the Australia and New Zealand School of Government

CASE PROGRAM 2006-90.2

The AIDS Grim Reaper Campaign (B)
The role of the third sector

One of the major contributing factors towards Australia's low AIDS infection rate was the immediate and sustained involvement of the community sector. Gay organisations in particular were at the forefront, long before the disease was well understood. In NSW, an AIDS Action Committee was formed in May 1983 by members of the gay community; its main objective was to educate its constituents and raise political awareness. The Victorian AIDS Council (VAC) followed in July 1983. At the 9th National Gay and Lesbian Conference that August, the state councils established a peak body called the Australian AIDS Action Committee (later becoming the Australian Federation of Aids Organisations or AFAO).

In time, AFAO would come to represent a broad range of community based organisations providing support, education, advocacy and counselling services to AIDS/HIV affected groups. Soon after the 1983 conference, the Australian Committee met the then Minister for Health, to discuss HIV/AIDS and Australia's response, despite the fact that homosexual activity was still illegal in states such as New South Wales and Tasmania.

From the outset, gay organisations proved adept at developing and delivering programs which encouraged safer sex practices, regular testing and health maintenance. Using a largely volunteer workforce, quite a number of highly targeted programs were introduced including ones aimed at: bisexual men and their female partners; mature-aged, rural and non-English speaking homosexuals; and gay men with disabilities. Education initiatives were also designed for GPs and other health workers. Gay organisations made frequent use of peer-education to reach their audiences and, in some instances, literally took campaigns to the streets. As an AFAO report noted:

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> Community based organisations are probably the only organisations with a sufficient understanding of, and entrée to, particularly hard-to-reach groups. For example, because of distrust and anxiety, non-openly gay men require access to be within existing communication channels (e.g. sex magazines, toilet walls), and existing and trusted social institutions (friendship networks, meeting places such as beats).[1]

Similarly, sex workers also played a vital role in halting the spread of illness, both amongst themselves and the broader community. Representative organisations such as the Prostitutes Collective Victoria (PCV) mobilised to provide preventative education and outreach services to sex workers, despite funding arrangements that were often intermittent. Initiatives included supplying condoms and lubricant to brothels and other sex-on-premises venues. And by the early 1990s, PCV was operating the third largest needle exchange program in the world[2] which was also used by a broad range of injecting drug users (IDUs) outside the sex industry. Needle exchanges were amongst the most controversial transmission reduction strategies and frequently faced strong opposition from local councils, residents and other interest groups.

Needle exchanges were also set up by former drug users and allied health services. Founded in 1985, the AIDS Drug Information Collective (NSW) was one of the first, providing syringes to IDUs even though the group lacked official funding and its service was still illegal. The success of such programs eventually secured government backing, though legislation was often much slower to catch up with practice.

Research conducted in the late 1980s indicated that behavioural change had been rapid and widespread amongst at-risk groups. Studies of gay men revealed that the vast majority had modified their sexual practices to reduce the risk of transmission. Likewise, condom usage amongst sex workers rose significantly. In just over four years, reported condom use amongst NSW/ACT prostitutes rose from 69.5 percent to 97.4 percent, almost as many claimed to use them "always".[3] Sex worker groups were widely recognised as being the main driver behind low infection rates in the sex industry – in the decade since AIDS appeared, there had been no known worker-to-client infections.[4] And despite the challenges in reaching drug addicted individuals, IDUs also demonstrated behavioural change. In 1989, 27 percent of European HIV infections were associated with drug use, whilst the infection rate amongst Australian IDUs was less than 5 percent.[5] Looking at the work of community-based organisations, AFAO concluded that:

> Compared with similar countries, Australian governments and health authorities have, generally, strongly supported community-based organisations in the conduct of a range of education and support programs. Education programs have tended to be relatively explicit and, arguably, far more effective. However, when community-based organisations have endeavoured to run education programs outside a very narrow definition of their target

[1] Australian Federation of AIDS Organisations *HIV/AIDS and Australia's community based sector: A success story in HIV prevention*, Commissioned by the Commonwealth Department of Health, Housing, and Community Services, April 1992, p.6.
[2] ibid, p.12.
[3] ibid, p.11.
[4] ibid.
[5] ibid, p.14.

> communities, and hence, challenge the taboos of the wider community, the support has often been withdrawn….[6]
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> Generally, innovative and effective programs have occurred at the individual and community level in those areas where peer group members have been integrally involved in the design and delivery of programs. Other programs directed to individual and community level behaviour change have been less effective. The programs have basically only been useful when the target group has had control over the language used, the explicitness of the material and the media used for transmission of the message.[7]

However, as treatments for AIDS patients improved and Australia's infection rate decreased, AIDS organisations faced a tighter funding environment and increased community complacency.

[6] ibid, p.17
[7] ibid