDS health promotion for gay men and other homosexually active men.. This is not a simple task. Concerns about the focus of research and the research methods used in effectiveness studies are shared across the whole range of contemporary health promotion practice. These concerns are not confined to the HIV/AIDS area.

The hierarchy outlined in Appendix One — *Building on Success 2: Towards a National Strategy for Health Promotion for Gay and Other Homosexually Active Men* is an example of the levels of evidence that have been used to develop clinical guidelines. However, it is clear that considerable work is now needed to develop a hierarchy that is more appropriate for health promotion. The first step is to identify the mix of health promotion strategies or methods that are most likely to be effective for a given population or setting. The second step is to apply the most appropriate research methods to assess the impact and outcomes. In order to stimulate immediate action on these urgent matters

It is recommended that

11.
 - The Commonwealth Department of Health and Family Services in collaboration with the partners responsible for the implementation of the National HIV/AIDS Strategy:
 - form a consensus group to develop a nationally agreed framework for the evaluation of the quality, implementation and achievements of HIV/AIDS health promotion programs at national, State/Territory and local levels, specifying types of evaluation needed and appropriate research methods;
 - develop criteria to assess the quality of evidence of effectiveness of HIV/AIDS health promotion for gay and other homosexually active men.

To ensure implementation of effective practice

Fundamentally, good health promotion practice is based on:

- good knowledge of the target audience
- good knowledge of the context or environment within which the target audience lives and works
- good knowledge of the constraints and resources available for intervention.

Different groups within the gay community require different types of intervention to achieve different outcomes. For example, for people living with HIV/AIDS, compliance with treatment regimens is likely to be a major program. For newly sexually active men, development of safer sexual practice will be important. For gay-community-attached men, developing the knowledge, skills and lifestyles required to maintain good sexual health, including safer sexual practice, will be the focus of programs. In addition, the environments that influence the behaviours and lifestyles of gay men and other homosexually active men, will influence the content and methods used by specific programs.

It is recommended that

12.
 - The health needs of target groups be the driving force in determining health promotion program direction and content.
13.
 - Programs use a comprehensive range of methods, aimed at addressing each of the determinants of the health of population groups, including environmental and organisational determinants.

14.
 - The benchmarks outlined in Table One (page 16) be adopted by all organisations responsible for program delivery as current measures of the quality of an HIV/AIDS health promotion program for gay and other homosexually active men. These benchmarks should be revised and updated regularly.
15.
 - AFAO establish an expert group, comprised of educators and researchers from within and beyond the HIV/AIDS sector, to use the criteria developed by the consensus group in Recommendation 11, to regularly review, update, and disseminate the evidence of effectiveness to each member of the partnership.
16.
 - The ANCARD Education Sub-Committee develop guidelines for the preparation and use of sexually explicit resources as a component of interventions. The guidelines should recommend the formative evaluation of the resources to ensure that they are culturally appropriate and credible to the target population before full production and distribution.
17.
 - Where issues require a national, co-ordinated response, the Commonwealth Department of Health and Family Services continue to take a leadership role in developing and implementing programs. Examples of areas where such action is appropriate include programs to reduce the stigma and discrimination experienced by gay men and others who express their sexuality in different (i.e. other than heterosexual) ways; school based programs on sexual health and safer sexual practice; or compliance and uptake of treatments.

To improve the dissemination and application of effective practice

As evidence of the effectiveness of health promotion interventions is built, it is important to ensure that there are systems in place to ensure the systematic implementation of effective practice across the whole of the affected population. The dissemination (including implementation) of effective practice is an issue of growing interest in the contemporary health promotion arena, and improving the understanding of processes that contribute to the effective dissemination of better practice is an issue of high priority for the future.

It is recommended that:

18.
 - The Commonwealth Department of Health and Family Services establish a national project to identify effective mechanisms to ensure the dissemination (including the implementation) of research findings in HIV/AIDS health promotion policy and practice.

To sustain capacity to design, deliver, and evaluate HIV/AIDS health promotion programs

The Australian response to the HIV/AIDS epidemic has included the establishment of a significant level of infrastructure support to ensure the design, delivery, and evaluation of effective education programs for gay men and other homosexually active men. The Review confirmed the need to sustain this capacity, and to refine or strengthen it in some areas.

Develop benchmarks of capacity for program design, delivery and evaluation

It is recommended that:

19.
 - ANCARD/IGCARD in partnership with AFAO, review and revise the following benchmarks for the minimum level of infrastructure required by community agencies and State/Territory health authorities for HIV/AIDS health promotion for gay and other homosexually active men:
 - a) organisational policy supporting health promotion as a major focus of the work of the agency;
 - b) access to epidemiological and population-wide data on the behaviours and knowledge of gay and other homosexually active men, including those who are HIV positive;
 - c) access to information on supportive policies, environments, and services (or the lack thereof) that influence the sexual practice and sexual health of gay and other homosexually active men;
 - d) a trained, well supervised workforce with skills in research, program design, delivery, and evaluation. This may mean a group that includes people with different strengths in each of these.
 - e) a workforce development policy and strategy;
 - f) a research and evaluation strategy focused on identifying effective health promotion interventions and disseminating findings;
 - g) funding to support program implementation and evaluation.

The Public Health Outcome Funding Agreements will be renegotiated at regular intervals. It is important that the capacity of the State/Territory health authorities and community agencies to design, deliver and evaluate HIV/AIDS health promotion programs for gay and other homosexually active men and for HIV positive men, is considered as a performance indicator in each of these Agreements.

It is recommended that:

20. • ANCARD/IGCARD in partnership with AFAO, report regularly* on the capacity of State/Territory health authorities and AIDS Councils using the benchmarks agreed to through the process outlined in Recommendation 19.

To extend capacity for intervention and evaluation research

It is recommended that:

21. • The National Centre in HIV Social Research extend its mechanisms for collaboration between researchers and educators to establish research priorities and to design and conduct research.

To improve national monitoring of the risk of hiv infection

It is recommended that:

22. • The National Centre in HIV Epidemiology and Clinical Research improve national monitoring and surveillance of the risk of HIV infection posed to:
- a) other homosexually active men and
 - b) people from non-English-speaking backgrounds.

To ensure a national approach to workforce development and training

It is recommended that:

23. • The Commonwealth Department of Health and Family Services establish an expert group† to oversee the implementation of the recommendations of the National Training Agenda for HIV/AIDS Educators.

* Regularly, here, means linking the reviews to the period covered by each of the Public Health Outcome Funding Agreements. The findings of the reviews would then be used to develop the performance indicators in the new agreements.

† The expert group should include representatives of government, community organisations, experts in training and education.

