

# Co-Designing Quality of Life Priorities for People Living with HIV in Australia: Findings from a National, Community-Governed Delphi Study

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## Introduction

As Australia approaches virtual elimination of domestic HIV transmission, attention has shifted toward improving long-term quality of life for people living with HIV (PLHIV). Despite biomedical advances, PLHIV continue to experience challenges related to ageing, comorbidities, mental health, stigma, and access to appropriate services. This study aimed to develop consensus-based priorities for improving quality of life among PLHIV in Australia using a co-designed Delphi process grounded in lived experience.

## Methods

A community-governed, mixed-methods Delphi study was undertaken. A Steering Committee established by Health Equity Matters and NAPWHA comprised 16 members: 9 community representatives, 5 clinicians and 2 researchers. Two focus groups informed the development and refinement of draft statements, which formed the basis of a national two-round Delphi survey. In Round One, 168 experts were invited; 151 completed the survey and were invited to Round Two. Participants were purposively sampled to ensure cross-sectoral representation and strong involvement of PLHIV. Statements were rated on a 4-point Likert scale. Consensus was predefined as  $\geq 80\%$  agreement.

## Results

Thirty-one draft statements reached consensus in Round One. Following participant feedback, one new statement on sexual wellbeing and fulfilment and five amended statements were re-scored in Round Two; all reached consensus. Final priorities among the 32 total consensus statements included holistic, lifespan-oriented and trauma-informed care; reducing stigma; equitable access for Medicare-ineligible people and people experiencing marginalisation; workforce development; peer support; culturally safe services; rural and regional access; affordable and reliable ART access; and incorporation of patient-reported outcome measures. Round Two refinements strengthened attention to migration and visa-related barriers, sexual wellbeing, intersectionality, and non-stigmatising language regarding alcohol and other drug use.

## Conclusions

This community-governed, co-designed Delphi process generated strong national consensus on quality-of-life priorities for PLHIV and provides a robust foundation for future policy, service planning and research. This study reinforced that quality-of-life must remain central to Australia's HIV response.

**Disclosure of interest:** N/A