



# HIV Foundation Future Directions Review Final Report

HIV Foundation Queensland

—  
12 December 2016



# Disclaimer

### **Inherent Limitations**

This report has been prepared as outlined in the Introduction section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently, no opinions or conclusions intended to convey assurance have been expressed.

The findings in this report are based on a qualitative study and the reported results reflect a perception of the relevant areas of HIV Foundation Queensland but only to the extent of the sample surveyed, being HIV Foundation Queensland's approved representative sample of management and personnel, and stakeholders identified to the KPMG program team. Any projection to the wider management and personnel is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by HIV Foundation Queensland's management and personnel consulted as part of the process.

KPMG has indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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The findings in this report have been formed on the above basis.

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# Glossary

Acronym	Definition
ACON	AIDS Council of NSW
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BC-CfE	British Columbia Centre for Excellence in HIV/AIDS
CDB	Communicable Diseases Branch
CEO	Chief Executive Officer
CSFB	Community Services Funding Branch
CSHC	Cairns Sexual Health Clinic
FAC	Finance and Audit Committee
FC	Fundraising Committee
FTE	Full Time Equivalent
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HIVFQ	HIV Foundation Queensland
LGBTI	Lesbian, Gay, Bisexual, Transgender and/or Intersex
LHD	Local Health Districts
MAC	Ministerial Advisory Committee
MOU	Memorandum of Understanding
NSW	New South Wales
PEP	Post-Exposure Prophylaxis

Acronym	Definition
PLBC	Positive Living Society of British Columbia
PLDI	Positive Leadership Development Institute
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
QAHC	Queensland Association for Healthy Communities
QAIHC	Queensland Aboriginal and Islander Health Council
QPP	Queensland Positive People
QPrEP	Queensland Pre-Exposure Prophylaxis
QPrEPd	Queensland Pre-Exposure Prophylaxis Demonstration
QuAC	Queensland AIDS Council
RPGC	Research and Program Grants Committee
SAHMRI	South Australian Health and Medical Research Institute
SOPV	Sex On Premises Venue
STI	Sexually Transmissible Infections
TasP	Treatment as Prevention
TOR	Terms of Reference
UAI	Unprotected Anal Intercourse
UNAIDS	Joint United Nations Programme on HIV/AIDS
UQ	University of Queensland
VAC	Victorian AIDS Council

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# Executive summary

# Executive Summary

## Context

In October 2016, KPMG was engaged to conduct an independent review of the work undertaken by HIV Foundation Queensland (HIVFQ) since the establishment, in order to assess the effectiveness of HIVFQ and determine potential future directions for services designed to meet whole-of-population alongside targeted at-risk population needs for the prevention, treatment, testing and stigma related to Human Immunodeficiency Virus (HIV). HIVFQ was established in December 2013, following a period of significant reform in sexual health and HIV services in Queensland.

HIVFQ was established as an independent statutory body under the *Hospitals Foundations Act 1982* (Qld) and currently operates with a Board of four members. These members are drawn from a range of clinical and commercial backgrounds. HIVFQ is unique as it is the only health foundation in Queensland which is not linked to a public hospital. The HIVFQ Board has significant autonomy to determine strategic direction and the types of services the Foundation will support. HIVFQ has five strategic objectives which are:

- *Leadership and Support* – Provide leadership, coordination and support to Queensland’s public health response to HIV;
- *Research and Programs* – Facilitate and support the growth of Queensland-led HIV/STI research and programs;
- *Testing and Treatment* – Facilitate improved access to community based HIV testing and treatment in Queensland;
- *Marketing and Communications* – Coordinate HIV campaigns and build support for HIVFQ and the HIV sector; and
- *Operations* – Build strong governance, management and organisational health.

As part of this review, KPMG examined and analysed documentation relevant to HIVFQ’s past and present projects, programs, initiatives and other activities. The review process included seeking input from internal and external stakeholders. The information gathered through the documentation review and stakeholder consultations was drawn on to establish findings around the performance against the strategic objectives and advise on future direction recommendations.

## Key findings

The key findings from the review and the consultation process were:

- **Leadership and Support** – Based on HIVFQ’s performance against key performance measures and the feedback from stakeholders, HIVFQ has largely delivered on its strategic objective to lead and support HIV related policy, research and service initiatives, although there remains room for improvement in its clarity of role as a facilitator in the system as opposed to an active service provider.
- **Research and Programs** – HIVFQ has exceeded the research funding targets set by the Department of Health and, based on stakeholder feedback, HIVFQ grants are enabling quality research.
- **Testing and Treatment** – HIVFQ has achieved impressive results, which are supported by stakeholder feedback, against performance measures for testing, and demonstrate a significant contribution to Queensland’s response to HIV.
- **Marketing and Communications** – Stakeholder feedback and the recorded increase in awareness of the ENDHIV campaign, as well as the increased proportion of people who take some action after seeing the campaign, indicates that HIVFQ’s work in marketing and communications has been effective.

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- **Operations** – HIVFQ has had difficulty in financial years 2014-15 and 2015-16 in establishing revenue through fundraising activities, but has demonstrated considerable improvement in the 2016-17 financial year (to date) under a new fundraising approach. This approach was acknowledged by the Department of Health's Community Services Funding Branch (CSFB) in December 2016. It is noted that whilst HIVFQ operates in an efficient manner with a lean operational structure (as a result of the funding environment within which it works), this has the effect of limiting the size of the organisation's team and limits the ability to undertake additional operational activities.

## Key strengths of HIV Foundation Queensland

- **Strength and diversity of partnerships** – HIVFQ has established strong relationships with a range of stakeholders in government, research, clinical service delivery and community based organisations, as well as with limited international stakeholders. There are demonstrable community benefits from HIVFQ's strength in collaborating with community based partners and supporting Queensland Government responses to HIV prevention, testing, treatment and stigma.
- **Research** – Stakeholders agreed that the progress that HIVFQ has made in terms of stimulating and maintaining a high standard of HIV related research has been significant. Stakeholders noted during consultations that HIVFQ's engagement has been critical for enabling research projects to be funded in a timely manner and in a way that is responsive to community needs.
- **Whole-of-population focus** – Many stakeholders noted that before the establishment of HIVFQ there were no organisations that had a whole-of-population alongside targeted intervention focus in HIV. It is acknowledged there needs to be both a whole-of-population and appropriately targeted (to specific at-risk cohorts) focus to HIV

prevention, treatment and testing in order to meaningfully tackle the stigma associated with HIV and People Living with HIV (PLHIV) and to reach gay men and other Men who have Sex with Men (MSM) who do not identify as gay.

- **Independence of the organisation** – A number of stakeholders considered the independence of HIVFQ as a strength. It was widely thought that the level of innovation and progressiveness of the programs supported (e.g. on-site RAPID testing, peer-supported programs and Pre-Exposure Prophylaxis (PrEP)) could not have been as quickly or effectively implemented if these programs were coordinated, managed or delivered by the Department of Health.

## Key challenges for HIV Foundation Queensland

- **Challenging relationships with some stakeholders** – While recognising that HIVFQ has robust relationship with a wide range of key stakeholders, the organisation's relative weak relationship with the Queensland AIDS Council (QuAC) is an ongoing issue. A range of differing views exist in relation to the causes of this issue, but it is broadly recognised as being negative for the sector.
- **Lack of transparency and clarity around roles** – A much-debated theme during consultations was the lack of clarity around HIVFQ's overall role and responsibilities, and how these differed from other agencies. Additionally, some stakeholders voiced concern about a perceived lack of transparency around the visibility of decisions of the HIVFQ Board (particularly given its limited size and diversity) and research grant processes.
- **Lack of partnership acknowledgement** – Stakeholders considered that there were instances where partner contributions were not sufficiently acknowledged by HIVFQ.

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- **Limitation of HIV-only focus** – A focus on HIV and co-infections limits the potential and capacity of HIVFQ to adapt its activities to promote and address broader issues relating to sexual and reproductive health. Many stakeholders indicated that it would be good to see a broader investment in sexual health rather than just the response to HIV. It is noted, however, that HIVFQ’s core purpose relates to HIV, and that this is set by powers beyond HIVFQ. Therefore, options for addressing broader sexual health needs is a matter that should be considered at a strategic level by the Board.
- **Challenges in fundraising** – HIVFQ has had an ongoing challenge in establishing its revenue based on fundraising. This has prompted the Foundation to review its fundraising strategy, as part of which, HIVFQ engaged with CSFB in August 2016 to discuss a new approach to fundraising. In December 2016, CSFB acknowledged HIVFQ’s new approach, which involves the refocus of fundraising mechanisms and sources to obtain: grants to HIVFQ-led projects; grants facilitated by HIVFQ to partner organisation projects contributing to the HIV response; and third party rent revenue.



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## Recommendations

A range of recommendations have been identified for consideration in addressing the key findings, and which would improve HIVFQ’s activities. The rationale for the various recommendations is set out throughout the report, with a high level summary of recommendations listed below.

Recommendations	
1	Continue to focus strongly on building effective partnerships with community based organisations, sexual health clinics, peak research bodies and other stakeholders in the HIV sector, through: ongoing open communications; mutual goals; and clear delineation of and recognition of the roles and responsibilities held by all parties.
2	Establish the process of creating ‘Memoranda of Understanding’ at the outset as part of regular business when establishing new partnerships and agreements for funding of joint management of a project or program. This has proven useful for clarifying roles and responsibilities with other partners as well as for providing formal acknowledgment of partnerships.
3	Strategically consider the implications for the Foundation of adapting and/or expanding the HIV focus of the organisation’s projects, programs, initiatives and other activities to cater for broader sexual and reproductive health issues.
4	Continue to monitor progress against the new fundraising strategy established in July 2016 and, prior to the end of the 2016-17 financial year, undertake an evaluation of the new fundraising strategy (with consideration of broader fundraising mechanisms and sources).
5	Engage with the Department of Health on the way in which the Foundation can lead the coordination, implementation, monitoring and evaluation of the Queensland HIV Action Plan 2016-2021. As part of this process, it will be possible for the Foundation to improve clarity around roles and responsibilities and enable the Queensland Government to leverage the Foundation’s strength as a known coordinator and adaptive manager in the HIV sector.
6	Continue active engagement with all Queensland tertiary education organisations (and other potential partners) in the research projects the Foundation funds and evaluates. In doing so, the Foundation should be mindful of ways in which it may strengthen transparency and sector visibility of the robust internal processes in place for considering research grant applications and funding eligibility.
7	Quarantine a portion of research funds for Aboriginal Health Services to access. This could stimulate greater interest from staff interested in translatable research in Aboriginal Health Services and create interest in the broader initiatives delivered by the Foundation.
8	Examine ways to better engage with rural and remote areas in order to address community needs for reducing stigma and understanding HIV prevention, testing and treatment options.
9	Explore opportunities for improved data collection around HIV incidence and unsafe behaviour, with a view to enabling the Foundation (and other sector organisations) to better measure both the problem (i.e. changes in high risk populations) and the progress being made.



# Section 1: Introduction

# 1. Introduction: Background and Methodology

## 1.1 Background

In October 2016, HIV Foundation Queensland (HIVFQ) engaged KPMG to undertake an independent, objective, strategic review of HIVFQ's activities since its formal commencement in late 2013 through to present, with a particular focus on the future directions of the Foundation (Future Directions Review). The purpose of the Future Directions Review was to examine the activities of HIVFQ to date, assess the alignment of these activities with the strategic objectives of the Foundation and identify any areas for future improvement.

## 1.2 Methodology

### 1.2.1 Scope

The scope of the Future Directions Review included:

- Examining and analysing documentation relevant to HIVFQ's past and present projects, programs, initiatives and other activities;
- Seeking input from internal and external stakeholders, as identified by HIVFQ; and
- Using the information gathered through the documentation review and stakeholder consultations to inform findings and advise on future directions.

The review explicitly did not involve lobbying or advocacy activities.

### 1.2.2 Overall approach

KPMG's approach involved preliminary desktop research regarding HIVFQ's work to date and then a series of consultations with stakeholders to ascertain the Foundation's effectiveness in progressing strategic objectives and identify any areas for future improvement. Through the desktop research and consultation with stakeholders, KPMG sought to answer the following evaluation questions:

1

What has HIVFQ achieved to date?

2

How effectively has HIVFQ delivered on its strategic objectives?

3

How does HIVFQ fit into the future sector response to Human Immunodeficiency Virus (HIV)?

### 1.2.3 Stakeholder consultation approach

Eighteen individual stakeholder consultations were conducted. These stakeholders included representatives from the Department of Health, community based organisations, universities, sexual health clinics, and research and peak bodies.

Prior to interviewing each stakeholder, KPMG ensured that stakeholders understood the independent nature of the review and arrangements regarding data confidentiality. Respecting the confidentiality of those individuals and organisations engaged as part of this review process, all stakeholder comments referred to or summarised in this report have been de-identified.

The consultation activities were designed to establish the context of each stakeholder's working relationship with HIVFQ and their genuine, objective views of the Foundation's achievements to date as well as future strategic directions. Inputs from stakeholders have informed the findings and recommendations set out in this report.

# 1. Introduction: Methodology and Context

### 1.2.4 Stakeholder consultation questions

KPMG developed separate interview questions for internal and external stakeholders, which catered for the different context of their working relationships with HIVFQ (see Appendix A and B for details). All stakeholder interviews were semi-structured in nature, with the questions used as a guide only and asked in the order and format most appropriate to conducting an open discussion.

### 1.2.5 Structure

This report is set out in four sections:

- **Section 1: Introduction** (current section) – Provides an overview of: the background of the Future Directions Review for establishing HIVFQ's achievements to date and future directions; the context of HIV as an ongoing challenge for health organisations and government departments; and the lead up to the establishment of HIVFQ to end HIV transmissions in Queensland.
- **Section 2: Current state** – Provides information about the current organisational strategy for HIVFQ and information about how HIVFQ works including the governance and funding arrangements.
- **Section 3: Gap analysis** – Provides an assessment of HIVFQ's achievement to date and its effectiveness in delivering against its strategic objectives. This assessment is based on analysis of both HIVFQ's own performance indicators and the performance measures put in place by the Department of Health.

This section of the report also considers HIVFQ's fit into the future sector response to HIV. In doing so, this section provides information about the strengths and challenges for HIVFQ and opportunities for future improvement.

- **Section 4: Recommendations** – Provides a conclusive summary of all the assessments undertaken and, subsequently, presents recommendations and supporting rationales on the potential future strategic directions of HIVFQ.

## 1.3 Context

The following section provides the context for the establishment of HIVFQ and the Queensland Government's response to ending HIV transmission, stigma and discrimination in Queensland.

### 1.3.1 Human Immunodeficiency Virus

HIV infects cells of the immune system, destroying or impairing their function. Infection with HIV results in progressive deterioration of the immune system which means that People Living with HIV (PLHIV) can no longer effectively fight infection and disease.<sup>1</sup> In 2015, there were 36.7 million PLHIV globally.<sup>2</sup>

Timely prevention, testing and treatment activities are key factors for controlling and ultimately ending HIV both within Australia and globally. Of equal importance is the need for education and public awareness in combatting HIV transmission, stigma and discrimination. Research shows that stigma and discrimination against HIV and PLHIV are barriers to people adopting preventive measures and seeking testing and treatment.<sup>3</sup>

1. World Health Organization (2016). *HIV/AIDS Q&A*

<http://www.who.int/features/qa/71/en/>

2. World Health Organization (2016). *Fact Sheet 2016*,

<http://www.unaids.org/en/resources/fact-sheet>

3. Nyblade, L., A, Stangl, A. Weiss, E. and Ashburn, K. (2009) Combating HIV stigma in health care settings: what works? DOI: 10.1186/1758-2652-12-15

# 1. Introduction: Context

At a global level, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has committed to '90-90-90 targets' which aim to ensure that 90% of all PLHIV are diagnosed, 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy, and 90% of people on antiretroviral therapy are virally suppressed by 2020.<sup>4</sup> The UNAIDS envisages that achievement of the 90-90-90 targets will see at least 73% of all PLHIV globally on viral suppression, and the AIDS epidemic ended by 2030.

At a local level, the targets for HIV are similarly ambitious – the Queensland Government has committed to working towards the virtual elimination of new HIV transmissions in Queensland by 2020.<sup>5</sup> Currently the Queensland Government's response to HIV is led by HIVFQ which has been funded since 2013 to coordinate prevention programs; increase voluntary HIV testing and treatment; and raise awareness about HIV transmission, stigma and discrimination.

### 1.3.2 Establishment of HIV Foundation Queensland

In May 2012, the Queensland Government announced the redirection of \$2.6 million from the Queensland Association for Healthy Communities (QAHC), an independent community based organisation. To advise the Government on the redirection of that funding the Ministerial Advisory Committee (MAC) for HIV/AIDS was established as a nine-person panel with clinical and policy expertise.<sup>6</sup>

4. Joint United Nations Programme on HIV/AIDS (2014) *90-90-90 An ambitious treatment target to help end the AIDS epidemic*.

5. Minister for Health and Minister for Ambulance Services, The Honourable Cameron Dick (2016) *\$6 million expanded HIV prevention project begins*. <http://statements.cabinet.qld.gov.au/Statement/2016/11/7/6-million-expanded-hiv-prevention-project-begins>

6. The Queensland Cabinet and Ministerial Directory, Queensland Government. (2012) Media Statements – Queensland's HIV diagnosis rates doubled in ten years: Springborg acts on urgent health reform. <http://statements.qld.gov.au/Statement/ld/79275>

The reasons behind the redirection of funds from QAHC (renamed to Queensland AIDS Council (QuAC) since in 2013<sup>7</sup>) remains controversial, coinciding with a time when the Department sought to reevaluate Queensland's HIV programs in face of rising annual HIV diagnosis rates across the State.

The MAC for HIV/AIDS was tasked with providing independent advice to the Minister for Health on the most appropriate activities relating to HIV/AIDS prevention and awareness in Queensland, including advice in relation to allocating the HIV/AIDS awareness and prevention budget to minimise future HIV transmission.<sup>8</sup> The MAC's membership included representation from PLHIV, females, as well as experienced HIV/AIDS service providers, sexual and public health advocates, clinicians, public health researchers and local business owners.<sup>9</sup> The majority of the Committee's members later transitioned to become HIVFQ founding Board members.

In September 2013 the Department of Health launched the Queensland HIV Strategy 2013-2015, which was jointly developed with the MAC for HIV/AIDS. This event was followed two months later by the establishment of HIVFQ as an independent statutory body under the *Hospitals Foundations Act 1982 (Qld)*. At that time, \$2.4 million annual funding was allocated to HIVFQ in order to deliver on its core remit from the Queensland Government: to lead, coordinate and support Queensland's public health response to HIV and ending new HIV transmissions in Queensland.

7. Queensland AIDS Council. (2016) *Who are we – Our history over 30 years*. <http://www.qahc.org.au/who-we-are>

8. Ministerial Advisory Committee on HIV/AIDS Terms of Reference.

9. The Queensland Cabinet and Ministerial Directory, Queensland Government. (2012) Media Statements – Advisory group takes control of QLD HIV/AIDS Campaign. <http://statements.qld.gov.au/Statement/ld/79806>



# Section 2: Current state

# 2. Current State: Strategy and Operations

## 2.1 HIVFQ organisational strategy

### 2.1.1 Vision, mission and objectives

The vision of HIVFQ is to end HIV transmission, stigma and discrimination in Queensland by 2020. This is underpinned by a mission to reduce HIV transmission through achieving the 90-90-90 target set by UNAIDS in 2014.

To deliver on its mission HIVFQ has five strategic objectives which are as follows:

- *Leadership and Support* – Provide leadership, coordination and support to Queensland’s public health response to HIV;
- *Research and Programs* – Facilitate and support the growth of Queensland-led HIV/STI research and programs;
- *Testing and Treatment* – Facilitate improved access to community based HIV testing and treatment in Queensland;
- *Marketing and Communications* – Coordinate HIV campaigns and build support for HIVFQ and the HIV sector; and
- *Operations* – Build strong governance, management and organisational health.

## 2.2 How does HIV Foundation Queensland operate?

### 2.2.1 Board membership

HIVFQ began with an eight-person Board, all of which were former members of the MAC for HIV/AIDS. However, over the past 12 months HIVFQ has operated on a four-person ‘half’ Board following the resignation of one Board member and the expiration of three Board memberships.

The current HIVFQ Board remains chaired by Dr Darren Russell and includes members with clinical, public health research and economics, and commercial backgrounds.<sup>10</sup> HIVFQ is unique as it is the only health foundation in Queensland which is not linked to a public hospital. This provides the HIVFQ Board with autonomy in determining the organisation’s strategic directions and the types of services it will support at a sector level.

### 2.2.2 Board arrangements

The Terms of Reference (ToR)<sup>11</sup> for the Board of HIVFQ are reviewed and evaluated annually by the HIVFQ Board. Board appointments made by Governor-in Council were such that some Board members have a two year tenure and others have a four year tenure.<sup>12</sup> All current Board members are on a four year tenure, due to expire on 1 December 2017.

Prior to the end of tenure for a number of Board members in 2015, HIVFQ administered a call for interest and completed a subsequent nomination process to fill Board vacancies. However, there has been a deferral in the appointment of new Board members. Appointments are made by Governor-in-Council, following recommendation by the Minister for Health.

In the intervening period, the HIVFQ Board has invited Board applicants to attend Board meetings as observers.

10. HIV Foundation Queensland. (2016) Board members.

<http://hivfoundation.org.au/about-us/Board-members>

11. HIV Foundation Queensland (2015) Board of the HIV Foundation Queensland (HIVFQ)

12. Queensland Health. (2016) Foundations, Boards and committees.

<https://www.health.qld.gov.au/system-governance/health-system/managing/statutory-agencies/foundations/default.asp>

# 2. Current State: Strategy and Operations

The current four-person Board includes individuals with experience and expertise in sexual health, health economics, small business and infectious diseases. Previously, with the full Board, experience and expertise in sexual health awareness and advocacy for sex workers and Indigenous people, as well as representation of a self-declared PLHIV, was also included.

The HIVFQ Board has established three committees responsible for undertaking specific functions delegated by the Board, and for providing relevant periodic progress updates to the Board. Committees make recommendations to the Board, but do not have the authority to make decisions. The current membership of all committees are drawn from the HIVFQ Board.

Current HIVFQ committees include:

- The **Finance and Audit Committee (FAC)** which provides corporate governance and maintains financial accountability within HIVFQ through monitoring the Foundation's investments, audit (internal and external) and compliance activities;
- The **Fundraising Committee (FC)** was developed to meet targets set by the Department of Health, for HIVFQ to raise a portion of its budget through fundraising. The FC has been operating below capacity (only one of a potential three members), impacted by the reduced size of the HIVFQ Board; and
- The **Research and Program Grants Committee (RPGC)** provides strategic oversight and guidance for funding innovative Queensland-based HIV research projects and pilot programs, and ensures HIVFQ maintains a partnership with the Queensland HIV/Sexually Transmissible Infections (STI) Professorial Chair. The establishment of the RPGC has made the consideration of grant criteria and research applications more robust. However, additional steps will be required to improve the transparency of this process within the sector.

## 2.2.3 Operational team

At present, the Chief Executive Officer (CEO) of HIVFQ (appointed in 2013) leads a lean, operational team that includes a Principal Public Health Officer, a Marketing, Media and Communications Officer, a Project Officer and an Organisational Support Officer which constitutes 4.5 Full Time Equivalent (FTE) staff. This is a relatively small team, given the remit of the organisation. The efficiency of the team is to be recognised, as is the potential benefit of being able to maintain this level of efficiency and potentially increase the number of staff to focus on other specific areas of emphasis for the organisation.

HIVFQ adopts an adaptive approach to the way that it supports and coordinates HIV-related projects and initiatives. This includes the provision of: funding to deliver programs, research and pilots; networking opportunities through conferences and forums; and logistical support (e.g. venue space for program delivery).

HIVFQ has Memoranda of Understanding (MOUs) with a number of partners in order to articulate common ground in terms of policy and practice as well as delineate roles and responsibilities. In late 2015, HIVFQ developed and signed a MOU with Queensland Positive People (QPP) for the RAPID program. QPP operates the RAPID program while HIVFQ is a partner and provides funding and resources for the operation of RAPID. Other MOUs that HIVFQ has in place include HIVFQ's partnership with the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE) and the Positive Leadership Development Institute (PLDI).

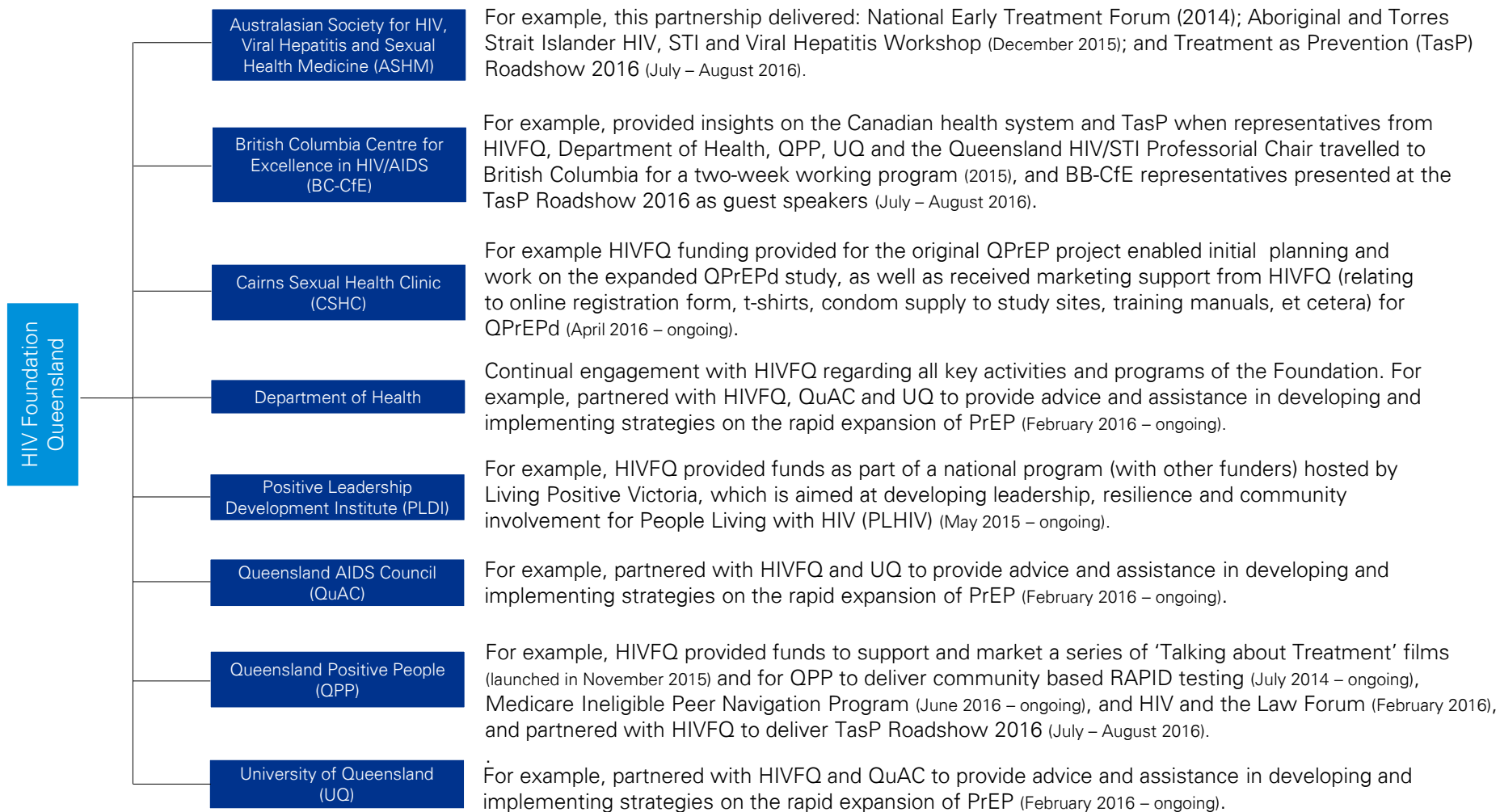
## 2.2.4 Partnerships and working relationships

Figure 1 (overleaf) provides an overview of the various partnerships and working relationships that HIVFQ has established over the last three years.



# 2. Current State: Strategy and Operations

Figure 1. Key HIV Foundation Queensland partnerships with agencies in the HIV sector (these organisations are listed in alphabetical order, and this list is representative only – not all partners have been listed here).



Source: KPMG 2016



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# 2. Current State: Strategy and Operations

## 2.2.5 Funding arrangements

The HIVFQ is subject to a Service Agreement with the Department of Health, which provides for periodic reporting to the Minister for Health through the Community Services Funding Branch (CSFB). Formal reporting includes:

- Quarterly financial acquittals for each project;
- Quarterly certification of reporting;
- Six-monthly performance measurement data;
- Annual audited financial statements; and
- An annual report.

The HIVFQ Board also carries exception reporting responsibilities. This includes the requirement to report to the Minister for Health on issues and concerns around strategic implementations, and the release of position papers with expert advice on HIV in Queensland.

Annually, HIVFQ receives \$2.4 million (excluding GST) in funding from the Queensland Department of Health. This accounts for HIVFQ’s primary source of revenue (approximately 94.55% of income in 2015-16), with other sources being: other contributions; donations; interest received; and rental and other income. Since its establishment, HIVFQ has received \$7.3 million (excluding GST) in funding from the Department for financial years 2014-15, 2015-16 and 2016-17.<sup>13</sup>

KPMG considered the funding provided to other HIV-related government supported organisations in other jurisdictions. The AIDS Council of NSW (ACON) receives of \$10.4 million of government funding per annum (via New South Wales (NSW) Health Grants in 2015-16 and Local Health Districts (LHD)).<sup>14</sup>

In 2013-14, the Victorian AIDS Council (VAC) received approximately \$5.7 million in revenue, including government grants and funding.<sup>15</sup>

If the funding is considered based on the number of new cases then it is clear that NSW and Victoria have a higher absolute need than Queensland, as seen in Table 1 (below).

Despite the smaller number of new cases of HIV in Queensland compared with NSW and Victoria there is still a significant difference in the funding provided to HIVFQ when compared on a nominal basis. It should however be noted that as the scope, objectives and deliverables for HIV funding differs in each Australian State, direct comparisons between States are not possible

Table 1. Rate and funding of HIV diagnosis in 2013-14

Jurisdiction	All HIV diagnoses	New diagnoses	Annual per capita funding of HIV diagnosis*
Queensland	4,607	236	\$ 530.50
New South Wales	18,238	401	\$ 572.67
Victoria	7,999	365	\$ 713.46

\*Based on annual amount of government funding to HIV Foundation, AIDS Council of NSW and Victorian AIDS Council

Source: KPMG 2016, adapted from The Kirby Institute for Infection and Immunity in Society. (2014) Annual Surveillance Report 2014 Supplement [https://kirby.unsw.edu.au/sites/default/files/hiv/resources/HIVASRsuppl2014\\_online.pdf](https://kirby.unsw.edu.au/sites/default/files/hiv/resources/HIVASRsuppl2014_online.pdf)

13. HIV Foundation Queensland Service Agreement. (2013).

14. AIDS Council of NSW. (2016) Annual Report 2015/16. <http://www.acon.org.au/wp-content/uploads/2015/04/Annual-Report-2015-2016-WEBSpread.pdf>

15. Victorian AIDS Council. (2014) VAC Annual Report 2013/14. [http://www.vac.org.au/sites/default/files/files/VACAR1314\\_lowres.pdf](http://www.vac.org.au/sites/default/files/files/VACAR1314_lowres.pdf)



# Section 3: Gap Analysis

# 3. Gap Analysis: Achievements to Date

## 3.1 What has HIV Foundation Queensland achieved to date?

Since its establishment in 2013, HIVFQ has been involved in a number of projects and initiatives as a strategic partner or key funding provider. HIVFQ leads, coordinates and supports a range of projects and initiatives which can be categorised into six different groupings: HIV testing and prevention; treatment; research; stigma and discrimination; community events; and fundraising.

### 3.1.1 Leadership and Support objective

With regard to *treatment initiatives*, HIVFQ has provided leadership in the development of international relationships and initiating opportunities for learnings about HIV policy to be shared in Queensland.

HIVFQ established a partnership with the BC-CfE in 2014, and has since organised a working visit for the BC-CfE to share translatable insights on the Canadian health system and Treatment as Prevention (TasP): early treatment, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), and related programs.

In respect of *stigma and discrimination initiatives*, HIVFQ coordinated and delivered the END HIV campaign since January 2015, supported the HIV and the Law Forum, and committed to providing a funding of \$10,000 per annum for three years to PLDI to build resilience and leadership capacities in PLHIV. The funding to PLDI thereby helps PLHIV participate more meaningfully in the community.

### 3.1.2 Research and Programs objective

Before 2013, there was very few HIV *research initiatives* in Queensland – institutions such as the Kirby Institute in NSW and the Burnet Institute in Melbourne were leading in this field.

Over the last three years, HIVFQ has launched a number of research grant funding rounds which not only enable the start-up of innovative research for HIV prevention and treatment, but also the continuation of successful studies and research programs.

HIVFQ also provides scholarships for people to attend the Australasian HIV and AIDS Conference which provides a valuable forum in which to establish and maintain important relationships for improving treatment and prevention through sharing insights from national and international research.

HIVFQ's efforts have contributed to an increased research focus in Queensland, which is also demonstrated through the development of innovative, Queensland-grown pilot programs. Sustained collaboration with the HIV/STI Professorial Chair has developed academic and clinical networks in research. Additionally, HIVFQ has developed a competitive process to release research funding.

In this regard, a number of research grants have been awarded which include 13 new projects (5 projects in 2015 and 8 projects in 2016) and 4 HIV/STI workshops being conducted, which assisted researchers with developing robust proposals and testing the validity and relative importance of these proposals in the broader Queensland HIV research sphere.<sup>16</sup> HIVFQ has also approved funding for two pilot programs, namely: Medicare Ineligible Peer Navigation Program; and the Pilot of RAPID HIV testing in university settings, which provides peer-led testing for HIV and other STIs at the University of Queensland (UQ).

16. HIV Foundation Queensland (2016). Annual Report 2015-2016

# 3. Gap Analysis: Achievements to Date

### 3.1.3 Testing and Treatment objective

With regard to *testing and prevention*, RAPID is a community based peer-led HIV and syphilis rapid testing program delivered by QPP as the lead agency. HIVFQ supports the operation of RAPID with funding and resources provided to both organisations. Clinical oversight is provided by an Infectious Diseases Specialist and grant funding is provided by Queensland Health. HIVFQ currently provides monetary and marketing support for the program as well as the venue for one RAPID clinic under an office co-share arrangement. Community based testing under RAPID is conducted at six out of the eight community sites in Queensland.

In relation to *treatment*, HIVFQ hosted the National Early Treatment Forum in Brisbane in 2014, followed by Queensland HIV Treatment Forum in 2015 and, in the same year, part-funded QPP to support and market a series of five short films on PLHIV and their treatment journey, entitled 'Talking about Treatment'. The 'Talking about Treatment' series was a QPP-led initiative.

The TasP Roadshow 2016 was hosted by HIVFQ in partnership with: BC-CfE; Positive Living Society of British Columbia (PLBC); the South Australian Health and Medical Research Institute (SAHMRI); the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM); QPP and the Cairns Sexual Health Clinic (CSHC) in late July to early August. The overall aim of the Roadshow was to support raising awareness among clinicians, other health professionals, Hospital and Health Services executive staff, community groups and PLHIV in relation to the role of HIV TasP strategies (early treatment, PrEP and PEP) in reducing the transmission of new HIV infections.

As evidenced through feedback from stakeholders who attended, the Roadshow was successful in raising awareness of and increased comfort levels of clinicians to promote and prescribe TasP.

Over the last three years, HIVFQ has also worked to promote an increase in the accessibility and affordability of PrEP in Queensland, having funded community and national forums, and sponsored renowned individuals to speak about PrEP. HIVFQ has also led the push for increased access to PEP, having formed a PEP working group to develop implementation strategies. Members on the working group include representatives from community organisations, metropolitan and regional sexual health clinics, hospital emergency departments and the Department of Health. This demonstrates HIVFQ's collaborative and coordinated approach to creating and implementing state-wide HIV related initiatives.

### 3.1.4 Marketing and Communications objective

With regard to HIV *testing and prevention*, HIVFQ has partnered with other organisations to deliver HIV forums related to drug use and legal issues, for example the HIV awareness education delivered at the CHEMSEX Film and Community Forum. HIVFQ also offers to send free 'safe sex' packs containing 5 condoms and 2 lubricants, to people over 16 years of age with a postal address in Queensland. This enables young adults, who might otherwise be too shy to purchase condoms, to access prophylactics.

Additionally, HIVFQ uses social networking applications such as Grindr to access high risk cohorts including gay men and other Men who have Sex with Men (MSM). Grindr and similar social networking applications enable the targeting of marketing campaigns to advertise HIV testing options and prevention, testing and stigma messages. HIVFQ has recently used advertisements on Grindr to promote RAPID and also leveraged the geo-locating features of Grindr to identify sexual health clinics that are close to the Grindr service user, and advertise these local HIV testing services to the user while they are using the Grindr application.

# 3. Gap Analysis: Achievements to Date

The *treatment initiatives* involving marketing and communications included the TasP Roadshow 2016, which as mentioned earlier, was facilitated by HIVFQ in partnership with BC-CfE, PLBC, SAHMRI, ASHM, QPP and CSHC. The TasP Roadshow 2016 facilitated discussions around TasP: early treatment, PrEP and PEP, and included guest speakers from all organisations that partnered in the Roadshow.

Other marketing and communication activities, such as the HIV and the Law Forum, have been focused on *stigma and discrimination*. Since 2014, HIVFQ has been coordinating the ENDHIV campaign, which is a Queensland-based campaign aimed at aligning with the UNAIDS 90-90-90 targets and supporting the HIV components under the Queensland Sexual Health Strategy 2016-2021. The campaign was launched by the Department of Health in 2013 and continues to be rolled out by HIVFQ, with the seventh phase currently in market until June 2017. Further, HIVFQ is helping organise a charity/fundraiser trekking event for PLHIV, their friends and families, and public figures. The trek will follow the Kokoda Trail in Papua New Guinea and be held in 2017.

HIVFQ's marketing and communication in the community has included sponsorship of the MELT and Brisbane Queer Film Festival for Queer arts and culture. A HIVFQ ambassador helped raise HIV awareness at this festival.

### 3.1.5 Operations objective

As part of its operational objective HIVFQ has worked to ensure that the organisation's resources are efficiently utilised to effectively deliver on HIVFQ's other strategic objectives. This includes ensuring that appropriate staff are recruited and retained as well as ensuring that the organisation manages finances effectively.

HIVFQ's Service Agreement with the Department of Health includes a requirement for ongoing fundraising. A fundraising audit was undertaken and subsequent strategy developed in 2015 which included direct marketing, donor care and stewardship, major gifts, bequests, corporate partnerships and specific workplace giving and community fundraising components. Whilst HIVFQ has invested \$160,108 in fundraising activities across the 2014-15 and 2015-16 financial years<sup>17</sup>, this investment has not produced significant returns in terms of donations. There appear to be underdeveloped fundraising pathways, such as leveraging corporate partnerships beyond support with marketing materials, which remain to be tested. Furthermore the opportunity to learn from interstate counterparts within fundraising can be more fully explored.

Given challenges faced with traditional fundraising, HIVFQ made a strategic decision to limit the replication of previous (identified as unsuccessful) approaches and, in August 2016, sought to negotiate a change to the fundraising strategy with CSFB. CSFB agreed to HIVFQ's amended fundraising strategy in December 2016, which refocuses fundraising mechanisms towards facilitating proposals for grants for HIV-led projects and partner organisation projects. HIVFQ has funded a 'grant writer' who facilitated two successful grants. One of the successfully facilitated grants was for the creation of peer tester-navigator roles at the Townsville Sexual Health Clinic. The grant writer facilitated support for QPP in obtaining a grant from ViiV Healthcare for the testing component, while the navigation component was funded by pre-existing grant from the Department as part of the State-wide Peer Navigation Program. HIVFQ's grant writer was welcomed and valued by community based organisations. An additional focus of the new strategy (being implemented) is in raising third party budget sources. In this regard, there remain opportunities for developing new fundraising partnerships (such as corporate partnerships, as noted above).

17. HIV Foundation Queensland. (2016) Fundraising & 3rd Party Budget Sources

# 3. Gap Analysis: Achievements to Date

HIVFQ has raised a net surplus of \$75,910<sup>18</sup> in funds in 2016-17 (year to date) under the priority items of the new fundraising strategy. This compares to the net deficit of \$13,970<sup>19</sup> in 2014-15 (full year) and the net deficit of \$126,177<sup>20</sup> in 2015-16 (full year).

Table 2. Rate of HIV diagnosis in 2013-14

Fundraising items	2014-15	2015-16	2016-17*
Expenses	\$ 15,000	\$ 145,108	\$ 5,032
Income	\$ 1,030	\$ 18,931	\$ 80,942
Net	\$ 13,970	\$ 126,177	\$ 75,910

Source: HIV Foundation Queensland. (2016) Fundraising & 3rd Party Budget Sources  
\*Year to date

## 3.2 How effectively has HIV Foundation Queensland delivered on its strategic objectives?

KPMG’s review considered the extent to which HIVFQ’s activities to date have delivered on the strategic objectives outlined in Section 3.1. Consequently, this report considers the performance of HIVFQ against the performance measures that it has set for itself, and the performance measures set out by the Department of Health in HIVFQ’s Service Agreement. Table 3 on the following pages outlines HIVFQ’s performance measures.

18, 19, 20. HIV Foundation Queensland. (2016) Fundraising & 3<sup>rd</sup> Party Budget Sources

# 3. Gap Analysis: Delivery against Objectives

Table 3: Performance measures for HIV Foundation Queensland

Strategic Objective	Performance measures in the HIV Foundation Queensland Strategic Plan	Performance measures in the HIV Foundation Queensland Service Agreement with the Department of Health
<b>1. Leadership and Support</b>	<ul style="list-style-type: none"> <li>Achieve UN 90-90-90 targets by 2020</li> <li>Achieve progress on Queensland HIV Strategy performance indicators when approved</li> <li>Achieve progress on relevant Queensland Sexual Health Strategy performance indicators when approved</li> <li>Achieve progress on National HIV Strategy performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>Lead evaluation of the current strategy</li> <li>Lead the development of the next Queensland HIV Strategy</li> <li>Monitoring the performance indicators on the current HIV strategy</li> </ul>
<b>2. Research and Programs</b>	<ul style="list-style-type: none"> <li>Year 1 - 20% of HIVFQ budget to be spent on program and research funding</li> <li>Year 2 - 25% of HIVFQ budget to be spent on program and research funding</li> <li>Year 3 – 30% of HIVFQ budget to be spent on program and research funding</li> <li>Research and programs funded align and support priorities areas as identified in the Queensland HIV and Sexual Health Strategies</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of budget spent on program and research seed funding: 20% in Year 1, 25% in Year 2 and 30% in Year 3</li> <li>Number of collaborative activities with HIV Professor Chair</li> <li>Representation on the HIV Professor Chair Advisory Steering Committee</li> <li>Provision of high quality research</li> </ul>
<b>3. Testing and Treatment</b>	<ul style="list-style-type: none"> <li>Achieve UN 90-90-90 targets by 2020</li> <li>Increase the number of HIV rapid tests performed and the number of community sites where HIV rapid testing is available (including mobile outreach)</li> </ul>	<ul style="list-style-type: none"> <li>Concept brief to be approved for a targeted program for earlier treatment</li> <li>Number of awareness, education and training sessions carried out for a targeted program for earlier treatment</li> </ul>

Source: KPMG 2016, based on the HIV Foundation Queensland Strategic Plan and the HIV Foundation Queensland Service Agreement



# 3. Gap Analysis: Delivery against Objectives

Table 3: Performance measures for HIV Foundation Queensland

Strategic Objective	Performance measures in the HIV Foundation Queensland Strategic Plan	Performance measures in the HIV Foundation Queensland Service Agreement with the Department of Health
<b>3. Testing and Treatment</b>	<ul style="list-style-type: none"> <li>• Increase the number of HIV tests performed across three sentinel HIV/sexual health specialist GP sites and Queensland Sexual Health Clinics</li> <li>• Increase the number of people accessing PEP and PrEP</li> </ul>	<ul style="list-style-type: none"> <li>• Number of stakeholder groups reached with the provision of a targeted program for earlier treatment</li> <li>• Number of HIV Earlier Treatment Kits distributed</li> <li>• Concept brief to be developed for a targeted program for treatment as prevention</li> <li>• Number of national and international partners for a targeted program for treatment as prevention</li> </ul>
<b>4. Marketing and Communications</b>	<ul style="list-style-type: none"> <li>• Achieve progress on performance indicators of HIVFQ Communications and Marketing Strategy including increased visitors and engagement on variety of digital platforms</li> <li>• Increased awareness, knowledge and acceptance of HIV in the community and behaviour change resulting from the ENDHIV campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation research for effectiveness and reach</li> <li>• Market testing of concepts – focus groups</li> <li>• Online tracking surveys</li> </ul>
<b>5. Operations</b>	<ul style="list-style-type: none"> <li>• Resources are allocated effectively and efficiently and delivered within the annual HIVFQ budget</li> <li>• Staff recruitment, retention, training and performance management</li> <li>• Financial management through finance, audit and risk management committee, independent audit and investment performance relative to the market</li> <li>• Board evaluation</li> <li>• 20% of the annual HIVFQ budget will be raised through fundraising and other grants by 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Fundraising audit carried out</li> <li>• Development of a fundraising strategy by December 2014</li> <li>• Implementation of the fundraising strategy from 2015</li> </ul>

Source: KPMG 2016, based on the HIV Foundation Queensland Strategic Plan and the HIV Foundation Queensland Service Agreement

# 3. Gap Analysis: Delivery against Objectives

## 3.2.1 How effective is HIV Foundation Queensland at providing leadership, coordination and support to Queensland's public health response to human immunodeficiency virus?

As shown in the previous Table 3, the performance measures for testing the success of HIVFQ's leadership and support include HIVFQ's monitoring of Queensland's performance against the UN 90-90-90 targets and the National HIV Strategy. The UN 90-90-90 targets involve reporting on the following indicators:

- The proportion of all PLHIV who know their HIV status;
- The proportion of all people with diagnosed HIV infection who are receiving sustained antiretroviral therapy; and
- The proportion of all people receiving antiretroviral therapy who have viral suppression.

Similarly, the National HIV Strategy requires reporting on a range of indicators including:

- Incidence of recent HIV infection;
- Incidence of recent HIV infection among HIV diagnoses;
- Estimated incidence of HIV;
- Proportion of gay men who have engaged in unprotected anal intercourse (UAI) with casual male partners in the previous six months;
- Proportion of gay men who have been tested for HIV in the previous 12 months;
- Proportion of people who inject drugs who have been tested for HIV in the previous 12 months;

21, 22. Australian Department of Health (2014). Seventh National HIV Strategy 2014-2017

- Median CD4 count at HIV diagnosis;
- Proportion of people living with diagnosed HIV who are receiving antiretroviral treatment;
- Proportion of people receiving antiretroviral treatment for HIV infection whose viral load is less than 50 copies/mL; and
- Proportion of people with HIV who report their general health status and their general wellbeing to be excellent or good.<sup>21</sup>

These indicators require comprehensive data sets and, as the National HIV Strategy points out, the data required to accurately measure the UN 90-90-90 targets and the National HIV Strategy targets has historically not been consistently collected.<sup>22</sup> A recent performance report provided by HIVFQ to the Department of Health's CSFB concurs with this critical data issue. HIVFQ's report for July-December 2015 showed that whilst it is possible to report on a few indicators (e.g. the proportion of gay men and other MSM who have been tested for HIV), the data for many other indicators is collected at infrequent intervals, if at all, which limits meaningful and timely analysis. Some such indicators include: testing data beyond POCT rapid testing; the proportion of PLHIV who report their general health status and wellbeing to be excellent or good; and the proportion of people living with diagnosed HIV who are receiving antiretroviral treatment.

Whilst HIVFQ has consistently fulfilled the half yearly reporting requirements for its Service Agreement, there is a lack of consistent data collection in Queensland (and more broadly) which could otherwise assist HIVFQ to more robustly monitor Queensland's performance against UN 90-90-90 targets, the Queensland Sexual Health Strategy and HIV Action Plan; and the National HIV Strategy.

# 3. Gap Analysis: Delivery against Objectives

Despite the difficulty in sourcing data to monitor Queensland's progress against state, national and international HIV strategies, HIVFQ has demonstrated leadership and support for HIV related policy, research and initiatives in other respects.

As explained in Section 1.3.2, the MAC for HIV/AIDS and the Department led the development of the Queensland HIV Strategy 2013-2015. HIVFQ then contributed heavily to the drafting of the Queensland HIV Strategy 2016-2021, which has subsequently become the Queensland HIV Action Plan 2016-2021. Meanwhile, the Department collaborated and consulted with stakeholders including health consumers, other government departments and community based organisations to develop the Queensland Sexual Health Strategy 2016-2021. Both the Queensland Sexual Health Strategy 2016-2021 and the Queensland HIV Action Plan 2016-2021 were released by the Queensland Government on 1 December 2016.

Additionally, as shown in Figure 1 of Section 2, HIVFQ has developed strong relationships with a number of partners in research, clinical services and community organisations to successfully coordinate the Queensland response to HIV. HIVFQ has also demonstrated strong networking and leadership skills through drawing in international partners such as the BC-CfE and Professor Bob Grant from the San Francisco AIDS Foundation to share global learnings about HIV prevention, testing and treatment.

Stakeholders consulted as part of this review acknowledged HIVFQ's success in connecting with state-wide and international networks. In particular, stakeholders expressed strong support for HIVFQ's strategy in partnering with the BC-CfE in HIV/AIDS. This kind of international partnership is the first of its kind among HIV organisations in Australia.

Most stakeholders also strongly agreed that the independent nature of HIVFQ was a significant and positive differentiator when compared to organisational counterparts within Queensland. This aspect of HIVFQ allows it to remain at 'arm's length' to the Department and undertake activities specifically required by the sector (that is, rather than as a result of direction from the Department), whilst also maintaining a level of autonomy to action strategically-driven programs and initiatives for the betterment of the sector.

Stakeholders recognised the strength of HIVFQ as a statutory body with a discretionary funding pool to lead and coordinate the response to HIV in Queensland. A few stakeholders commented that it would also be good to have a similar funding and administrative body for the broader response to sexual health across the State, or to broaden the remit of HIVFQ in this regard.

Most stakeholders recognised HIVFQ is considered to have less 'red tape' and bureaucratic processes than, for example, comparable government branches or agencies. Stakeholders also agreed that HIVFQ has appropriate, lean processes, which enable it to be more adaptive to the needs of the Queensland population and to accelerate actions and changes aimed at meeting service and research gaps in an agile manner.

Based on HIVFQ's performance against key performance measures and the feedback from stakeholders, it is reasonable to suggest HIVFQ has delivered on its strategic objective to lead and support HIV related policy, research and initiatives in other respects.

# 3. Gap Analysis: Delivery against Objectives

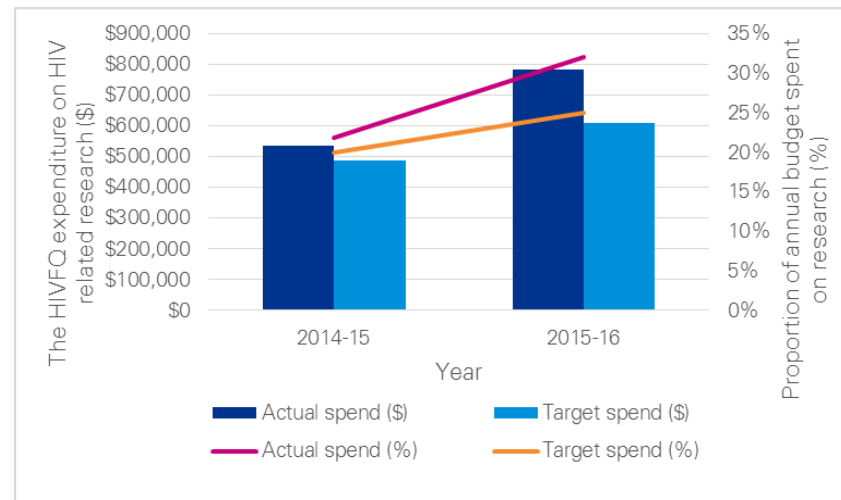
## 3.2.2 How effective is HIV Foundation Queensland in facilitating and supporting the growth of Queensland-led human immunodeficiency virus/sexually transmissible infections research and programs?

Annually, HIVFQ launches grants for research, programs and workshops in HIV and STIs. The grants are open for application by organisations and services who are seeking to carry out research or pilot programs outside the three-year funding cycles offered by the Department of Health. HIVFQ’s annual funding grants therefore provide more flexible funding for the sector which is frequently evaluating programs and developing new service models or solutions that require testing through action research. In the 2015-2016 Annual Report, HIVFQ noted that they had received a record number of grant applications.<sup>23</sup>

HIVFQ has satisfied the performance measures for research across both HIVFQ’s Service Agreement and strategic plan through dedicating a significant proportion of its budget to research and programs, and maintaining a strong relationship with the appointed HIV/STI Professorial Chair. In 2014-15, HIVFQ dedicated \$534,904 (22% of its budget) to research programs; in 2015-16 the budget dedicated to research was \$782,231 (32% of the budget).<sup>24</sup> This fiscal commitment exceeds the targets set by the Department of Health in the Service Agreement which were to invest 20% of HIVFQ budget in research in Year 1 and 25% of the budget in Year 2. Figure 2 (at right) provides HIVFQ’s performance against targets for HIV related research.

The MAC for HIV/AIDS recommended the appointment of an HIV/STI Professorial Chair to oversee the Queensland HIV research agenda. The Department appointed Professor Charles Gilks into the position in 2014, which was underpinned by a Service Agreement between the Department and UQ. It is a requirement of the HIVFQ Service Agreement with the Department of Health that the Foundation work

Figure 2. HIVFQ research expenditure against performance targets



Source: KPMG 2016, based on data from the HIV Foundation Queensland Half-Yearly Performance Measurement Data, Jan-Jun 2016

collaboratively with and support the Professorial Chair. HIVFQ has also established the RPGC to provide strategic oversight of grant funding for Queensland-based HIV research programs. There are also plans for 2017 to continue to encourage the involvement of the James Cook University and other regional universities in the research and program funding rounds Griffith University in the RPGC.

Professor Gilks has collaborated with HIVFQ for a number of events including the Queensland HIV/STI Research Workshop in 2014, the Australasian HIV Conference in 2015 and the North Queensland research meeting in 2016.

23. HIV Foundation Queensland (2016) Annual Report 2015-2016

Note that the actual number of grant applications received is not published.

24. HIV Foundation Queensland (2016) Half Yearly Performance Measurement Data, Jan-Jun 2015 and 2016

# 3. Gap Analysis: Delivery against Objectives

HIVFQ's work in setting up the RPGC to support funding of innovative research demonstrates HIVFQ's success in driving the development of a HIV research landscape. Stakeholders recognise that, for Queensland, this is both ground-breaking and translatable into actual service improvement for patients.

Stakeholders specifically indicated that HIVFQ research funding has enabled innovation in piloted programs and research on effective HIV treatment and testing. The HIVFQ research grant funding and grant writer are significant sources of financial and resource assistance respectively to HIV programs and research. For example, HIVFQ topped up funding for the Queensland Pre-Exposure Prophylaxis (QPrEP) initiative to expand its participant number from 50 to 150. As another example, as mentioned in Section 3.1.5, HIVFQ funded a grant writer who facilitated QPP in obtaining funding from ViiV Healthcare for the testing component of peer tester-navigator roles in the Townsville Sexual Health Clinic. Stakeholders shared that recent National Health and Medical Research Committee (NHMRC) funding received by a HIVFQ seeded project would not have been possible without the initial HIVFQ grant.

Stakeholders reported that research evaluations funded by HIVFQ are informing future policy decisions and further research. Additionally, HIVFQ initiated research meetings have provided networking opportunities and have stimulated ongoing collaboration.

Some stakeholders did, however, consider that the approach to stimulating research initiatives aimed at Aboriginal and Torres Strait Islander communities was relatively weak. Stakeholders suggested that HIVFQ may consider quarantining grants for Aboriginal and Torres Strait Islander bodies or for research specific to Indigenous communities. This suggestion stemmed from stakeholders' observations that Aboriginal and Torres Strait Islander bodies tended not to apply for generic grants.

HIVFQ has exceeded the research funding targets set by the Department of Health and, based on stakeholder feedback, it is reasonable to suggest HIVFQ grants are enabling quality research and the development of relationships between clinicians and community providers of HIV testing, treatment and support.

Although there may be benefits in increasing engagement with Aboriginal and Torres Strait Islander research, HIVFQ has delivered high quality HIV related research in Queensland in a collaborative and consultative manner which is reaping ongoing benefits.

### **3.2.3 How effective is HIV Foundation Queensland in improving access to community based human immunodeficiency virus testing and treatment in Queensland?**

HIVFQ is not a service provider but rather a coordinator and supporter of Queensland's response to HIV. As such, the treatment and testing programs that HIVFQ supports rely on the strength of partnerships that the Foundation has developed with community based organisations and clinicians. For example, the RAPID program has achieved record high results for the number of people being tested. As previously mentioned, QPP delivers the RAPID program as the lead agency while HIVFQ is a partner and provides funding and resources for the operation of RAPID. Furthermore, the QPrEPd study is an innovative research project that is intended to meet the needs of Queenslanders at risk of HIV and also enables Queensland clinical practice to keep pace with the leading practice in NSW, Victoria and around the world. Without strong linkages with community organisations and clinicians (refer Figure 1 in Section 2), HIVFQ would be unable to support CSHC and QPP in implementing initiatives such as QPrEPd and RAPID respectively.

# 3. Gap Analysis: Delivery against Objectives

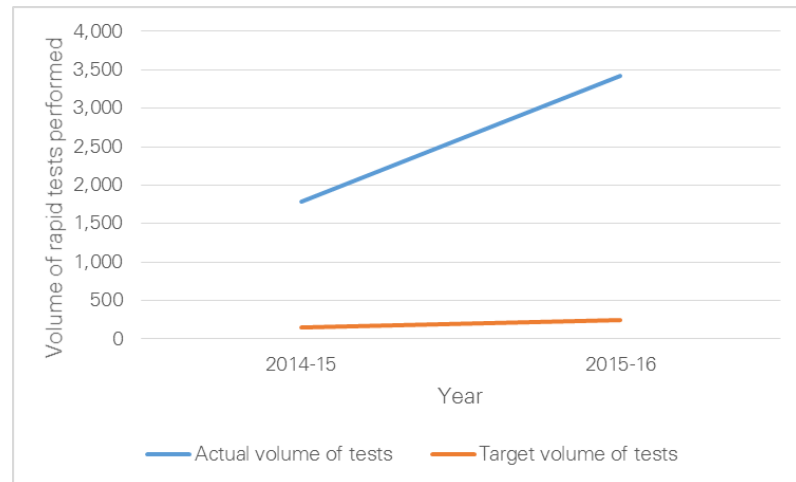
The table (Table 4) and the graph (Figure 3) set out below indicate the significant increase in rapid testing across community sites in Queensland. The majority of these tests are delivered by QPP at the community based RAPID testing site in Fortitude Valley (i.e. office co-share site at HIVFQ offices).

Table 4: Volume of tests performed across community sites since the commencement of HIV rapid testing in 2014

Year	2014-15	2015-16	2016-17
Actual volume of tests	1,779	3,420	890*
Target volume of tests	150	250	400*

\*Year-to-date data for quarter one of 2016-17, extracted on 3 November 2016  
 Source: HIV Foundation Queensland (2016). Performance Data report, Jan-Jun 2016

Figure 3: Volume of tests performed across community sites since the commencement of HIV rapid testing in 2014



Source: HIV Foundation Queensland, Performance Data report, Jan-Jun 2016

The performance targets for testing in the HIVFQ Service Agreement were 150 service users for Year 1; 300 service users for Year 2 and 450 service users for Year 3. Based on the data provided in Table 4 (above), it is clear that HIVFQ has achieved the targets set by the Department of Health by a large margin and is on track to do so for 2016-17. HIVFQ has supported the expansion of community based RAPID testing. In addition, HIVFQ has funded RAPID testing at university sites and Sex On Premises Venues (SOPVs) through research and program grants.

As discussed in Section 3.1, HIVFQ’s work in regard to HIV treatment has included the delivery of the TasP Roadshow 2016 which brought together a number of national and international partners to engage clinicians and researchers across Queensland. KPMG’s consultations indicated that the TasP Roadshow 2016 enabled a number of participating Brisbane-based community organisations to develop stronger networks with clinicians and community organisations in regional and rural parts of Queensland which will enable better support of PLHIV and facilitate their access to support and treatment programs. Similarly, findings from an evaluation of the Roadshow, as summarised in the Queensland HIV TasP Roadshow: Final Report, indicated that the Roadshow facilitated the strengthening of local networks.

Additionally, over the last three years, HIVFQ has facilitated an increase in the number of people accessing PrEP and PEP. This is reflected in the Queensland Gay Community Periodic Survey, which is an annual collection of data by the UNSW Centre for Social Research in Health, in partnership with community based organisations, the Department and HIVFQ. The survey reported that the use of PrEP before UAI had increased from 1.7% of survey respondents in 2013 to 2.4% of survey respondents in 2015.<sup>25</sup> The reported use of PEP after UAI has also increased from 3.2% of survey respondents in 2013 to 3.7% of survey respondents in 2015.<sup>26</sup>

25, 26. HIV Foundation Queensland (2015) Performance data report Jul-Dec 2015 and data tables.

# 3. Gap Analysis: Delivery against Objectives

HIVFQ's push to expand PrEP is timely in terms of keeping pace with the policy being rolled out in other jurisdictions. The NSW and Victorian Governments have recently begun expanding their own PrEP programs.

In December 2015, the NSW PrEP program was expanded from the original 300 participants to 3,700<sup>27</sup> and, in January 2016, the Victorian PrEP program was expanded from 115 participants to 2,600.<sup>28</sup>

In April 2016, the Honourable Cameorn Dick MP, Minister for Health and Minister for Ambulance Services, announced the Queensland Pre-Exposure Prophylaxis Demonstration (QPrEPd) study, which was an expansion of the QPrEP project from 50 participants to 2,000.<sup>29</sup> This expansion will involve an increase in the number of trial sites from six across major cities and urban centres (i.e. Cairns, Townsville, Sunshine Coast, Gold Coast and Brisbane) to 21 sites which will include regional centres (e.g. Mount Isa, Toowoomba, Mackay and Bundaberg).

Stakeholders views on HIVFQ's role in improving HIV treatment and testing were positive. Stakeholders indicated that without HIVFQ the establishment of the RAPID program in an inner city venue, and the associated increase in the number of voluntary tests, would not have been achieved. Additionally, stakeholders indicated that they were concerned about the sustainability of the RAPID program if the responsibility for HIV testing and treatment policy was to shift from HIVFQ to another organisation (e.g. Government).

Stakeholders also noted the importance of HIVFQ's work in advocating for improved access to treatment programs for PLHIV including the peer-navigator program. The majority of stakeholders appreciated the clinical and community based linkages that they were able to make through HIVFQ's facilitation of the TasP Roadshow 2016 which focused on TasP: early treatment, PrEP and PEP.

27. Star Observer (2015) World AIDS Day: NSW's PrEP expansion an example for the rest of Australia <http://www.starobserver.com.au/news/national-news/new-south-wales-news/world-aids-day-nsws-prep-expansion-an-example-for-the-rest-of-australia/143412>

One negative aspect of the feedback from stakeholders was that a small number of those consulted noted that HIVFQ should be clearer in reinforcing its role as a facilitator in the system rather conveying the impression that HIVFQ is an active service provider. On the other hand, some stakeholders argued the contrary and indicated that HIVFQ had performed well as a facilitator (e.g. during PrEP studies).

This feedback led to broader discussion about the perceived lack of clarity around the roles and responsibilities for HIVFQ in coordinating testing and treatment programs. However, stakeholders noted that this was improved through the introduction of MOUs.

Stakeholders praised HIVFQ in its move to involve Aboriginal and Torres Strait Islander health and medical services during the TasP Roadshow 2016. However, they suggested that there is an ongoing need to engage with Aboriginal and Torres Strait Islander health and medical services and community peak bodies in broader HIVFQ testing and treatment initiatives as well as awareness campaigns whilst acknowledging the competing health priorities for the Aboriginal and Torres Strait Islander sector. Stakeholders were of the understanding that Aboriginal and Torres Strait Islander bodies are focused on issues such as suicide, mental health and chronic disease. Another consideration is the constrained capacity of Aboriginal and Torres Strait Islander health and medical services. For example, it understood that the Queensland Aboriginal and Islander Health Council (QAIHC), the peak body in Queensland in relation to the State's indigenous Community Controlled Health Services sector, did not consistently have a sexual health coordinator.

28. Star Observer (2016) Victorian PrEP trial will expand to include 2600 people. <http://www.starobserver.com.au/news/national-news/victoria-news/victorian-prep-trial-will-expand-to-include-2600-people/145279>

29. Star Observer (2016) 'Brave' Queensland Government funds \$6m PrEP trial expansion. <http://www.starobserver.com.au/news/national-news/queensland-expanding-prep-trial/148758>

# 3. Gap Analysis: Delivery against Objectives

Overall, stakeholders were very positive about the work that HIVFQ has done in the HIV testing and treatment space and they appreciate the support offered to community based organisations. This feedback, and HIVFQ's impressive results against performance measures for testing, mean it is reasonable to suggest HIVFQ has made a significant contribution to Queensland's response to HIV and that there is an ongoing need for a facilitator and coordinator of innovative and collaborative approaches to supporting and implementing HIV testing and treatment initiatives.

### 3.2.4 How effective is HIV Foundation Queensland in coordinating HIV campaigns and building support for the Foundation and the human immunodeficiency virus sector?

HIVFQ has progressed a number of initiatives for marketing and communications, as described in Section 3.1. Through these initiatives HIVFQ has increased both the volume of engagement with Queensland-based HIV marketing and the effectiveness of marketing engagement. According to the Service Agreement with the Department of Health, HIVFQ is required to evaluate the reach of its marketing and to test the effectiveness of marketing concepts with users.

Enhance Research has undertaken multiple quantitative and qualitative research of both MSM and the whole-of-population to determine the impact of the ENDHIV campaign in addressing perceptions of HIV prevention, testing, treatment and stigma. As mentioned earlier, HIVFQ has been coordinating the ENDHIV campaign for a number of years.

In the Quantitative Research Report published in July 2016<sup>30</sup> which surveyed MSM in relation to the ENDHIV campaign, it was demonstrated that online marketing and social media have proven very effective, showing:

30. HIV Foundation Queensland, ENDHIV Campaign Evaluation Research on MSM, Quantitative Research Report July 2016

- Increased social media advertising from 60% in 2015 to 71% in 2016, accompanied by year on year increase in awareness of the campaign through social media (71% in 2016, up from 41% in 2013);
- Continued effectiveness of campaign awareness through Grindr although the awareness is down from 55% in 2015 to 46% in 2016. Still, this is significantly higher than the result in 2013 of 21%;
- Increased awareness from venue advertising from 22% in 2013 to 32%;
- Consistent high level of recall of the campaign compared to 2015 (85% in both 2015 and 2016); and
- Increased proportion of people who take some action after seeing the ENDHIV campaign (83% in 2016, up from 67% in 2013). Actions after seeing the campaign include, but are not limited to: getting or considering getting tested; discussing HIV or the ENDHIV campaign with others; visiting the ENDHIV website; being more vigilant about carrying or using a condom; searching for online information about HIV; visiting the HIVFQ website; and sharing ENDHIV campaign-related content on social media.

A similar survey for the whole-of-population cohort, published in June 2016<sup>31</sup>, indicated that the ENDHIV campaign was also effective in building awareness among the broader population. This was demonstrated in the results of the survey which indicate that there was:

- Largely consistent level of awareness of the campaign from all channels of advertisement, with the exception of billboard advertisements, which significantly increased level of awareness (11% in 2016, up from 5% in 2015) compared to 2015; and

31. HIV Foundation Queensland, HIV Evaluation Phase 6 Whole of Population (WOP), Quantitative Research Report June 2016



# 3. Gap Analysis: Delivery against Objectives

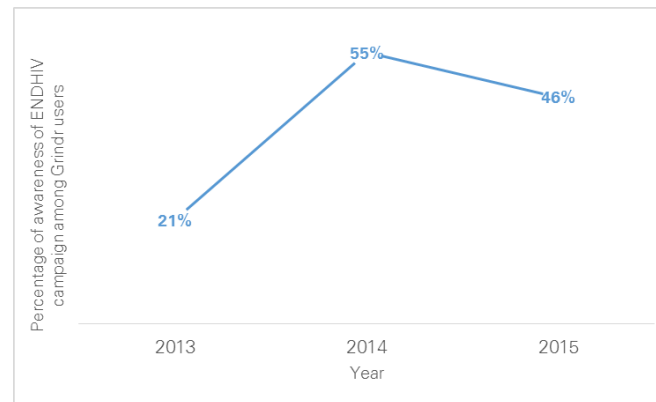
- Increased proportion of people who take some action after seeing the campaign. Examples of actions included discussing the campaign with other people (21% 2016, up from 13% in 2015) and being more vigilant about using a condom (9% in 2016, up from 5% in 2015). However, the percentage of people who take no action after seeing the campaign remains similar to 2015 figures (66% in 2016, down from 68% in 2015).

Marketing and communication strategies undertaken by HIVFQ are quite sophisticated, particularly with regard to social media advertising. For example, Grindr advertisements are leveraged using geo-location based advertising. Relevant messages relating to sexual health and testing clinics are pushed to users within proximity of services. This means that when individuals use Grindr, they made aware of testing, safe sex practices and sexual health services within their area.

In addition to the strategic use of various advertising channels, HIVFQ has found that a high proportion of people understand the message of the ENDHIV campaign (71%) and think advertising is important (79%).<sup>32</sup>

Many stakeholders recognised the importance of HIVFQ’s whole-of-population focus for marketing and communications. Most community based organisations in Queensland have a targeted focus. For example, QPP works predominantly with PLHIV and QuAC focuses on people who are affected by HIV and AIDS and identify as lesbian, gay, bisexual, transgender and/or intersex (LGBTI). Stakeholders noted, however, that without the whole-of-population focus that HIVFQ has it is likely that people who do not identify with one of these target groups, but are at risk of HIV, will not be captured within marketing and communication strategies and campaigns (e.g. MSM who do not identify as gay, and migrants from countries with a high prevalence of HIV). Additionally, stakeholders acknowledged that ending HIV, and particularly addressing associated stigma and discrimination, requires raising awareness about HIV among the broader population, not just targeted communities.

Figure 4: Change in the proportion of Grindr users over time who report an awareness of the ENDHIV campaign.



Source: KPMG 2016, based on HIV Foundation Queensland Half Yearly Performance Measures Data, Jan-Jun 2016

This stakeholder feedback and the recorded increase in awareness of the ENDHIV campaign, as well as the increase proportion of people who take some action after seeing the campaign, demonstrates that it is reasonable to suggest HIVFQ’s work in marketing and communications has been effective. Despite this, there is ongoing work that needs to be done in terms of educating people about the difference between HIV and AIDS. Approximately 42% of people still regard AIDS and HIV as the same thing and many people still have the mentality that “it won’t happen to me”. Furthermore, various studies have demonstrated that PLHIV endure social stigma. Most people feel that they can treat people PLHIV like everyone else and recognise the need to reduce stigma for PLHIV, but there remains work to be done to address this disconnect.<sup>33</sup>

32, 33. HIV Foundation Queensland, Half Yearly Performance report, Jan-Jun 2016

# 3. Gap Analysis: Delivery against Objectives

### 3.2.5 How effective is HIV Foundation Queensland in building strong governance, management and organisational health?

HIVFQ has progressed a number of initiatives to improve the efficiency and effectiveness of operations. These include the employment of a new project officer to support the Principal Public Health Officer and the implementation of a fundraising strategy. However, there are a number of challenges for HIVFQ in progressing against the indicators in the HIVFQ strategic plan and Service Agreement with the Department in this regard.

The primary challenge relates to the difficulties experienced by HIVFQ in regard to fundraising. As stated in Section 3.1.5, HIVFQ has invested \$160,108 in fundraising over the last two financial years.<sup>34</sup> However, this investment has not produced significant returns in terms of donations.

Over the last two financial years HIVFQ has received donations amounting to \$1,030 (2014-15) and \$4,008 (2015-16).<sup>35</sup> HIVFQ has acknowledged challenges in raising revenue through fundraising activities and entered discussions with CSFB in August 2016 to refocus fundraising priorities, which eventuated in an agreement between CSFB and the Foundation to reallocate fundraising mechanisms and sources for more effective uses such as employing the grant writer to facilitate proposal writing for grants for partner organisation projects.

Additionally, most stakeholders acknowledged that the decrease in appointed Board members from eight to four has meant that HIVFQ has lost representation from various stakeholder groups including PLHIV, females and Queensland communities. This has the impact of narrowing the expertise available to the Board, meaning certain specialist skills that the Board may find beneficial in its deliberations – and which may be of broader benefit to HIVFQ – are unavailable.

34, 35. HIV Foundation Queensland. (2016) Fundraising & 3<sup>rd</sup> Party Budget Sources

In terms of increasing diversity on the Board, stakeholders stressed the importance of seeking to ensure that its composition ensured that there were broad representation and skills from across different parts of the health sector generally. This may be facilitated through establishment of the Board with its full complement of appointees.

### 3.2.6 Overall delivery against objectives

Overall, HIVFQ has been very effective in progressing strategic objectives in line with the Queensland Government's priority to work towards the virtual elimination of new HIV transmissions in Queensland by 2020. However, the themes from KPMG's consultations with stakeholders indicated that there are a limited number of areas where HIVFQ could improve its activities further in order to continue its success as an independent and sustainable organisation that meets both the needs of Queenslanders and the priorities of the Queensland Government.

Table 5 (overleaf) provides a simple infographic summary of the progress and effectiveness of HIVFQ based on the assessment set out in this section of the report.

Where HIVFQ has been successful in implementing meaningful change a green tick ✓ has been used to indicate success. Where HIVFQ appears to have neither progressed or regressed, there is a blue equal sign =. This latter case is usually due to circumstances outside HIVFQ's control (for example, performance against "Achieving progress on Queensland HIV Strategy performance indicators when approved" is not able to be demonstrated, given that the Queensland Sexual Health Strategy 2016-2021 and the Queensland HIV Action Plan 2016-2021 were only released publicly on 1 December 2016. There are other examples such as this, which are also marked by the blue equal sign.

# 3. Gap Analysis: Delivery against Objectives










Table 5: Simple summary of evaluation of HIV Foundation Queensland across performance measures

Strategic Objective	Performance measures	Evaluation against performance measures
<b>1. Leadership and Support</b>	• Achieve UN 90-90-90 targets by 2020	✓
	• Achieve progress on Queensland HIV Strategy performance indicators when approved	=
	• Achieve progress on relevant Queensland Sexual Health Strategy performance indicators when approved	=
	• Achieve progress on National HIV Strategy performance indicators	✓
	• Monitoring the performance indicators on the current HIV strategy	=
	• Lead evaluation of the current strategy	=
	• Lead the development of the next Queensland HIV Strategy	✓
<b>2. Research and Programs</b>	• Percentage of budget spent on program and research seed funding: 20% in Year 1, 25% in Year 2 and 30% in Year 3.	✓
	• Number of collaborative activities with HIV Professor Chair	✓
	• Representation on the HIV Professor Chair Advisory Steering Committee	✓
	• Provision of high quality research	✓

Source: KPMG 2016, based on the HIV Foundation Queensland Strategic Plan and the HIV Foundation Queensland Service Agreement

# 3. Gap Analysis: Delivery against Objectives












Table 5: Simple summary of evaluation of HIV Foundation Queensland across performance measures

Strategic Objective	Performance measures	Evaluation against performance measures
<b>3. Testing and Treatment</b>	<ul style="list-style-type: none"> <li>Achieve UN 90-90-90 targets by 2020</li> </ul>	
	<ul style="list-style-type: none"> <li>Increase the number of HIV rapid tests performed and the number of community sites where HIV rapid testing is available (including mobile outreach)</li> </ul>	
	<ul style="list-style-type: none"> <li>Concept brief to be approved for a targeted program for earlier treatment</li> </ul>	
	<ul style="list-style-type: none"> <li>Number of awareness, education and training sessions carried out for a targeted program for earlier treatment</li> </ul>	
	<ul style="list-style-type: none"> <li>Increase the number of HIV tests performed across three sentinel HIV/sexual health specialist GP sites and Queensland Sexual Health Clinics</li> </ul>	
	<ul style="list-style-type: none"> <li>Increase the number of people accessing PEP and PrEP</li> </ul>	
	<ul style="list-style-type: none"> <li>Number of stakeholder groups reached with the provision of a targeted program for earlier treatment</li> </ul>	
	<ul style="list-style-type: none"> <li>Number of HIV Earlier Treatment Kits distributed.</li> </ul>	
	<ul style="list-style-type: none"> <li>Number of national and international partners for a targeted program for treatment as prevention</li> </ul>	

Source: KPMG 2016, based on the HIV Foundation Queensland Strategic Plan and the HIV Foundation Queensland Service Agreement

# 3. Gap Analysis: Delivery against Objectives

Table 5: Simple summary of evaluation of HIV Foundation Queensland across performance measures

Strategic Objective	Performance measures	Evaluation against performance measures
<b>4. Marketing and Communications</b>	<ul style="list-style-type: none"> <li>Achieve progress on performance indicators of HIVFQ Communications and Marketing Strategy including increased visitors and engagement on variety of digital platforms</li> </ul>	
	<ul style="list-style-type: none"> <li>Increased awareness, knowledge and acceptance of HIV in the community and behaviour change resulting from the ENDHIV campaign</li> </ul>	
	<ul style="list-style-type: none"> <li>Evaluation research for effectiveness and reach</li> </ul>	
	<ul style="list-style-type: none"> <li>Market testing of concepts – focus groups and online tracking surveys</li> </ul>	
<b>5. Operations</b>	<ul style="list-style-type: none"> <li>20% of the annual HIVFQ budget will be raised through fundraising and other grants by 2017</li> </ul>	
	<ul style="list-style-type: none"> <li>Resources are allocated effectively and efficiently and delivered within the annual HIVFQ budget</li> </ul>	
	<ul style="list-style-type: none"> <li>Staff recruitment, retention, training and performance management</li> </ul>	
	<ul style="list-style-type: none"> <li>Financial management through finance, audit and risk management committee, independent audit and investment performance relative to the market</li> </ul>	
	<ul style="list-style-type: none"> <li>Board evaluation</li> </ul>	
	<ul style="list-style-type: none"> <li>Fundraising audit carried out</li> </ul>	
	<ul style="list-style-type: none"> <li>Development and implementation of a fundraising strategy</li> </ul>	

Source: KPMG 2016, based on the HIV Foundation Queensland Strategic Plan and the HIV Foundation Queensland Service Agreement



# Section 4: Opportunities and future directions

# 4. Opportunities and Future Direction: Strategic Fit

## 4.1 How does HIV Foundation Queensland fit into the future sector response to HIV?

This section of the report considers the key strengths and weakness of HIVFQ and considers how these present a opportunities for leading and coordinating the response to HIV prevention, testing, treatment and stigma in the future.

### 4.1.1 Key strengths for HIV Foundation Queensland

The key strengths of HIVFQ include the following:

- **Strength and diversity of partnerships** – HIVFQ has established strong relationships with a range of stakeholders in government, research, clinical service delivery and community based organisations, as well as with limited international stakeholders. This has enabled HIVFQ to increase awareness about TasP: early treatment, PrEP and PEP, and other initiatives by leveraging off national and international networks to provide expert speakers at events such as the TasP Roadshow 2016 and the Queensland HIV Treatment Forum.

Additionally, without strong partnerships with clinicians and community based organisations, HIVFQ would not be able to provide funding and resources for the operation of programs such as RAPID, which is delivered by QPP as the lead agency. As previously noted, the number of people testing for HIV using rapid tests has significantly increased over the last three years and the majority of them are being tested at the RAPID site co-located with HIVFQ. Additionally, in both 2014 and 2015, the number of HIV antibody tests conducted at General Practitioner (GP) sentinel sites was over 35% greater than the number of tests conducted when the testing awareness campaign began in 2013.<sup>36</sup>

This demonstrates the community benefits of HIVFQ's strength in collaborating with community based partners and coordinating the Queensland Government response to HIV.

- **Research** – All stakeholders agreed the progress HIVFQ has made in terms of stimulating and maintaining a high standard of HIV-related research has been significant. There was limited HIV-related research in Queensland before 2013. It is possible that if HIVFQ had not been established the Queensland Government may have implemented policy and funding grants aimed at establishing HIV-related research in Queensland through another body; however, stakeholders noted during consultations with KPMG that HIVFQ's engagement has been critical for getting research projects funded in a timely manner that was responsive to community need. It was widely perceived by stakeholders that there was significant benefit in having an independent organisation coordinating research. It was also recognised that – while HIVFQ can demonstrate the improvements as a strength – there are opportunities (see section 4.2.1) for improvement in relation to the transparency around the processes the Foundation use in this regard.
- **Whole-of-population focus** – Many stakeholders pointed out during consultation that before the establishment of HIVFQ there were no organisations that had a whole-of-population focus for HIV services. Instead, organisations existed which focused strategy and policy on target groups such as gay men and other MSM, PLHIV or people from culturally and linguistically diverse backgrounds. Whilst these target groups are at a higher risk of contracting HIV, it is broadly acknowledged that there needs to be a whole-of-population focus to HIV prevention, treatment and testing as well as target groups, to meaningfully tackle the stigma associated with HIV and PLHIV and to reach people who do not identify with these target groups.

36. General practitioner testing data. Provided by HIV Foundation Queensland on 9 December 2016.

# 4. Opportunities and Future Direction: Strategic Fit

- **Independence of the organisation** – Many stakeholders considered the independence of HIVFQ as a strength. It was widely thought that the level of innovation and progressiveness of the programs supported, for example on-site RAPID testing, peer-supported programs and PrEP, could not have been as quickly or effectively implemented if these programs were coordinated, managed or funded at levels they receive from the Department of Health.

### 4.1.2 Key challenges for HIV Foundation Queensland

The key challenges of HIVFQ include the following:

- **Challenging relationships with some stakeholders** – While recognising that HIVFQ has robust relationship with a wide range of key stakeholders across the HIV sector, its relative weak relationship with QuAC is an ongoing issue. QuAC, is familiar with HIVFQ but has a strained relationship with the organisation with stakeholders recognising a range of issues leading to this breakdown, but predominantly relating it to the funding changes that occurred in 2012. Additionally, some of the sexual health clinics participating in the PrEP trials are receiving no additional funding for doing so which has impacted on the perception of HIVFQ by some sexual health clinics. It is noted that this lack of additional funding is outside the control of HIVFQ.
  - **Lack of transparency and clarity around roles** – A much-debated theme during consultations was the lack of clarity around HIVFQ's overall role and responsibilities and how these differed from Communicable Diseases Branch (CDB) within the Department and other organisations within the HIV sector. Stakeholders identified that MOUs with some partners have improved the perceived clarity around roles and responsibilities.
- Additionally, some stakeholders voiced concern about a perceived lack of transparency around Board processes including issues impacting the HIVFQ Board (e.g. the deferral in appointing Board members), as well as research grant processes. Stakeholders shared the view that increased communication could take place. For example, concerns around the transparency of Board processes may be ameliorated through increased engagement activities such as releasing a communique about the HIVFQ Board's discussions, where appropriate.
- **Lack of partnership acknowledgement** – Stakeholders considered that there were instances in the past and at present where partner contributions were not openly acknowledged. There is an opportunity to increase the transparency of relationships in this regard.
  - **Limitation of HIV-only focus** – A focus on HIV and co-infections has the potential to limit the capacity of the Foundation to adapt its activities to promote and address broader issues relating to sexual and reproductive health. Many stakeholders indicated that it would be good to see a broader investment in sexual health rather than just the response to HIV. Whilst HIVFQ has undertaken some work relating to syphilis and also contributed strongly to the drafting of the *Queensland Sexual Health Strategy 2016–2021*, there is an ongoing challenge to address the needs of stakeholders who want a broader remit for HIVFQ given the strategic objectives of the organisation. This requires strategic consideration by the Board.
  - **Challenges in fundraising** – HIVFQ has had an ongoing challenge to try to increase revenue based on fundraising. However, despite significant investment in fundraising activities and more strategic decisions about how to fundraise (per the FAC, as one of the Committee's core objectives), there has been very limited improvement until recently. While fundraising is a requirement of



# 4. Opportunities and Future Direction

foundations, it is recognised that it can be difficult to fundraise through traditional means for HIV (e.g. direct marketing through 'giving envelopes'). This is because of the common perception that HIV is self-inflicted as opposed to being caused by circumstances beyond the person's control. This perception may lead to less sympathy and empathy for PLHIV.

## 4.2 Opportunities and future direction

Based on the performance of HIVFQ over the last three years as demonstrated by its performance materials, and corroborated through the feedback from stakeholders, it is reasonable to suggest that the following activities should form part of the future direction for Queensland's response to HIV:

- Continuing the RAPID testing program which has been critical to increasing voluntary testing in Queensland;
- Building upon the current success in delivering engaging marketing and communications initiatives through social media;
- Continuing to deliver forums and networking events which have proven important in building linkages between community based organisations, clinicians and researchers, particularly in regard to HIV prevention, testing and treatment; and
- Building on the existing work being undertaken to drive HIV-related research in Queensland.

### 4.2.1 Research and Programs objective

As previously highlighted, while the strong research focus driven by HIVFQ was strongly supported and it was widely agreed by stakeholders that there was significant benefit in having an independent organisation coordinating research, there were views expressed by stakeholders that transparency in decision-making in relation to research could be improved. In engaging with HIVFQ, it was

clear there are robust internal processes associated with decision making. However, these are less apparent to stakeholders outside the organisation. Although KPMG was not provided with any evidence to support this view, there was a perception that the appointment of the Professorial Chair at UQ has the potential to compromise the perception of transparency around research grant funding. It is therefore considered appropriate that steps to address this be undertaken

### 4.2.2 Testing and Treatment objective

It was also widely perceived by stakeholders that, in terms of leading and coordinating the Queensland Government's response to HIV treatment and testing, it was beneficial to have an independent organisation that could drive innovative and evidence-making models of care.

It could be possible for other organisations such as QPP or QuAC to lead and coordinate the response to HIV treatment and testing; however, these organisations have a specific remit based on working with PLHIV (QPP) or working with people who identify as LGBTI (QuAC). As discussed in Section 3.1, the whole-of-population focus on HIV that HIVFQ has is important for reaching people who do not identify with one of these target groups.

### 4.2.3 Marketing and Communications objective

QuAC promotes elements of NSW's ENDING HIV campaign targeted to gay men. For this reason, it could appear to be a duplication of funding and effort to have both QuAC and HIVFQ delivering prevention and awareness campaigns. There are benefits in having both organisations involved in the marketing and communications activities, and similarly likely to benefits from streamlining these activities with one organisation. A decision in that regard will depend on the funding arrangements for the organisations moving forward.

# 4. Opportunities and Future Direction

## 4.2.4 Leadership and Support objective

Based on the considerations detailed above against three of HIVFQ's five strategic objectives, HIVFQ clearly has been able to meet the needs of Queensland communities and the priorities of the Queensland Government. HIVFQ also has a breadth of strong relationships and partnerships across the sector which will be critical to the ongoing delivery of an innovative, evidence-making and evidence-based response to HIV.

Furthermore, the partnerships that HIVFQ has established – both nationally and internationally – should continue to be leveraged to implement a broader response to the Queensland Government's sexual health priorities, as detailed in the recently released Sexual Health Strategy.



# Section 5: Recommendations

# 5. Recommendations

## 5.1 Recommendations

This review has highlighted a number of challenges to the future effectiveness of HIVFQ's projects, programs, initiatives and other activities. This report identifies opportunities for HIVFQ to leverage its strengths, to better meet the needs of Queenslanders at risk of, or living with, HIV.

The recommendations on the future strategic directions and service planning opportunities for HIVFQ, which are a direct result of the analysis undertaken in the preceding elements of this report, are:

- Continue to focus strongly on building effective partnerships with community based organisations, sexual health clinics, peak research bodies and other stakeholders in the HIV sector, through: ongoing open communications; mutual goals; and clear delineation of and recognition of the roles and responsibilities held by all parties.
- Establish the process of creating 'Memoranda of Understanding' at the outset as part of regular business when establishing new partnerships and agreements for funding of joint management of a project or program. This has proven useful for clarifying roles and responsibilities with other partners as well as for providing formal acknowledgment of partnerships.
- Strategically consider the implications for the Foundation of adapting and/or expanding the HIV focus of the organisation's projects, programs, initiatives and other activities to cater for broader sexual and reproductive health issues.
- Continue to monitor progress against the new fundraising strategy established in July 2016 and, prior to the end of the 2016-17 financial year, undertake an evaluation of the new fundraising strategy (with consideration of broader fundraising mechanisms and sources).
- Engage with the Department of Health on the way in which the Foundation can lead the coordination, implementation, monitoring and evaluation of the Queensland HIV Action Plan 2016-2021. As part of this process, it will be possible for the Foundation to improve clarity around roles and responsibilities and enable the Queensland Government to leverage the Foundation's strength as a known coordinator and adaptive manager in the HIV sector.
- Continue active engagement with all Queensland tertiary education organisations (and other potential partners) in the research projects the Foundation funds and evaluates. In doing so, the Foundation should be mindful of ways in which it may strengthen transparency and sector visibility of the robust internal processes in place for considering research grant applications and funding eligibility.
- Quarantine a portion of research funds for Aboriginal Health Services to access. This could stimulate greater interest from staff interested in translatable research in Aboriginal Health Services and create interest in the broader initiatives delivered by the Foundation.
- Examine ways to better engage with rural and remote areas in order to address community needs for reducing stigma and understanding HIV prevention, testing and treatment options.
- Explore opportunities for improved data collection around HIV incidence and unsafe behaviour, with a view to enabling the Foundation (and other sector organisations) to better measure both the problem (i.e. changes in high risk populations) and the progress being made.



# Appendices

# A. Internal Stakeholder Consultation Questions

Table A. Internal stakeholder consultation questions

Context of working relationship	
1.	Describe your role and key responsibilities within HIVFQ
Achievements to date, based on objectives	
2.	What are the overall strengths of the current HIVFQ program of work?
3.	What are the overall weaknesses of the current HIVFQ program of work?
4.	How effective have the key projects, programs, initiative and activities been in their own right? (e.g. improving community access, awareness, support)
5.	How effective have the key projects, programs, initiative and activities been towards leading, supporting and coordinating Queensland’s public health response to HIV?
6.	Are the current range of projects, programs, initiative and activities adequate?
7.	What enablers and barriers have impacted upon program effectiveness?
Comparison	
8.	How would you describe the Foundation’s working relationship with external stakeholders including NGO’s, Department of Health and Hospital and Health Services (Sexual Health teams)?
Future Directions	
9.	Are there any specific activities that the Foundation should undertake in the future, either that they are currently undertaking or which they have not yet undertaken?
10.	How (if at all) could the Foundation improve its activities (structure, strategies, communications decision making or other areas) to improve the outcomes it achieves?

Source: KPMG 2016

# B. External Stakeholder Consultation Questions

Table B. External stakeholder consultation questions

Context of working relationship	
1.	How have you/your organisation been involved with the Foundation over the last three years / what is your working relationship with the Foundation?
2.	Has this relationship changed over time?
3.	How would you describe the present relationship?
Achievements to date, based on objectives	
4.	How effective has the Foundation been in leading, supporting and coordinating Queensland’s public health response to HIV?
5.	Following the above, we will seek an explanation of why that is the case (ie, “Why has it been that effective/Why do you hold that view?” and seek examples)
6.	How effective has the Foundation been in facilitating and supporting the growth of Queensland-led HIV/STI research and programs?
7.	As above, why/why not? (examples)
8.	How effective has the Foundation been in facilitating and improving access to community based HIV testing and treatment in Queensland?
9.	As above, why/why not? (we are seeking examples)
10.	How effective has the Foundation been in coordinating specific HIV campaigns/ awareness?
11.	How effective has the Foundation been in advocating for/building support for the HIV sector more broadly?
Inter-state comparison (for stakeholders with experience of other jurisdictions)	
12.	How does the work of the Foundation vary in relation to organisations delivering similar services in other jurisdictions?
13.	Are there particular areas where you see the Foundation’s work as better or worse (or both) than similar organisations in other jurisdictions?
Future Directions	
14.	Do you believe the Foundation should continue to operate into the future?
15.	As above, why/why not?
16.	If yes, what do you believe the future role of the Foundation should be?
17.	Are there any specific activities that the Foundation should undertake in the future, either that they are currently undertaking or which they have not yet undertaken?
18.	How (if at all) could the Foundation improve its activities (structure, strategies, communications or other areas) to improve the outcomes it achieves?
Close	
19.	Is there any other information about the Foundation that you would like the review team to consider as part of this evaluation?

Source: KPMG 2016





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