

# HIV and Viral hepatitis – scan of community-based organisation resources and services to address stigma, discrimination and resilience

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The Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine (ASHM) represents health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexually transmissible infections, asked the Australian Federation of AIDS Organisation (AFAO) to conduct a scan of available stigma and discrimination resources across HIV, hepatitis B and hepatitis C. AFAO was asked to conduct the scan as it is one of the peak community organisations whose members, affiliates and associates take the lead in developing and providing resources to address stigma and discrimination and build resilience for people living with and affected by HIV and/or viral hepatitis.

The scan aimed to better understand the resources available to health care workers to support their work with people living with or affected by HIV or viral hepatitis to address stigma and discrimination and build resilience. The key objectives of the scan were to:

- identify and describe current resources that directly or indirectly respond to hepatitis B, hepatitis C and HIV stigma, discrimination and resilience across the different Australian jurisdictions
- identify gaps in resources across the different jurisdictions
- identify gaps in resources across the different viruses
- produce a matrix listing the resources available by disease and jurisdiction.

For the purpose of the scan, a resource was defined as any program, service, intervention and printed and electronic written material that address stigma and discrimination, and/or build resilience in relation to hepatitis B, hepatitis C and HIV.

## *The approach*

The scan had two components, a questionnaire that surveyed resources across the three disease areas and a review of the publicly accessible information on the websites of the HIV, viral hepatitis, sex worker, and drug user community-based organisations. An invitation to complete the questionnaire was sent to the Chief Executive Officers of all the AIDS Councils, Australian Injecting & Illicit Drug Users League (AIVL), National Association of People with HIV (NAPWHA) and the Scarlet Alliance, Australian Sex Workers Association. In addition to inviting AIVL, NAPWHA and the Scarlet Alliance to participate, AFAO also asked their permission to contact their members. AIVL and NAPWHA both provided a list of organisations which AFAO contacted and Scarlet Alliance contacted their members directly to invite them to participate. Of the 22 organisations who agreed to complete the questionnaire, 15 returned a completed questionnaire. The second component of scan was a review of the websites of the following organisations:

- AFAO
- NAPWHA
- AIVL
- Scarlet Alliance
- AIDS Action Council
- ACON
- NTAHC
- QuAC
- SAMESH

- TasCAHRD
- VAC
- WAAC
- Positive Life NSW
- Living Positive Victoria
- Positive Women Victoria
- QPP
- Vixen Collective
- NUAA
- Harm Reduction Victoria
- Harm Reduction WA
- SWOP NSW
- Hepatitis Australia
- Hepatitis ACT
- Hepatitis NSW
- Hepatitis SA
- Hepatitis WA
- Hepatitis QLD
- Multicultural HIV and Hepatitis Service;
- Centre for Culture,
- Ethnicity & Health; and
- Relationships Australia SA

The questionnaire data and the information gathered from the websites was collated, categorised by type of resource, and then entered in a matrix organised by disease and jurisdiction.

### *Scope and limitations*

The matrix provides a comprehensive overview of programs, services, interventions and printed and electronic written materials available across the HIV, viral hepatitis, drug user and sex worker community organisations in Australia. The list of resources will assist healthcare workers to identify referral pathways and resources to support their patients. The information provided in the matrix will also be used by ASHM and other agencies to identify resource duplication, opportunities for resource sharing and to advocate for additional resources to address the gaps.

The current scan has several limitations. First, it does not capture the resources available through public and private health services. For example, resources such as counselling services offered in a HIV and viral hepatitis high case load primary health care clinic or through public needle and syringe programs were not captured in the scan. A second limitation is that while a majority of HIV, viral hepatitis, sex worker and drug user community-based organisations were included in the scan, not all of them participated in the survey component and, therefore, only resources listed on the public websites of these organisations were able to be included. The third limitation of the scan was that it was not evaluative and therefore it does not identify the extent to which resources are used, how they are used or the quality of the resources.

### *Observations*

The matrix identifies that there are a range of resources currently available across the jurisdictions and diseases and highlights where specific resources are available. The scan also shows that some resources are offered across organisations and therefore potentially extending the reach of individual resources. However, the scan also shows duplication of resources across jurisdictions.