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| **Title of Research Presentation**  Using systems thinking to demonstrate the role of peer leadership from people living with HIV in a public health response |
| **Background/Objectives**  The mobilisation of communities in health promotion is often underpinned by investments in peer and community led interventions and advocacy. For example, such investments have been central to the global response to HIV. Despite this, peer-led programs in HIV continue to have limited capacity to demonstrate their role and value as part of a multi-sectoral response. What makes one peer-led program a better investment than another? What role does the rest of the sector have in ensuring we gain the most value from these investments? This collaborative study took on the challenge to develop a framework for peer organisations to better demonstrate role of peer programs and leadership in the HIV response.  **Methods**  We facilitated interactive systems thinking methods with programs working within communities of people who inject drugs, gay men, sex workers and people living with HIV across Australia to draw together and illustrate the insights of over 90 peer staff from across 10 community and peer organisations (including four PLHIV peer organisations). This involved a series of 18 workshops that drew on complex systems theory and systems thinking methods to elicit and diagram mental models (system maps) of how peer-based programs operate. The system map developed for PLHIV peer-based programs was subjected to additional review with all PLHIV peer organisations in Australia. We analysed the system maps to identify the underlying functions that a peer-based program needs to fulfil in order to be effective and sustainable in community and policy environments.  **Results**  We found four key functions (engagement, alignment, adaptation, and influence) which were key to the role of peer-based programs. These functions, and the relationships between them, provide a framework to describe the insights the study elicited, and the implications for the planning and monitoring of PLHIV peer-based programs and leadership in a rapidly changing HIV landscape**.**  **Discussion**  We argue that to value community and peer leadership, we need to evaluate these investments in the context of the broader system in which they operate. We need to invest in strengthening community systems as well as support the policy system to identify, value and draw on quality peer and community leadership. We believe systems thinking methods and frameworks will support us in achieving this.  **Keywords**  **Systems thinking, peer based, community, leadership, evaluation, HIV** |