**PAPER NUMBER #175**

**Applying complex systems to implementation evaluation in peer-led health promotion interventions: The W3 Project**

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**Objectives/aims**

Community and peer-led programs are a key characteristic of many public health initiatives in Australia, including the response to HIV and hepatitis C (HCV). However, these programs have limited capacity to demonstrate their role and value as part of a complex multi-sectoral response. What makes the implementation of one peer-led program a better investment than another? What enables them to adapt with their communities to rapidly changing social, biomedical and epidemiological contexts?

**Methods**

We facilitated interactive systems thinking methods with ten programs working within communities of people who inject drugs, gay men, sex workers and people living with HIV across Australia. This involved 90 peer staff across 18 workshops. Using system mapping techniques, we examined the complex relationship between peer led programs and their changing environments. We then developed a framework for peer-led organisations to demonstrate their role, and then trialled its use over 12 months in two peer-led organisations

**Main findings**

We found four key functions (Engagement, Alignment, Adaptation, and Influence) which peer-led organisations need to demonstrate as they interact with complex community and policy systems. Using a case study, this paper will demonstrate the use of W3 Framework to monitor the implementation of peer-led programs, including their advocacy role. If health policy is committed to strengthening peer-led programs, then we need to understand their role within the overall prevention system. We believe the W3 framework can support funders, policy-makers and programs to achieve this.