

WORLD AIDS DAY 2017

**FRIDAY
1 DECEMBER**





Adj A/Prof Darryl O'Donnell

*Chief Executive Officer
Australian Federation of
AIDS Organisations*

On World AIDS Day we remember those lost and those living with HIV.

In Australia, 2017 saw the HIV prevention pill, PrEP, begin to make a significant dent in HIV transmission among gay and bisexual men. More than 10,000 participants took part in state and territory trials of this critically important medicine. Early signs are that even in trial stage, this is reducing HIV transmission.

However, this good news was tempered by the enduring struggle to make PrEP access affordable and equitable across Australia. We are tantalisingly close and I am confident that by next World AIDS Day, PrEP will be accessible through the Pharmaceutical Benefits Scheme.

PrEP is only one element of an ambitious plan to end HIV transmission. Achieving it will require reinvestment in the community-led HIV response. The latest epidemiological data confirms what we have always known – HIV thrives on stigma and discrimination. Transmission rates are chronically higher among Aboriginal and Torres Strait Islanders, certain migrant groups and gay and bisexual men.

We know how to reach these communities through targeted programs. However,

we need the funding to develop communication materials, properly train the HIV community workforce and ensure that new technology, such as HIV self-testing makes its way to people who need it.

This year, AFAO presented a costed plan to Government to do just that. For an initial annual investment of \$32 million, HIV transmission can be ended in the medium term, driving long term savings to the Commonwealth in the vicinity of \$2 billion. This is not only the right thing to do, it's the smart thing to do.

For all the progress we make in Australia, we have to keep a laser focus on what's happening in our region. The Asia Pacific is home to 5.1 million people living with HIV and each year 170,000 people die from an AIDS-related illness, while a further 270,000 people become HIV positive.

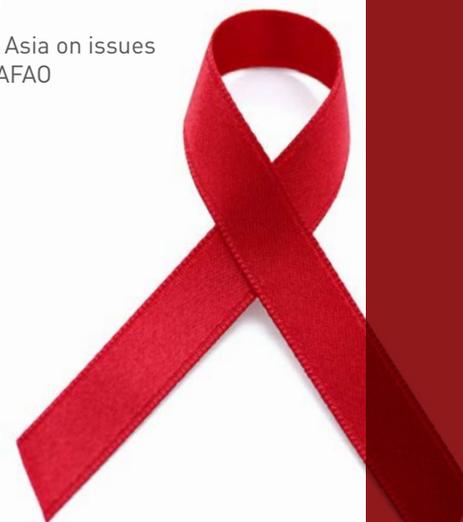
Our common humanity demands that we remain alive to this challenge and assist in the treatment and prevention effort. Whether that be through financial contributions, technical advice and assistance or political advocacy, we all have a role to play.

The HIV epidemic is in retreat but that will only continue if we strengthen our resolve and keep humanity at the centre of our HIV response.

Cover photo: When Tadewos found out that he was HIV-positive, he hid inside his home and thought of committing suicide. But the treatment and support he received through a local clinic changed his mind, he says. Today, he lives a happy married life as a chili farmer and has a 4-year-old daughter who is free of HIV. The Global Fund works with partners in Ethiopia to ensure that people living with HIV get the treatment and support they need, and to help them protect their children from the virus during and after pregnancies. Copyright: The Global Fund / John Rae

Contents

- 2** Adj A/Prof Darryl O'Donnell
- 4** Senator Dean Smith and Senator Lisa Singh
- 5** Hon Julie Bishop MP
- 5** Hon Greg Hunt MP
- 6** Senator Richard Di Natale
- 6** Senator Hon Penny Wong, Hon Catherine King MP and Senator Claire Moore
- 8** AIDS-free future is now truly within our grasp, Sir Elton John
- 11** Scientia Professor David Cooper AO
- 12** Mr Bill Whittaker AM
- 13** Professor Sharon Lewin
- 14** Professor Brendan Crabb AC
- 16** Hon Michael Kirby AC CMG
- 20** Ms Jules Kim
- 20** Ms Melanie Walker
- 21** Mr Cipri Martinez
- 22** Ms Michelle Tobin
- 23** A/Prof Mark Bloch
- 24** The Global Fund
- 26** UNAIDS
- 28** Ms Maree Nutt
- 29** Emeritus Professor Jan Reid AC
- 30** Supporting communities in Southeast Asia on issues relating to sustainable HIV financing, AFAO
- 32** Professor Brendan Murphy
- 33** Mr Bill Bowtell AO
- 34** Dr Bridget Haire
- 35** In memory of Levinia Crooks AM





Senator Dean Smith and Senator Lisa Singh

Chair of the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections; and Deputy Chair of the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections

World AIDS Day is a time for reflection. It is an opportunity to commemorate those we have lost and a time for us to be mindful that those in our community living with HIV and AIDS still face challenges.

We have come a long way on this journey and Australia can be proud of its achievements. HIV was once a death sentence but has since become a manageable disease.

In three decades, we have gone from being the home of the Grim Reaper to a world leader in the response to the impact of HIV and AIDS.

Indeed, leaders in this field are confident that Australia could well be the first country to virtually end the transmission of HIV. Significantly, we may be on the cusp of achieving the ambitious 90:90:90 goal introduced by UNAIDS less than five years ago.

But as far as we've come, there is much work yet to do.

Stigma and discrimination remain a confronting reality for those living with HIV and AIDS and are also barriers to testing and treatment for many. We can combat this by correcting inaccurate information while providing creative ideas and solutions to new challenges.

We especially welcome the work of bodies such as the Australian Federation of AIDS Organisations, whose HIV Blueprint outlines the support required to end HIV transmission.

Parliamentarians have a prominent role in addressing this – we must lead by example: calling out stigma and discrimination whenever and wherever it occurs.

Over many Parliaments, the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections has been committed to raising awareness about HIV/AIDS and being strong advocates for bipartisan, scientifically-based approaches to treatment and support.

On this important day, we pledge to continue our work in the Parliament with passion and compassion, keep listening and learning in honour of those we have lost, and continue to work with those living with HIV and AIDS in our community.



Hon Julie Bishop MP

Minister for Foreign Affairs

World AIDS day 2017 marks the achievements made in fighting HIV/AIDS to date, while reflecting on the work that remains.

There has been substantial progress towards the 90-90-90 targets launched at the 2014 International AIDS Conference in Melbourne. Globally, more than two thirds of people living with HIV know their status and 19.5 million people are currently accessing antiretroviral therapy, up from 1 million in 2000.

Growing complacency however, threatens to reverse these hard fought gains. In the Indo-Pacific, new infections are increasing in at-risk populations and

rates of infection have stopped falling in young people.

Australia has committed \$220 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria over 2017-19. With the support of donors, national governments, private sector organisations and local civil society groups, the Global Fund is helping to keep 11 million people worldwide on antiretroviral therapy for HIV. Our investment in the Global Fund directly helps our region by supporting essential HIV services in countries such as Papua New Guinea, Myanmar and Indonesia.

I am also pleased to continue Australia's support for UNAIDS.

Australia will continue to engage in regional and global efforts to reduce the impact of HIV/AIDS.



Hon Greg Hunt MP

Minister for Health

At home and abroad, HIV continues to pose serious challenges despite the considerable advances in diagnosis and treatment of this chronic condition.

HIV/AIDS doesn't respect borders. It doesn't discriminate against gender, race or ethnicity. We must remain vigilant especially in our efforts to raise awareness of HIV in difficult to reach and vulnerable communities.

Development of the Eighth National HIV Strategy 2018-2022 is nearing completion. This Strategy will be the roadmap to help

us continue to make dramatic reductions in new infections and improvements in health outcomes.

I encourage everyone to continue to seek out information about HIV/AIDS at sexual health clinics, GP clinics, hospitals, or online and educate ourselves and others about HIV so more people get tested and receive the treatment and care they need.

It's important that we speak up and support people living with HIV too. Together we can dispel the myths about this condition so people living with HIV can live a full life – free from ignorance, stigma and discrimination.

World AIDS Day is a chance to mark the progress we have made, and recommit to the challenge ahead.





Senator Richard Di Natale

Leader, Australian Greens

This World AIDS day, I will be wearing my red ribbon in support of those living with or affected by HIV/AIDS, and renewing my commitment to strive to eliminate this disease.

The response to the AIDS epidemic 30 years ago saw this issue capture focus and attention, and incredible improvements were made, reducing infection significantly.

As a doctor and public health specialist who has worked in HIV prevention, I watched the success of antiretroviral treatment and public health education campaigns closely, but over time, and with these successes, our focus on this issue has waned, and we must now renew our efforts as a country to ensure that we continue on the path to elimination of AIDS.

The continued delays to affordable access to pre and post exposure medications are frustrating, and the Greens are committed to maintaining pressure to achieve this outcome. This combined with promotion of condom use and needle and syringe exchanges which are all critical in preventing further infections.

Australia has a lead role to play in eliminating AIDS globally, as well as at home. It is therefore essential that we make generous contributions to the Global Fund and not allow our contributions to slip.

Of particular concern to me is the rise of infections in Indigenous communities in northern Australia. In Cairns it has been reported that Aboriginal and Torres Strait Islander people account for up to 50 per cent of cases. This is an emerging crisis to which we must all turn our attention.

I look forward to next year with optimism about our progress to eliminate this disease.

And third, to address and remove the stigma that attached to an HIV/AIDS diagnosis.

While we have made significant progress, HIV/AIDS remains a challenge.

Over the past years, we have seen around 1000 Australians infected each year. Of particular concern is the slow but sustained increase in infection rates in Aboriginal and Torres Strait Islander communities in Australia.

But there is real hope of completely ending domestic HIV transmission in Australia within the foreseeable future.

Critical in achieving this goal will be the use of pre-exposure prophylaxis medicine (PrEP).

Many Australians are already accessing PrEP through studies or state based schemes. Better access to PrEP is the next phase in Australia's public health response and a critical component of getting to zero new infections, along with regular testing and Treatment as Prevention (TasP).

The success of the approach in Australia has been recognised around the world where, regrettably, progress has not been nearly as clear cut.

According to the World Health Organisation, there were more than 36 million people living with HIV at the end

of 2016, with 1.8 million new infections recorded globally in that year.

In our own region, we have recorded considerable gains against HIV/AIDS but there are worrying signs that rather than continuing to fall, new HIV infection rates are plateauing or even rising in some countries and regions.

HIV/AIDS is still far too high in Papua New Guinea, not helped by cuts to both the domestic health budget and a restructuring of Australia's approach to supporting HIV/AIDS programs.

In many developing countries, there are systematic problems in HIV/AIDS management, treatment and prevention.

We must do all that we can to assist our friends and neighbours to meet and defeat the challenges of HIV/AIDS and to improve their health systems such as through our ongoing investments in organisations such as the Global Fund to fight AIDS, Tuberculosis and Malaria, which has helped Thailand for instance, reduce HIV infection rates by as much as 75 per cent.

To address the global HIV/AIDS challenge, we need concerted and increased international action.

Given Australia's success domestically, we are in a position of considerable credibility in working with like-minded countries to stimulate a more comprehensive and effective global attack on HIV/AIDS.

As we are all too aware, the HIV virus feeds on fear, stigma and discrimination. Our task now is to look beyond our borders and re-double our efforts to destroy fear, stigma and discrimination wherever they occur and end the scourge of HIV/AIDS both here, and abroad.



Senator Hon Penny Wong Hon Catherine King MP Senator Claire Moore

Leader of the opposition in the Senate, Shadow Minister for Foreign Affairs; Shadow Minister for Health and Medicare; and Shadow Minister for International Development and the Pacific

It is thirty five years since Australia first began concerted action to deal with the scourge that we now call HIV/AIDS.

In the face of fear and discrimination the gay community mobilised to take on three enormous tasks.

First, to establish approaches to care for those affected by HIV/AIDS.

Second, to persuade governments to meet their responsibility to extend to all members of the community the same levels of care, compassion and equity.

And third, to address and remove the stigma that attached to an HIV/AIDS diagnosis.

While we have made significant progress, HIV/AIDS remains a challenge.

Over the past years, we have seen around 1000 Australians infected each year. Of particular concern is the slow but sustained increase in infection rates in Aboriginal and Torres Strait Islander communities in Australia.

But there is real hope of completely ending domestic HIV transmission in Australia within the foreseeable future.

Critical in achieving this goal will be the use of pre-exposure prophylaxis medicine (PrEP).

Many Australians are already accessing PrEP through studies or state based schemes. Better access to PrEP is the next phase in Australia's public health response and a critical component of getting to zero new infections, along with regular testing and Treatment as Prevention (TasP).

The success of the approach in Australia has been recognised around the world where, regrettably, progress has not been nearly as clear cut.

According to the World Health Organisation, there were more than 36 million people living with HIV at the end

of 2016, with 1.8 million new infections recorded globally in that year.

In our own region, we have recorded considerable gains against HIV/AIDS but there are worrying signs that rather than continuing to fall, new HIV infection rates are plateauing or even rising in some countries and regions.

HIV/AIDS is still far too high in Papua New Guinea, not helped by cuts to both the domestic health budget and a restructuring of Australia's approach to supporting HIV/AIDS programs.

In many developing countries, there are systematic problems in HIV/AIDS management, treatment and prevention.

We must do all that we can to assist our friends and neighbours to meet and defeat the challenges of HIV/AIDS and to improve their health systems such as through our ongoing investments in organisations such as the Global Fund to fight AIDS, Tuberculosis and Malaria, which has helped Thailand for instance, reduce HIV infection rates by as much as 75 per cent.

To address the global HIV/AIDS challenge, we need concerted and increased international action.

Given Australia's success domestically, we are in a position of considerable credibility in working with like-minded countries to stimulate a more comprehensive and effective global attack on HIV/AIDS.

As we are all too aware, the HIV virus feeds on fear, stigma and discrimination. Our task now is to look beyond our borders and re-double our efforts to destroy fear, stigma and discrimination wherever they occur and end the scourge of HIV/AIDS both here, and abroad.



Photos from the top: Senator Hon Penny Wong, Hon Catherine King MP and Senator Claire Moore

AIDS-free future is now truly within our grasp

Sir Elton John

To mark the 20th anniversary of the death of Diana, Princess of Wales, and to honour her unique contribution to the fight against AIDS, I joined His Royal Highness Prince Harry this year on a trip to London Lighthouse – a former palliative care centre where many people went to die in the 1980s and 1990s.

Diana visited the Lighthouse many times, publicly and privately. It was quite literally a beacon of hope in the dark days before effective AIDS treatment and one of the few places that did not shame those living with the “gay plague” as it was then called.

Today, London Lighthouse has been re-purposed given the success of anti-retroviral therapy in preventing sickness and death. As Prince Harry and I toured its garden, which holds the ashes of many people for whom that therapy came too late, we reflected on how overjoyed Princess Diana would be to think that an AIDS-free future is now truly within our grasp.

From the beginning, the AIDS epidemic has generated unusual alliances. If I had claimed in 1982 that one of Australia’s defining national achievements would come from the cooperative efforts of gay men, sex workers, and people who inject drugs, I would likely have been met with scepticism, to say the least.

Yet 35 years later, that’s where Australia finds itself, with the opportunity to end HIV transmission. Australia should be proud that what brings her to this point is a triple combination strategy of courage, compassion and compromise, driven by the very people whose lives are most disrupted and traumatised by the virus.

In the early 1980s, gay activists in this country risked social ostracism and violence when they insisted on explicit advertising campaigns to encourage their peers to wear condoms. They won.

Sex workers stood up to clients and brothel owners to insist on safe sex. They won too. People who inject drugs teamed up with brave doctors to stretch legal boundaries, establishing the first clean needle exchange programs.

What underpins these acts of heroism was simple: HIV could only be prevented by convincing people to change their risky behaviour. And to do that, you had to be honest about how people behave in the real world.

Australia’s early lessons now need to be applied to a new and awesome challenge: ending transmission.

Science now provides new tools that can make serious inroads in the HIV epidemic. A once-a-day pill, pre-exposure prophylaxis (PrEP), is the HIV equivalent of the contraceptive pill, and is astonishingly effective at preventing HIV.

In London, where I live, recent figures show a 32 per cent drop in new HIV cases in the city’s five busiest HIV clinics in the last year. This is in large part attributed to PrEP. A PrEP trial in NSW shows equally dramatic results, driving the lowest HIV transmission rate since the epidemic began.

In both instances, patients were importing PrEP through online providers because it was not available through the public health system. I’m delighted that Britain’s National Health System will now expand access to PrEP, supporting up to 10,000 patients. Australia similarly needs to make PrEP available and affordable to all who need it through the Pharmaceutical Benefits Scheme.

But PrEP is not the only exciting development in HIV prevention.

Home testing for HIV offers another advance against transmission. While the days of a three-month wait and a disapproving tone from a doctor have passed, too many people still avoid the awkwardness and delay of getting tested. Now new technology allows people to test for HIV wherever they want.

People at risk of HIV, like sexually active gay and bisexual men, need to test up to four times a year. We know that when they can do it from their own home, they test twice as often. Even among infrequent testers, the rate of testing increases five-fold.

Shame-free testing is critical to ending HIV because it means those who do test positive can get onto treatment much sooner. A person treated early for HIV can look forward to a normal life expectancy and will not transmit HIV onwards. This compelling reality underpins the work of my AIDS Foundation, which last year enabled more than 548,000 people in 15 countries to receive an HIV test.

HIV is a virus that feeds on fear, stigma, and discrimination. Since the earliest days of the epidemic, Australia has countered that with sound science and concerted action. No country is better positioned to end this epidemic. However, it won’t happen on its own. We need the next generation of Australian leaders and activists to step up and make AIDS history.



Above photo credit: Greg Gorman, Rex/Shutterstock

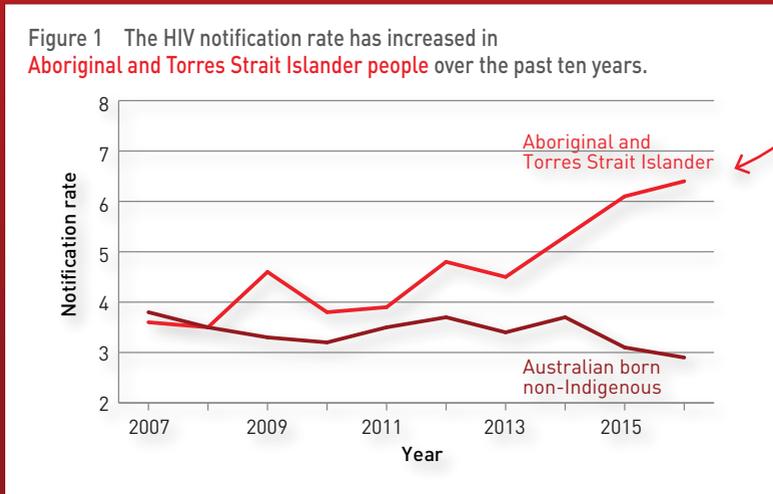
Right: Sir Elton John and Diana, Princess of Wales. Photo credit: Richard Young



What's new in 2016?

1,013
new diagnoses of HIV in Australia in 2016. This has remained stable for the past five years.

In 2016, the HIV notification rate in Aboriginal and Torres Strait Islander people was **2.2 times greater** than that of non-Indigenous people.



An estimated 86% of people diagnosed with HIV were on treatment in Australia in 2016.

86% receiving antiretroviral therapy

14% not on treatment

Scientia Professor David Cooper AO

Director, Kirby Institute for Infection and Immunity, University of New South Wales

At the end of 2017, there is much to celebrate in our progress towards preventing and treating HIV. Research undertaken in partnership with affected communities continues to unlock new information that helps us to combat HIV. Adequate and equitable access to these developments throughout our region remains a challenging task, but one that Australia is well-placed to take on, and we are already making important strides.

This year, the Kirby Institute has expanded our international collaborations and begun work in Myanmar. The challenges here are complex. In particular, the gaps in treatment uptake will require a variety of approaches, including health systems improvement, enhanced research capacity, and understanding how best to utilise the latest technical advancements in HIV prevention. In our visits to Myanmar, we are establishing important partnerships and collaborations which will facilitate essential knowledge exchange and allow us to begin to better understand and turn around the HIV epidemic in the region. In Papua New Guinea, where the burden of HIV is the highest in the Pacific, we are focusing our efforts on developing culturally appropriate ways to improve access to and uptake of testing and treatment among affected populations. Our work preventing and treating HIV in Thailand and Indonesia also continues.

Source left: Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017

Australian HIV research continues to be world-leading. This year we released the results of our Opposites Attract study – a study that found zero HIV transmission among serodiscordant couples where the HIV positive partner was on treatment to suppress their viral load. Our study is the first to show that these results apply in both high and middle-income countries. This is a ground-breaking scientific discovery, but it also challenges the stigma that still surrounds HIV; HIV positive people who take regular treatment can confidently negotiate sex with their partners without fear of transmitting the infection.

This World AIDS Day marks the second anniversary of the launch of the EPIC-NSW trial; the first of its kind in Australia to implement such a rapid and large-scale trial of PrEP rollout, and the results have been exciting. It is truly remarkable that now, just over 30 years since HIV first devastated the Australian community, we are on track to legitimately end HIV transmission in NSW by 2020. We are seeing reductions in new HIV transmissions for the first time thanks to the combination of prevention strategies that have been developed, and the strong partnerships between government, researchers and the community.

To combat HIV, collaboration is and will continue to be key.

This is true at a local, national and global level, and the efforts to continue to make progress in HIV eradication are in full force. We are still searching for the key to attack elements of the virus and ultimately unlock the cure to HIV, and we must continue to march together towards this end.





Mr Bill Whittaker AM

Chair, Implementation Committee, NSW HIV & STI Strategies

We have just over 1000 days to achieve the National HIV Strategy's goal of virtually eliminating HIV transmission in Australia by 2020.

Reaching this goal remains a huge challenge, but I firmly believe we can do it because the evidence on how to prevent and treat HIV is now so clear and compelling. We know what works and what we need to do, starting with mobilising communities and the health sector; offering easily accessible HIV testing; providing immediate HIV treatment to people with HIV; supporting people on HIV treatment to sustain undetectable viral load; offering pre-exposure prophylaxis (PrEP) to HIV negative people who are at high risk; and linking people with HIV and those at risk to care and support services.

These measures, along with continuing efforts to counter HIV related stigma and discrimination, are the essential components for action – and for success.

In NSW we have been working hard to implement an ambitious State-wide HIV Strategy and we are now seeing some encouraging results. We have reached the 90-90-90 global HIV treatment goals set by the United Nations, which is an important milestone for all jurisdictions. Our data trends show reductions in new diagnosis, increased testing and treatment and well directed PrEP access. However, there will always be gaps and our challenge is to continually try to do better.

I am often asked "but what if these approaches don't work? What is the next step?" My answer is that there is no magic bullet out there. However, our opportunities for success have never been better. We have the scientific evidence and we have the technologies. We have excellent HIV treatment. We know HIV treatment provides individual health benefits and prevents transmission. Most importantly, we have a remarkable health and community sector at the core of our work to end HIV.

So this World AIDS Day, let's pledge to redouble our efforts to end HIV transmission in Australia by 2020. Let's draw on our decades of successful partnership and make every day of the remaining 1000 days count!



A joint venture between The University of Melbourne and The Royal Melbourne Hospital

Professor Sharon Lewin

Director, The Peter Doherty Institute for Infection and Immunity

Globally, this year we saw another decline in AIDS-related deaths and in new infections. Fuelling these declines is increased access to treatment with approximately 19.5 million or 53% of people living with HIV now having access to antiretrovirals. But disappointingly, uptake of treatment remains highly variable across different regions of the world with some countries such as Russia and Indonesia still having remarkably low uptake of treatment.

Given the latest data that people living with HIV on treatment can't transmit the virus sexually, or in other words 'undetectable = untransmissible', we need to do a lot more to get people tested and on effective treatment.

Reducing stigma and discrimination is a key pillar of the Fast-Track Cities program in Victoria, an initiative led by UNAIDS and other partners. The recent International AIDS Society conference in Paris, reminded us how unique the Australian response to HIV is. Elements such as the active partnership between government, clinicians, scientists and the community, which we consider business as usual, remains the envy of many other locations. Our Fast-Track Cities activities are going to harness the incredible power of this partnership, ensuring it is focused

on eliminating HIV-related stigma and discrimination, and improving the quality of life for people living with HIV across Victoria.

The Paris conference also highlighted progress towards development of a cure and a vaccine – two major scientific challenges that will need to be solved to see an end to HIV. While a cure still remains a long way off, there have been significant advances in our understanding of where the virus hides and new ways to harness the immune system, potentially learning from the recent great advances in immunotherapy in the cancer field. Several large vaccine studies were launched in 2017 and although the results are several years away, these pivotal studies will provide important new directions for the vaccine field.

In the meantime, we must continue to prevent HIV infections with strategies that we know work. This includes early initiation of treatment for people living with HIV and access to pre-exposure prophylaxis (PrEP) for uninfected individuals. The rapid uptake of PrEP across Australia has been impressive but sustainable funding of these programs is needed. In addition, PrEP needs to be readily accessible to all Australians, in every state, in rural areas and to Indigenous Australians. The recent worrying increase in new HIV infections in Indigenous Australians, must be reversed and new strategies are needed urgently.

This World AIDS Day, we should reflect on our many successes, but also plan for the work that lies ahead. Australia is one country in the world that could truly see the end of stigma, the end of new HIV transmissions and universal uptake of treatment for all people living with HIV. With appropriate investment and determination, I am sure we can get there.





Professor Brendan Crabb AC

Director and CEO, Burnet Institute

This past year we have heard promising news of dramatic drops in new HIV notifications in parts of the world with similar HIV epidemics to Australia and where similar prevention tools to those being scaled up here are being bought to bear. Excitingly we may be seeing similar results emerging in some Australian jurisdictions. The application of a combination of evidence based interventions is helping us move towards elimination of HIV as a public health threat. We have seen increases in HIV testing frequency among those at greatest risk, declines in undiagnosed HIV and strong evidence showing those who are newly diagnosed with HIV are accessing care and treatment in a timely way. Our understating and acknowledgement that people who are on treatment with an undetectable viral load cannot transmit HIV is important, not only in encouraging people to test and treat, but also in reducing stigma, including self-stigma, and discrimination for people living with HIV. Equally central to our prevention efforts has been the use of anti-retroviral therapy as pre exposure prophylaxis (PrEP). It is commendable that jurisdictional governments have stepped up to the challenge of funding access to these drugs in the short term, and we look forward to the future equitable and expanded access to PrEP for those at risk of HIV through the PBS.

However, Australia cannot be complacent. While rates of HIV diagnosis and viral suppression in Australia are among the highest in the world, there is increasing recognition that this may be insufficient

to reach elimination targets and “end AIDS”. Modelling recently published by the Burnet Institute suggests we will need to push well beyond 90-90-90 targets and also increase PrEP and condom use coverage substantially if we are going to achieve HIV elimination in Australia. We must continue to strive for health system innovations and reduce regulatory barriers to HIV testing, including through the trialling and expansion of models of HIV self-testing. With Commonwealth Government support, the Burnet Institute is expanding our world class surveillance system through the ACCESS program to all Australian States and Territories to monitor our progress towards HIV strategic targets and allow us to be vigilant and responsive to emerging HIV transmission trends.

Similarly, it is critical that Australia continues to play a regional leadership role in guiding HIV prevention and care responses. In many countries in our region, we are seeing a decrease in funding for HIV programs and increases in HIV incidence. Resource gaps continue to limit access to new technologies to people who need them in low income countries. We are seeing PrEP as a potential game changer here in Australia and it has the potential for similar impact in our neighbouring countries, yet with resource limitations the technology remains a dream for people from the populations who would benefit. Burnet’s programs in the neighbouring countries like PNG and Myanmar aim to link those affected by HIV to the latest advancements in science and technology, but efforts are hampered by lower funding allocations to address HIV in the region.

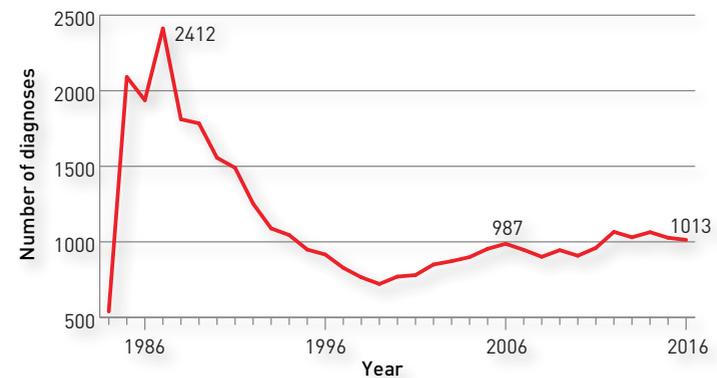
Burnet’s life sciences department is also making new and exciting discoveries that increase our understanding of the

behaviour of the virus and biological factors that accelerate vulnerability. With women and adolescent girls increasingly vulnerable to HIV, one focus is on the role the vaginal microbiome plays in biological vulnerability to HIV acquisition. Burnet’s scientists continue to strive as leading contributors to understanding the role of HIV immune activation in age-related comorbidities as well as the development of effective vaccines, new classes of novel antiviral medications, and ultimately a cure.

As we come closer to ending HIV as a public health threat in Australia, we should maintain Australia’s leadership role in our region and not leave our neighbours behind. To end HIV for Australians we must end HIV for everybody.



Figure 2 New HIV diagnoses in Australia, 1984–2016



Source: Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017

Protecting ourselves through solidarity with others



Hon Michael Kirby AC CMG

From the first moment that the human immunodeficiency virus (HIV) entered our lives, it has been an exceptional epidemic affecting millions of fellow human beings. There are no borders or barriers that will contain it and stop its spread. It is natural, and appropriate, that the focus of a booklet, prepared mostly for an Australian audience and for publication on World AIDS Day 2017, should be focused on the epidemic in our own country. Especially this year because strategies adopted in Australia from the early days have evidenced, in a welcome and powerful way success stories in confronting the epidemic and bringing down the numbers of new infections.

Without doubt, this is an important dividend for Australia. It is a reason to congratulate Federal, State and Territory Governments over the past 30 years in persisting with the "Australian response" to HIV/AIDS. On what is otherwise often a bleak national landscape, this is a good news story. It shows what Australians are capable of achieving when the better angels of our nature are allowed to prevail.

However, HIV and AIDS are not just an Australian challenge. The nature of global transport and population movements today means that AIDS is a world problem.

It requires effective international strategies and initiatives. The recognition of this fact led to the establishment of UNAIDS – the unique joint program of UN agencies, working together to combat the spread of HIV; and to support the availability of antiretroviral therapies (ARV) in low and middle income countries, which could not otherwise afford to provide them to their citizens in need. Approximately 20 million people living with HIV and AIDS are now dependent on such therapies and on the other initiatives which UNAIDS, the Global Fund, UNDP and other UN bodies help to provide worldwide.

UNAIDS, whose head office is based on the campus of the World Health Organisation in Geneva, closely monitors the epidemic. It recommends new strategies to help reduce its impact. One of the key messages of recent years has been 'Treatment as Prevention': the insight that as people infected with HIV gain access to ARVs, their viral load drops;

their capacity to transmit the disease is reduced; and the circulation of infections drops. It is these developments (and the creation of PEPFAR and the Global Fund against AIDS, Tuberculosis and Malaria) that encouraged talk for the first time of "getting to zero" and "seeing an end to AIDS", with "no one left behind". These are the mantras of the global response to AIDS. But how real are they in practice?

At the end of October 2017, in Geneva, I attended, as a member, the UNAIDS Reference Group on HIV and Human Rights. For more than a decade, this body of experts has been scrutinising the way in which human rights strategies have helped to reduce the toll of AIDS. At the Geneva meeting, there was a detailed examination of whether we are truly "getting to zero". Or whether that prediction was premature and even possibly counter-productive. Did it encourage complacency and self-satisfaction? Did it release the pressure to raise the funds to sustain the global AIDS response which are desperately urgent and by no means assured?

Another serious problem considered was the attack now being mounted by many governments upon civil society organisations in Eastern Europe, parts of Asia, the Arab countries and the Caribbean, where those bodies promote the benefits of a human rights outreach to men who have sex with men; to sex workers; and to drug users. Supporting these advocates of access to medicines is vital for human rights. But also for epidemiology. It is now in danger.

However, there was good news in Geneva too. The Global Fund is helping some of the most needy countries to invest

in human rights measures for the most vulnerable. Early results of these investments appear to confirm the lesson taught intuitively from the beginning of AIDS in the 1980s: protecting the human rights of the vulnerable helps them protecting themselves from infection and now that there are ARVs, to put them on treatment and reduce the spiral of infections.

AIDS is by no means over. Its greatest institutional legacy of AIDS may be in helping to enlarge the global solidarity necessary to sustain the right to health now promised in the Sustainable Development Goals of 2015. The challenges of AIDS remain in Australia. We must help the responses worldwide where the needs are even greater and more urgent. This is the ongoing lesson of AIDS, especially for the poor and marginalised. For them AIDS remains a daily nightmare. It is far from over.

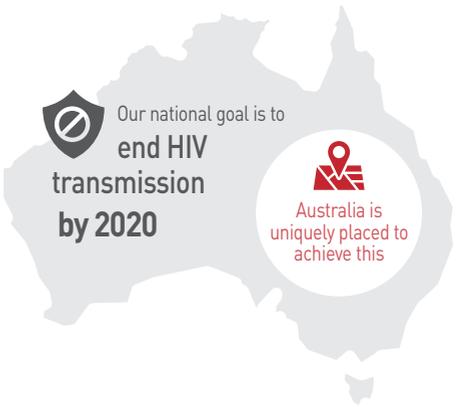
We in Australia must show leadership and innovation at home. Yet we must also demonstrate solidarity and mutual assistance in our region and in the world.

AIDS remains a global challenge. It cannot be solved in any single country. We help others because it is the right thing to do. But also because, in the context of HIV and AIDS, helping others is a way of protecting ourselves. You do not have to travel to Geneva to learn this simple truth.

HIV Blueprint

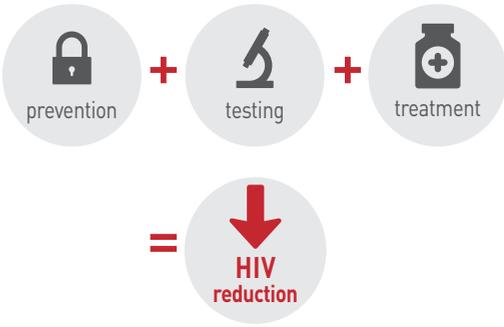
GOAL

Australia can end HIV transmission
A powerful combination of new science and decades of experience means Australia can lead the world and end the HIV epidemic.



EFFORT

Community, research and medicine – working together
With additional resources and effort, national leadership can end HIV transmission, driving excellence in prevention, testing and treatment



IMPACT

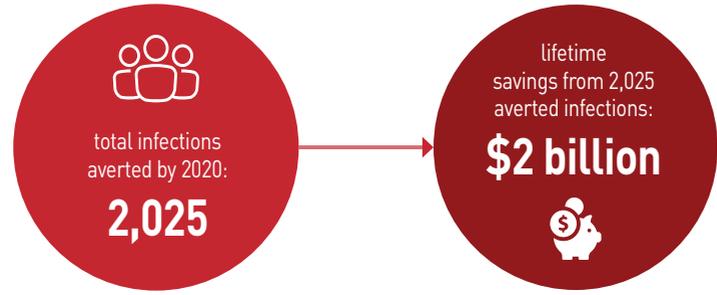
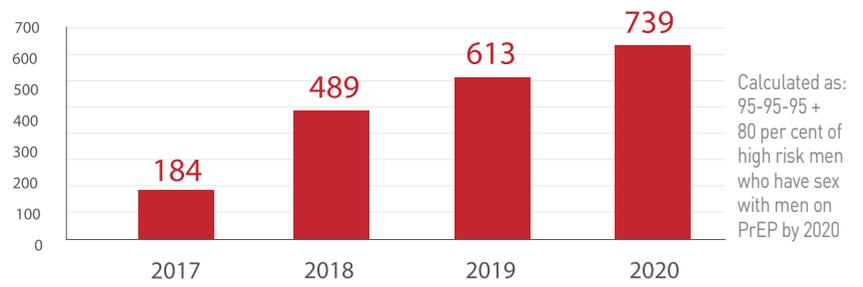
Lifting the burden of disease
Australia can champion models of early HIV diagnosis and linkage to high quality prevention, treatment and care.



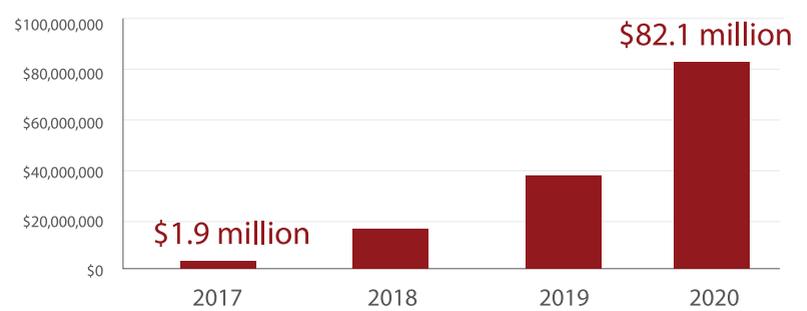
Impact



Infections averted



Cumulative treatment and care savings



Adapted from: HIV Blueprint, Australian Federation of Aids Organisations, <https://www.afao.org.au/our-work/hiv-blueprint/>

Ms Jules Kim

*Chief Executive Officer,
Scarlet Alliance*

For sex workers, the poor legal and regulatory frameworks continue to create barriers in our ability to access health care, voluntary testing and treatment. The impact of stigma and discrimination in driving the HIV epidemic is well recognised, yet this is a reality sex workers face daily with a lack of access to adequate anti-discrimination protections in Australia.

There is ample evidence for the impact of decriminalisation in preventing transmission of HIV and increasing access to testing, treatment and care. The

Lancet posited that the decriminalisation of sex work would have the greatest impact on the course of HIV epidemics across all settings, averting 33-46% of HIV infections in the next decade. Despite this overwhelming evidence, 37 out of the 38 countries in our region criminalise sex work in some form and this includes Australia.

As we get closer to our goal of virtual elimination of HIV transmission, the need to ensure that the most marginalised within our community are not left behind becomes even more vital. The end of HIV can be achieved in Australia, but to do so we must empower and resource community-led interventions, address the negative impacts of stigma and discrimination, and eliminate the legal and social barriers to people's health for all communities.



Ms Melanie Walker

*Chief Executive Officer,
Australian Injecting & Illicit
Drug Users League (AIVL)*

#letsendit

The theme for World AIDS Day is 'Let's End It' and while this theme has broad support and speaks to the real possibility among some populations, the injecting drug using community is unlikely to see the end of HIV without a renewed policy and program focus by governments on the prevention of HIV transmission specifically among people who inject drugs. Repressive drug laws across the region are driving up the risk of HIV transmission

by limiting the availability and accessibility of effective prevention measures. Needle and Syringe Programs (NSPs) and Opioid Substitution Therapy (OST) are highly effective in preventing HIV transmission, yet countries with high coverage of these preventive measures are home to less than 1% of the world's injecting drug users, leaving the other 99% of people who inject drugs across the globe without sufficient prevention options. Bio-medical prevention responses are a welcome addition to broader preventive and treatment efforts. However for people who inject drugs in Australia and across the region a renewed focus is needed on ensuring access to low cost, easily accessible interventions like NSPs and OST if we are to build on progress towards achieving global HIV goals and ending the HIV epidemic.

Mr Cipri Martinez

*President, National
Association of People with
HIV Australia (NAPWHA)*

We now know that Undetectable = Untransmittable (U=U). For many people with HIV, 2017 has seen momentum build towards what is now a known, undeniable and proven scientific fact: that any person with HIV, on effective ARV treatment, with an undetectable viral load, is sexually non-infectious.

The implications of this are life-changing.

To love and be loved is fundamental to the human experience. People with HIV and their affected communities can now confidently relinquish fears of onward transmission.

However, there is still work to do.

HIV stigma and discrimination arose during a time of fear and ignorance. The virus was not yet discovered. Tests had not yet been developed, and how to prevent and treat HIV was not yet understood. Despite the obstacles, the community chose to unite and respond to the existential threat. It found partners in courageous community members, health professionals, researchers, and government officials in what would evolve into Australia's world-leading response to HIV.

Fast forward to the present. HIV is now understood. There are tests for the virus, and treatment is effective. Prevention methods are multiple and can be tailored to individual needs. The prospect of a cure for HIV is now a conceivable reality.

But even with the new science at hand, letting go of our fears and anxieties is an emotional journey. It will take some people longer than others to embrace the modern HIV landscape and the new factual reality of U=U.

We must create a truly enabling environment which allows people with HIV to live happy, healthy and connected lives as valued members of society — free from fear of stigma.

Australia has a world-class health system that provides affordable access to life-saving HIV medications to a great many people. However, not everyone with HIV in Australia is benefiting equally.

The challenge moving forward is to ensure that no one is left behind. All barriers to testing, treatment and care must be urgently overcome to ensure everyone in Australia with HIV — or at risk of HIV — no matter their circumstances, receives equitable access to the combination prevention and treatment options that best suit them and their community.

The last mile is now in sight. But only by maintaining our care for people with HIV, by staying committed to our investments and partnerships, and by our combined and strengthened efforts to stay the course, will the vision of virtually eliminating HIV transmission in Australia by 2020 become a reality.





Ms Michelle Tobin

Chair, Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance

The challenge posed by rising Indigenous HIV transmission is stark, and it's made all the more difficult by funding cuts.

The most recent Kirby surveillance statistics reveal that during an era in which we were supposedly closing the gap on Indigenous disadvantage, the gap for HIV transmission grew.

Annual HIV notifications among Indigenous Australians are now twice that of non-indigenous people born in Australia, having increased 39 per cent since 2012.

The Northern Territory saw a 25% increase in HIV diagnosis in the Indigenous community in 2016. Major outbreaks of Syphilis across the top half of Australia could be driving this phenomenon.

We are also witnessing a change in the demography of HIV notifications in Aboriginal and Torres Strait Islander communities. The Positive Aboriginal Torres Strait Islander Network (PAT SIN)

has been very vocal regarding the alarming number of new infections and late diagnoses, especially within the heterosexual population. This has seen an increase in the number of women being diagnosed. PAT SIN has the capacity to deliver peer based education to newly diagnosed people about treatments and adherence. It is critically important people are compliant with their treatments. PAT SIN members are also seeking funding to be trained to inform communities about PrEP, with the support of AFAO.

However, as our epidemic grows we are facing new challenges. In the last year the Anwernekenhe National HIV Alliance, (ANA) and NTAHC's Aboriginal Program and the Two Spirits program within QuAC were all defunded.

We are also deeply concerned about changes in the law in NSW about notifying partners if you have an STI or HIV, and how that will negatively impact on all Aboriginal and Torres Strait Islander communities.

PAT SIN believes in the GIPA & MIPA principles to do their work within the communities and the broader communities.

My appointment as chairperson of the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance marks the first time in its 21 year history that a woman has been appointed to the position. I intend using my experiences as a positive Aboriginal woman to keep women, youth and children on the agenda.

A/Prof Mark Bloch

President, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

On World AIDS Day 2017, ASHM reaffirms our commitment to continuing professional education in HIV, viral hepatitis and sexual health for health professionals in Australasia, improvement of health outcomes for those affected by HIV, and contributing to ending HIV. Continuation of the partnership approach, between Government, health professionals, researchers and community is essential in maintaining progress; this is how Australia has achieved an exemplary model for the management of HIV that is recognised globally.

But there is still much work to do and primary care providers have a critical role to play in HIV prevention efforts.

Urgent responses to the alarming new HIV infections in Indigenous communities are needed. More needs to be done to reduce late HIV diagnoses. ASHM supports

Aboriginal health services as well as low-caseload General Practitioners often well suited to reach those not being tested. PrEP reduces new HIV infections along with established 'treatment as prevention'. ASHM will continue to advocate for PrEP to be reimbursed through PBS in Australia; and in PHARMAC in New Zealand and engage providers with training and tools.

30 years on and the fact that people experience **stigma and discrimination** within health services is **unacceptable**. Resources and training to remove barriers in health care settings for those accessing services need to be urgently rolled out.

Evidence is clear that people living with HIV who are in care and on treatment are able to live long and productive lives. However, the complications of comorbidities and ageing are a major challenge and this needs to be an increasing focus.

We encourage all health care practitioners to make a contribution in the HIV response in Australasia – to take action to reduce the transmission of HIV by promoting prevention strategies; and to ensure that people living with HIV can participate fully in their lives.

Our work is far from done.



Ms Marijke Wijnroks

*Interim Executive Director,
the Global Fund*

Investing in global health is a highly cost effective way to achieve greater security and stability, to protect communities worldwide from infectious disease and to halt emerging health threats.

The Global Fund partnership has supported programs that have saved more than 22 million lives. We have bent the trend lines of tuberculosis and malaria – two of humanity’s ancient foes – and we have prevented AIDS from reaching its catastrophic potential.

But there is much more we have to do. It is becoming starkly evident that young people, in particular adolescent girls and young women, face extraordinary levels of risk. In parts of Africa, young women aged 15-24 years are eight times more likely than their male peers to be living with HIV. The Global Fund supports work that breaks down gender inequalities that drive the spread of disease, and we invest in programs specifically focused on improving the health of adolescent girls and young women.

The field of global health is always in flux – change is our constant. We discover and deploy breakthrough treatments, do

battle with emerging threats, and adapt to the policies and politics of a world that knows no borders. New trends are always emerging. A demographic surge of young people, together with evidence that many young people are not accessing health services, is alarming and requires strong action.

We must face these challenges with courage. By accelerating investment in integrated HIV prevention and treatment programs for adolescent girls and young women, we can do more than halt the epidemic. We can turn the danger into a demographic dividend on Africa’s post-Millennial boom – readying the youth of today and leaders of tomorrow to build healthier, more prosperous societies.

This is the trajectory we envision as part of the Sustainable Development Goals: tackling epidemics and building robust systems for health fuels economic development, and in turn allows for greater investment in health, and moves us toward achieving universal health coverage. We cannot fail in this endeavor because, as we see clearly, tomorrow’s leaders will face myriad threats to global health security.

We all have a role to play – from health ministers to activists, academics and private sector R&D teams, physicians and individual patients. Together, we can protect humanity’s great medical achievements.

This spirit of partnership, with each person and each sector of society making a contribution to global health, is in the Global Fund’s DNA. We see it everywhere. We see it in commitments by implementing countries to increase their own investments in health, we see it in innovative approaches developed by communities and civil society partners

to reach those most vulnerable and we see it in new financing arrangements from the private sector. We see it in our colleagues at the Global Fund who constantly challenge themselves to be more effective and achieve greater impact from our investments.

I know we can succeed by being true to our values and our mission. The Global

Fund partnership will use evidence and experience in the face of change to innovate and evolve. We will not look for quick wins over sustainable impact. We will support efforts to eliminate barriers to diagnosis and treatment. To reach the unreached and marginalized. To prevent new infections. To deliver value for money. To end epidemics.



Photo: At a Bangkok clinic housed in a community center, a client is counseled and tested for HIV. The center is run by the NGO Rainbow Sky Association of Thailand with support from a Global Fund grant, and serves key populations such as men who have sex with men. “Our biggest challenge is fighting stigma and fear, but at our centre we have built trust, so our members feel comfortable and at home when they come in for testing,” says Kamolset Kanggerner, a clinic staff member of Rainbow Sky Association. In addition to doing about ten HIV tests a day, Rainbow Sky also conducts HIV prevention workshops, counseling and outreach services targeting saunas and bars, through a network of volunteers. (Photo credit the Global Fund / Jonas Gratzler)



Mr Michel Sidibé

*Executive Director of UNAIDS,
Under-Secretary-General
of the United Nations*

As we commemorate World AIDS 2017, there is much to celebrate.

A record 19.5 million people - more than half of all people living with HIV - are on treatment. AIDS-related deaths have almost halved since 2005.

We have come this far largely because the AIDS epidemic brought the power of the right to health to the world's attention. The AIDS response is built upon the fundamental right to health and well-being and provides the best example of the global expansion of health services.

The AIDS response leveraged rights, expanded access to life-saving medicines and increased access to acceptable and quality health and social protection services, without discrimination or coercion. The rights-based approach has also benefited the wider health movement, including improving services for tuberculosis, hepatitis C, sexual and reproductive health and noncommunicable diseases.

This is why on World AIDS Day, UNAIDS is honouring everyone's right to health. Unfortunately, some of the most vulnerable people are still being left in the dust.

While Asia and the Pacific has made immense progress, it is lagging behind the global trends. The region used to be held up as the gold standard for the rest of the world. No longer.

After implementing highly innovative and successful HIV programmes, many countries took the foot off the pedal. New infections are increasing in seven countries and there is a rapidly expanding epidemic among gay men and other men who have sex with men, as well as people who inject drugs.

In too many places key populations are failing to access quality health services. Stigma and discrimination are keeping this fundamental human right to the highest attainable standard of health out of reach. Only about half of sex workers, men who have sex with men, people who inject drugs and transgender people were aware of their HIV status. While 45% of all HIV-positive people in the region are accessing treatment, this is significantly less than the 60% of all people on treatment in eastern and southern Africa, the region most affected by HIV.

Globally, HIV drug resistance is also threatening the historic gains the world has made in the AIDS response. The World Health Organization finds that in several countries a significant number of people starting antiretroviral therapy had a strain of HIV that was resistant to some of the most widely used HIV medicines. In the Pacific region, 16% of surveyed people on treatment in Papua New Guinea had HIV drug resistance.

This is not the time for AIDS budgets to flatline. We are maximizing the use of every dollar available, but in the Asia-Pacific region, we are still US \$2.4 billion or 37% short from the total resource need in 2020. International contributions in the region have fallen by 25% over the last five years and while many countries have stepped in to fill the gap, the need still outpaces the current funding levels.

Without more international assistance, increased domestic funding and innovative financing, achieving global targets to Fast-Track the AIDS response is a distant dream.

If funds are not front-loaded, there will be more annual new HIV infections and

more lives lost. Without front-loading the resources before 2020, the response will require more resources even to maintain the current gains. Resources need to be scaled up and better focused. Funding for HIV prevention programmes for key populations is still at a suboptimal level and heavily dependent on external funding.

Australia is a global model in the AIDS response and has generously shared its lessons and resources.

The 90-90-90 global treatment target launched at the Melbourne AIDS conference set the global agenda to bring antiretroviral therapy to all people living with HIV. So I am sure I can count on the country's big heart and open mind to be the engine that spurs the region to re-energize and re-commit. Australia's entrepreneurial spirit and dynamism can be a beacon that guides the rest of Asia to our common goal of ending AIDS as a public health threat by 2030.

Globally, in 2016 there were:

36.7 million

people living with HIV

19.5 million

people living with HIV on antiretroviral therapy

1.8 million

people newly infected with HIV



Ms Maree Nutt

CEO RESULTS Australia

World AIDS Day on December 1 is an important opportunity for us to take stock of how far we've come and how far we still have to go to end the AIDS epidemic as a public health threat globally.

There is still much work to be done, as according to UNAIDS, girls and women make up more than half of the 36.7 million people living with HIV. The goal of ending AIDS by 2030 requires that we address girls' and women's diverse roles by putting them at the centre of our response to the disease moving forward. In the hardest-hit countries, girls make up 80 percent of new HIV infections among adolescents. In South Africa, which has the largest HIV epidemic in the world today, adolescent girls are eight times more likely to be living with HIV than boys of the same age. Fortunately, The Global Fund to Fight AIDS, TB and Malaria and partners are expanding innovative programs to meet this population's unique needs with nearly 21 percent of the funds allocated to HIV in South Africa going to prevention programs for young women and girls.

Similarly, of the one million people who died of HIV in 2016 over a third of deaths were in fact due to tuberculosis (TB). In order to effectively put a stop to HIV-related deaths we must also fight TB.

The two epidemics of HIV and TB fuel each other – undiagnosed TB accelerates the progression of HIV, and untreated HIV can increase the risk of developing active TB – so they need to be diagnosed and treated together if we're to continue our advances in the control of HIV.

While countries burdened with these diseases are moving in the right direction, not all of their policy changes have translated into improvements for patients. National TB and HIV programmes remain largely separate, meaning less efficient procurement of TB drugs, a lack of information to health facilities and uncoordinated scheduling of services for TB and HIV patients.

The good news is that for the first time in nearly 50 years, there are two new medicines to fight drug-resistant TB (DR-TB): Bedaquiline and Delamanid. These drugs also offer new hope for stopping the ongoing transmission of drug-resistant TB, including for people living with HIV since once a person begins taking effective treatment they quickly become un-infectious.

However, for most of the people whose lives depend on these new drugs, they are out of reach.

Now that the tools are available, our role now is to ensure equitable access to these drugs for all people living with HIV and TB regardless of gender or economic circumstance so that all may have long and productive lives.

Emeritus Professor Jan Reid AC

Chair, Pacific Friends of the
Global Fund to Fight AIDS,
Tuberculosis and Malaria

Too many of us remember the dark days of the early 1980s when the scourge of a cruel and consuming disease, which then had no known cause or name, emerged in Australia. Discrimination directed at the gay community and others most at risk of acquiring HIV, the stigmatisation of a little girl called Eve who had become HIV-positive and whose parents fled with her overseas, and the fear of even touching a person with HIV were all troubling manifestations of the community's anxious bewilderment about this latter-day pestilence. Nor in the early days could those who would normally be expected to know, the medical profession, provide reassurance, explanation or meaningful advice.

Nearly four decades on Australia can look back knowing that the disarmingly frank public health campaigns and enlightened policies developed at that time, and still recalled by practitioners and activists across the globe as pioneering, were critical and effective in tackling Australia's HIV/AIDS epidemic. And with the advent of antiretroviral therapy and now PrEP, the prospect of living with HIV/AIDS, preventing transmission and preventing infection have utterly changed the face of the disease in the Australian community and for those most at risk of acquiring HIV.



But the fortunate happenstance of living in a wealthy country with access to the best medicine has to offer can obscure the reality for other communities and countries in our region. In Papua New Guinea, for instance, and the poorest countries of South East Asia, the most vulnerable are marginalised, judged harshly for their lifestyles, or trapped in intergenerational poverty and often have no or little access to life-saving HIV treatments without support from such organisations as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Australia has been at the forefront of providing health and development assistance to our neighbours for many years.

World AIDS Day is the annual reminder for the Australian community about how far we have come but how far our near neighbours have to travel to eliminate this disease and how much we can do to edge nearer to the achievable goal of ending AIDS by 2030.



Supporting communities in Southeast Asia on issues relating to sustainable HIV financing

Mr Greg Gray

The SHIFT program, AFAO

Across the Asia Pacific, many nations face a looming funding shortfall as international financial support for HIV prevention and treatment becomes more limited. The Sustainable HIV Financing in Transition (SHIFT) project is a two-year program to help community sector organisations in Indonesia, Malaysia, the Philippines and Thailand become more effective advocates for sustainable domestic financing. AFAO is delivering the program from its Bangkok office as a principal recipient of support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Indonesia and the Philippines are among only nine countries to experience increased HIV transmission between 2001 and 2011. While Malaysia and Thailand have stable epidemics, progress will be at risk if funding is not maintained.

Unfortunately, support for HIV testing and prevention in each country remains far below what is needed to end the epidemic.

Urgent work is now under way to plan the transition from external to domestic funding, particularly for programs supporting men who have sex with men, sex workers and people who use drugs. These programs are most often delivered by civil society organisations, otherwise known as community based organisations in Australia.

While there have been significant strides towards involving community sector organisations and representatives in expanding treatment coverage and preventing transmission across Asia, these successes will be compromised if individuals and groups are not supported to participate effectively in discussions related to continued HIV financing. A team of six highly skilled and motivated individuals with extensive community and Global Fund experience in the region are driving the HIV financing agenda. In a very short time-span we have established good working relationships with key regional stakeholders working on the HIV response and broader health financing issues.

By 2018, the SHIFT project aims to unpack four relevant technical areas: fiscal space, allocative efficiency, transition planning, and domestic funding mechanisms for community sector organisations.

The program partners with two regional organisations APCOM and APCASO, which provide technical and communications

support at both regional and country level. In each of the four countries where the program operates, we also partner with the existing organisations best positioned to support civil society and carry out advocacy and capacity building activities. Working to support communities and engage them on the often complex and challenging areas of HIV funding and budget advocacy remains a challenge. It forces community sector organisations to consider the technical aspects of HIV financing in an era when governments do not prioritise the epidemic.

Key activities that have already happened include a regional forum hosted by our partners, the Malaysian AIDS Council, on financing models. We have also begun work on capacity needs assessment in each of the four countries and follow up advocacy training for our country partners. HIV related financing data is being collected at local level and will support local evidence based advocacy to address ongoing concerns regarding diminishing funding for the HIV response.

The AFAO International Office is registered in Thailand as a foundation and intends to continue to work closely with community based organisations and civil society groups. In September 2017, the Thailand office became a pre-qualified Indefinite Quality Contract (IQC) holder for the Community Rights and Gender Special Initiative of the Global Fund to provide timely and cost effective regional technical support to the Global Fund in the Southeast Asia region. This involves working with a core of local consultants to provide technical assistance on issues such as health financing, budget advocacy, social dialogue and social contracting.

To mark World AIDS Day in Bangkok, the AFAO SHIFT team will be collaborating with country partners Thailand National AIDS Foundation and other local NGOs to show solidarity with the community and raise greater awareness on HIV prevention, treatment, care and support through a variety of events.



Left: AFAO SHIFT team and partners at inaugural regional management training Bangkok April 2017



Professor Brendan Murphy

Australian Government
Chief Medical Officer

World AIDS Day 2017 is an opportunity to reflect on the progress we have made as a nation, and the challenges that remain. Thirty years after the discovery of the virus, HIV remains one of the world's greatest public health challenges.

As a country with a strong record in responding to the HIV epidemic, Australia is committed to taking advantage of the progress in research, treatment and prevention, to continue to work towards the elimination of HIV.

In 2014, all Australian Health Ministers committed to working towards the virtual elimination of new Australian HIV transmissions by the end of 2020. The AIDS 2014 Legacy Statement commits each of the nine jurisdictions to take the necessary action to respond to HIV in communities, and continue to provide strong leadership in achieving virtual elimination of HIV.

Australia is also signatory to the United Nations AIDS program 90-90-90 targets. Australia is now very close to meeting all three of these targets, and will continue to strive to ensure that we close the gap that exists in some of our communities.

With the development of the 8th National HIV Strategy 2018-2022, Australia is committed to taking meaningful actions to prevent new HIV transmissions, support people living with HIV, reduce the stigma and discrimination associated with HIV, and work hard towards a renewed set of objectives and targets for the next five years.



Mr Bill Bowtell AO

Executive Director, Pacific
Friends of the Global Fund

In 2018, we must deal with a world where serious and intractable challenges including climate change, the movement of millions of displaced persons and refugees, digital disruption and the rise of extremism – all demand long-term and strategic responses, rather than short-term quick fixes.

Many commentators would have you believe that our political system is incapable of providing and sustaining the commitment to radical and bold (that is, initially unpopular) policies to protect the public interest.

Having worked at various levels in the Australian political system over many years, I often share this frustration and exasperation when our governments, political parties and Parliaments fall short of doing the right thing.

But, as we mark World AIDS Day 2017, I do want to praise, and not condemn, the record of Australia's politicians over the many long and grim years of responding to HIV/AIDS, especially since the first Australian AIDS infection was reported in 1982.

From out of nowhere, Australia faced an immense public health crisis with rapidly increasing numbers of people who were infected or dying from the disease, and neither viable treatments nor effective cures to hand.

Legitimate concerns about HIV/AIDS were compounded by reckless fear-mongering, wild rumours and what we might now term "fake news" largely directed at those marginalised communities where the impact of HIV/AIDS was felt hardest.

It would have been very easy for our political leaders then to give in to the wildest and

most irrational claims and instincts of the times, and not to implement the long-term, radical but ultimately successful HIV/AIDS policies that have served Australia so well over the past four decades.

These policies – sexually frank education and information about transmission, needle and syringe exchanges for injecting drug users, community-based policy making and outreach and large investments in medical, scientific and social research around HIV – were controversial at the time.

But the need for these policies was well-understood by that generation of political leaders in the Commonwealth, state and territorial governments.

They funded what needed to be done and let affected communities, clinicians, officials and researchers get on with the job.

The policies have worked over almost four decades to keep new HIV infections at the lowest possible level, to provide treatments and care for all who require them, and in 2017 to place us on track to end HIV/AIDS as an Australian public health crisis and epidemic within a few short years.

Each subsequent generation of political leaders has brought forth Ministers, shadow Ministers, backbenchers who have committed themselves and their governments to supporting and funding the principles of the Australian HIV/AIDS response.

But in 2017, there are some signs that this commitment is fraying, just at the moment when the great goal is in our reach.

I deeply hope that today's politicians again prove that they have the vision and leadership to provide the Australian HIV/AIDS communities with the support they require to finish off HIV/AIDS in our country and around the world.





Dr Bridget Haire

*President, Australian Federation
of AIDS Organisations*

Since the beginning of the HIV epidemic, around 35 million people have been estimated to have died of HIV. That tragedy is compounded by the stigma and isolation many of those people felt, and the fact so many of those deaths were preventable.

While we commemorate those lost to the epidemic on World AIDS Day, we should also reaffirm our commitment to further progress. We have come a long way and this epidemic is eminently beatable.

This last year has demonstrated how new scientific understanding and technological progress can combine powerfully with our best human ideals of empathy and solidarity to propel the community-led response.

The Kirby Institute's Opposites Attract study has confirmed evidence that when an HIV positive person has an undetectable viral load, s/he will not transmit HIV. This powerful piece of research will bolster our fight against stigma and discrimination.

The importance of treatment as prevention is now well understood among the community, thanks to the efforts of those involved in health promotion. UNSW's Centre for Social Research in Health recently revealed the proportion of HIV positive gay men on treatment increased from 57 per cent in 2007 to 88 per cent in 2016.

When you combine this with growing use of PrEP and higher testing rates it is clear that gay and bisexual men are using all the tools at their disposal to drive down the HIV transmission rate.

However, challenges remain. In the year to come, we need a successful PBS listing of PrEP. Self-testing also needs to be made available to all who desire it. Recent Kirby Institute surveillance data shows 55 per cent of heterosexual and 24 per cent of gay male HIV diagnoses happen late. Self-testing lowers the barriers to knowing your HIV status. Its availability in Australia needs to be expedited.

The HIV transmission rate among Indigenous people and migrant communities is too high. It is critically important that as we usher in new technology and science, we keep people and communities at the very centre of our HIV response.

The investment required to defeat the HIV epidemic is modest compared to the gains it will bring to our nation's finances and health system. But even more importantly, what better expression of our common humanity than defeating an epidemic that feeds off discrimination and ignorance.

In memory of Levinia Crooks AM

28 November 1960 – 16 October 2017

At this time of World AIDS Day when we remember those we have lost and and reflect on the enormous achievements we have made in the fight against HIV/AIDS, as well as the progress we still need to make; we stop and pause to mourn and honour the all too early recent loss to lymphoma of Adjunct A/Prof Levinia Crooks AM, CEO of the Australasian Society for HIV, Hepatitis, and Sexual Health Medicine (ASHM) from 1999 until her retirement due to ill-health in 2017.

Levinia became involved in caring for people with HIV-related dementia in 1986, and demonstrated her great abilities, her passion for those facing stigma and discrimination, her honesty, integrity and and her practical approach to life and all issues, no matter how challenging. She continued her work, playing a major role in community organisations including

NAPWHA and ACON, and her greatest contribution was her total commitment as CEO of ASHM. Levinia had both intelligence and wisdom, a wonderful ability to bring people together to develop tangible outcomes to benefit people with HIV/AIDS, and to the doctors, nurses and health care workers who provide the care. She was dogged and persistent and worked enormously to create an understanding of the the strategic framework for the issues we face in HIV/AIDS, as well as the way to achieve the necessary practical implementation. She was particularly interested not only in Australia, but in working with those engaged in care in the Asia-Pacific region. Levinia was incredibly generous of her time and of her support. Although she was a very modest person, she was in fact a giant amongst the stars.

We are deeply mourning the loss of Levinia. We will carry her in our hearts and minds as she inspires us to live up to her legacy and achieve much more for those living with HIV/AIDS.

Credits

The Australian Federation of AIDS Organisations (AFAO) and Pacific Friends of the Global Fund thank all contributors to the World AIDS Day 2017 booklet.

Special thanks to Ms Leila Stennett and Mr Heath Paynter

Editor:

Shawn Clackett, Operations Manager,
Pacific Friends of the Global Fund

Design and production:

Biotext, Canberra, www.biotext.com.au





afao
AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS


Pacific Friends of
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

napwha national association of
people with HIV australia