

CREATING OPPORTUNITIES FOR CHANGE IN HIV POLICY

A CASE STUDY OF ELECTION ADVOCACY IN NSW

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INTRODUCTION

In the lead up to the NSW 2015 election, ACON, Positive Life NSW and the Gay and Lesbian Rights Lobby worked in partnership to advance issues related to HIV (and LGBTI health and rights) with key politicians from across the political spectrum.

Politicians were engaged using a variety of methods to make commitments to people living with HIV (PLHIV) and lesbian, gay, bisexual, transgender and intersex

(LGBTI) communities. The purpose of this collaboration was to ensure that commitments were made to address pertinent issues relating to these populations by all major parties in the lead up to the election and in the next term of government.

This work was undertaken in a way that ensured the bi-partisan response to HIV in NSW was maintained.



METHODS & PROCESSES

An engagement strategy was developed by ACON, utilising tactics common in electoral politics, and undertaken in a similar fashion in the lead up to previous NSW State Elections. An assessment was made that coalition between LGBTI communities and PLHIV ensured that our collective political power was maximised.

While the response to HIV in NSW has benefited from a bipartisan approach, LGBTI health issues, sex worker needs, and drug use are often politically contentious. Working in partnership provides strength to this model and to the advocacy asks which as a result become more broadly relevant to a wider constituency.

This work required different strategies to those undertaken to achieve advocacy outcomes at other stages of the electoral cycle. It was also undertaken at a time when other comparable organisations in other jurisdictions had lost funding for appearing too political or too partisan.

An issues paper was developed, raising a wide range of issues faced by PLHIV and LGBTI communities in NSW. This paper, utilising up to date research, outlined the current context of HIV and blood borne viruses, LGBTI health and wellbeing, people with intersex variations, education, ageing, community safety, social inclusion, drug use and harm reduction.

The issues paper also outlined suggestions for action that the parties could follow to strengthen their response to each of the issues.

This issues paper was then sent to key decision makers and allies along with a request to meet. The issues paper served as a briefing paper and a basis for discussion at these meetings.

Meetings were held with a number of politicians that had current portfolio responsibility for the pertinent issues.

These meetings allowed us to gather insights into whether our issues were on the decision maker's agenda and to gauge the potential for the adoption of these issues as priorities.

Next, a survey of the key issues identified in the issues paper and from the outcomes of the meetings with key decision makers was developed and sent out to each of the parties.

As part of the process, we consulted with other non-government organisations (NGOs) about their experience of developing election surveys. The strong message was that no more than five questions should be asked on each topic.

This was based on feedback from politicians during previous elections. During those consultations, politicians made it clear that having more than 5 questions for any topic area made it appear that the surveyor had not been able to prioritise of the solutions to the issues that had been identified. Substantial time and effort was spent by our organisations in creating this survey.

The survey asked a series of open ended and closed questions. From our own review of responses to prior surveys, we knew that politicians prefer to answer open ended questions and that sometimes unexpected commitments were made through this method.

This was balanced with a number of closed questions on key issues that were a top priority. We did not want to provide any 'wobble room' for them to provide ambiguous answers.

While this methodology is successful in part due to the history of the advocacy efforts of the groups involved, we believe that it could be applied in other jurisdictions to assist key affected populations engage with politicians on key issues

RESULTS

The results were that a number of key commitments were attained from all parties, some of which included:

- Removing the co-payment for HIV medications
- Funding a pilot of a dry blood spot testing service
- Developing a whole of government LGBTI health strategy
- Additional funding for NGOs to provide new AOD services
- Commitment to the decriminalisation of sex work in NSW

Once the results were received, they were published online as a report along with the issues paper. This report was promoted through social media and advertising in LGBTI community media. This process of engagement, which produced a report with the commitments made by each party, allowed us to communicate each party's position on our key issues to our communities in advance of the election. This report was viewed online by over 18,000 people.

The results were provided unaltered to the community, without any commentary. This allowed community members to use the information to inform their vote, while not providing any guidance on how to vote. This was a purposeful approach, aimed at maintaining the bi-partisan approach to HIV in NSW. This non-partisan approach also recognizes that our organisations and our communities need to work effectively with whichever party is elected.

The results of this process of engagement also serve to guide our advocacy work over the upcoming political cycle. The public nature of the results of the survey allows us to use them to ensure that the parties are accountable to their commitments and that we are accountable to our communities

CONCLUSIONS

This community based model, driven by key affected populations, demonstrates that advocacy on HIV can be effective in advancing access to new technologies, and more equitable access to treatment.

We're a NSW based community organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Established in 1985 as the AIDS Council of NSW, we're here to end HIV transmission among gay and homosexually active men, and promote the lifelong health of LGBTI people and people with HIV. Our head office is in Sydney, we have offices in several regional locations and we provide services throughout NSW.

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PositiveLifeNSW
the voice of people with HIV since 1988



HERE FOR HEALTH FOR 30 YEARS