

# WORLD AIDS DAY 2019



SUNDAY  
1 DECEMBER





**Adj A/Prof Darryl O'Donnell**  
Chief Executive Officer

*Australian Federation of  
AIDS Organisations*

**Australia's profound strides against  
HIV haven't happened by chance. Our  
progress is powered by the sustained  
commitment and insight of those  
communities touched by the epidemic.**

This commitment brings us to an auspicious moment. As we mark World AIDS Day 2019, HIV transmission has declined to a near two decade low, with 833 diagnoses recorded in Australia in 2018. More frequent testing, treatment as prevention and the increased adoption of PrEP are driving this drop in transmission. While we welcome declining transmission, there is always more work to be done.

Gay and bisexual men continue to shoulder the burden of HIV in Australia, despite a 30 per cent drop in transmissions over the past five years.

We know incredible efforts of gay men at a community level have driven the uptake of PrEP and testing. Now we need the resources to replicate this community-based approach across other populations. Of huge concern to me is that we have seen no decline in HIV diagnoses among Aboriginal and Torres Strait Islander populations.

The first step is supporting communities with education on prevention and testing. This requires cultural sensitivity and significant investment in Aboriginal and Torres Strait Islander health workforces.

We also grapple with an enduring challenge among our near neighbours. Around six million people are living with HIV in Asia and

the Pacific, but only 75 per cent are aware of their status.

AFAO welcomes the Australian Government's recent announcement to increase its contribution to the Global Fund to Fight AIDS Tuberculosis and Malaria by ten per cent. With funding from the Global Fund, AFAO has been working on the Sustainability of HIV Services for Key Populations in Asia Program (SKPA) to stop HIV transmission and AIDS-related deaths by 2030.

Working with community groups at risk of HIV in Asia, the goal is to build the advocacy skills that deliver a sustainable approach to funding. Many Asian countries are approaching middle-income status, which will reduce their eligibility for international development funding.

But in Asia key populations are often marginalised, making it difficult for them to secure domestic funding for HIV prevention programs. SKPA is working to avoid the trap of middle income leading to a decline in HIV prevention work. SKPA is one example where Australia is playing a significant role in reducing HIV's health and economic burden in Asia and the Pacific.

In 2019, Australian organisations working internationally on HIV issued a consensus statement to help guide Australia's international and regional leadership on HIV. We look forward to working with our regional partners and the Australian Government to ensure Australia's policy settings are right when it comes to regional HIV prevention and care.

Our progress against HIV, both in Australia and across the region is impressive. However, epidemics are dynamic, and further strides are only possible with renewed financial and political commitment.

**Cover photo:** Lux Sophal is a 32-year-old Cambodian woman with 4 children, including her twelve month old child, Khun Sreypheap, who appears in this photograph with her. She is HIV-positive as is her 13 year-old son. 12-month-old Sreyreap has been tested once so far and is HIV-negative. She received HIV treatment, to prevent mother to child transmission, through a Global Fund funded program.

**Credit:** Credit: Global Fund/John Rae

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**Tim Wilson MP and  
Senator Louise Pratt**

*Chair and Deputy Chair*

*Parliamentary Friends for Action on  
HIV/AIDs, Blood Borne Viruses and  
Sexually Transmitted Infections*

**World AIDS Day is an opportunity to  
remember and honour those we have  
lost, work to support those living with  
HIV/AIDs, and to redouble our efforts to  
stop new transmissions and stigma.**

Each year new scientific advances and  
treatments become available, improving  
the freedom of those living with HIV/AIDs in  
Australia and around the world.

We sit on the cusp of a new age of containing  
and treating HIV transmission. Prevention is  
essential. With home testing kits supported  
by community education campaigns we  
can reduce transmission rates further.  
The long term trend is declining thanks to  
these developments, alongside the listing  
of pre-exposure prophylaxis (PrEP) on the  
Pharmaceutical Benefits Scheme (PBS)

New treatments continue to become  
available which reduce the risks of side  
effects. Additionally, research has opened the  
possibility for people living with HIV to move  
from daily pill-based regimens to injectable  
alternatives with month-long lifespans.

But our work is far from complete. The rising  
rates of transmission amongst Aboriginal  
and Torres Strait Islander (ATSI) Australians  
and amongst culturally and linguistically  
diverse (CALD) communities is a reminder  
that we need targeted education campaigns.

Australia can meet this challenge. We have  
a proud history of bipartisan cooperation

on HIV/AIDs, and have led the world  
in transmission control and access to  
treatments. We have strong community  
groups that coordinate with health bodies  
and government for efficacy.

But we must also continue to confront the  
stigma associated with people living with  
HIV. All Australians are entitled to live full  
and happy lives.

As Parliamentarians we have a critical role to  
play in terms of leading the national discussion,  
promoting community education and  
advocating for effective strategies to improve  
the health and wellbeing of all Australians.

The purpose of the Parliamentary Friends  
for Action on HIV/AIDs, Blood Borne Viruses  
and Sexually Transmitted Infections is to be  
a strong and bipartisan advocacy group for  
Parliamentarians, the health community and  
those living with these conditions to educate  
and work together to inform policy based on  
science and effectiveness.

Critically, our purpose is also to make sure  
communities affected by HIV, including gay  
and bisexual men, transgender and gender  
diverse people, Aboriginal and Torres Strait  
Islander people, sex workers, people who  
inject drugs, people from or who travel  
to high prevalence countries, people in  
custodial settings, and people living with  
HIV are heard in our Parliament.

On World AIDS day we pay respect to the  
work that has been done, and recommit  
to working together so that Australia can  
continue to be a world leader in controlling  
and reducing transmission rates, supporting  
those living with HIV and to look with  
optimism about what we can achieve in  
years to come together.



**Senator the Hon Marise Payne**

*Minister for Foreign Affairs,  
Minister for Women*

**Today is an opportunity to reiterate our  
shared commitment to ending the HIV  
epidemic by 2030.**

Recent UNAIDS data shows a 16% decline in  
new infections globally since 2010. For the  
first time, more than half of all people living  
with HIV are virally suppressed, and the  
number of AIDS-related deaths has more  
than halved since the peak in 2004.

But there is more to do, especially in our  
region. In 2018, 5.9 million people were living  
with HIV, there were 310,000 new infections  
and 200,000 AIDS related deaths. The  
epidemic is concentrated in key populations  
and their sexual partners – including gay  
men and other men who have sex with men,  
sex workers, transgender people, people  
who inject drugs and prisoners and other  
incarcerated people. These marginalised and  
disadvantaged groups make up more than  
three-quarters of new HIV infections.

Australia is committed to the global fight  
against HIV/AIDs. We value the crucial  
role of longstanding partners, including  
civil society, the Global Fund to Fight AIDS,  
Tuberculosis and Malaria, and UNAIDS  
in convening the HIV/AIDs community to  
progress the global response.

To this end, Australia was pleased to  
announce a 10 per cent increase to our Global  
Fund contribution for the sixth replenishment  
period. Our support to Global Fund is having  
an impact in South-East Asia and the Pacific  
- for example, in 2018 more than 8,700  
HIV-positive mothers received treatment to  
prevent mother to child transmission.

We are also sharing our expertise to fight  
the epidemic in our region. The Australian  
Volunteers Program continues to provide  
opportunities for skilled Australians to  
contribute to HIV/AIDs prevention and  
response. Our Australia Awards program  
is building the capacity of key individuals  
from the region to strengthen domestic  
responses.

Australia is also committed to global efforts  
to achieve universal health coverage - we  
are investing with key partners such as the  
World Bank and Bloomberg Philanthropies  
to support Indo-Pacific countries invest in  
essential health services. The universal  
nature of this effort means leaving no-one  
behind. It implies a comprehensive approach  
to service delivery, including HIV services,  
and strong community engagement.

The Australian government continues to  
work to address inequalities and barriers  
to accessing prevention, diagnosis, and  
treatment. Our efforts will improve access  
to comprehensive sexual and reproductive  
health and rights services.

Compassion, understanding, respect  
and partnership with communities, civil  
society, and key populations are critical to  
an effective approach to eliminating HIV  
and accelerating better health for all.





**The Hon Greg Hunt MP**

*Minister for Health*

**Australia continues to be a world leader in the response to HIV. Our response is a success story, approaching 40 years, involving education, prevention, treatment, care and research.**

The Morrison Government will continue Australia's world-leading response to HIV, building upon the efforts of Governments over recent decades. Our aim is for Australia to be one of the first countries in the world to eliminate new HIV transmissions.

We are well on our way - the number of new HIV diagnoses today is at its lowest in nearly 20 years. Prevention is affordable and accessible. More people are being tested and treated earlier, and there is a focus on reducing stigma and discrimination.

HIV notifications are at their lowest since 2001. Researchers at the Kirby Institute report 833 confirmed HIV diagnoses in Australia in 2018. This compares to 937 cases in 2017 and is a 23 per cent reduction since 2014. The decline is highest in gay men and other men who have sex with men – a 30 per cent reduction since 2014.

Making pre-exposure prophylaxis (PrEP) for HIV affordable and accessible has been a real game changer. The Government's \$180 million listing of PrEP on the Pharmaceutical Benefits Scheme (PBS) in early 2018 was a landmark moment in the response, and will benefit up to 32,000 people.

In addition to PrEP, other new medicines for the treatment of HIV have been made available on the PBS including Juluca® (dolutegravir and rilpivirine)

from 1 December 2018, and Biktarvy® (bictegravir/emtricitabine/tenofovir alafenamide) from 1 March 2019.

However, there are challenges still remaining. We are not seeing significant declines in the number of notifications of HIV acquired through heterosexual sex, among Aboriginal and Torres Strait Islander peoples, or in overseas-born men. In 2018, the HIV notification rate remained two times higher among Aboriginal and Torres Strait Islander people compared to Australian-born non-Indigenous people.

The 2019–20 Budget includes an investment of \$45.4 million from the Morrison Government to support the implementation of Australia's five national Blood-Borne Viruses (BBV) and Sexually Transmissible Infections (STIs) Strategies. I am confident these Strategies will make a real difference in reducing the health impacts and stigma of BBV and STIs, including HIV.

I applaud the great progress that has been made in recent years to reduce new HIV infections in Australia, and to increase access to HIV prevention and treatments in countries and regions most affected by HIV and AIDS.

I also commend the very dedicated people who have never wavered in the fight – including people living with and affected by HIV, community organisations, researchers and clinicians. The response has been a collective effort and we must remain united, focused and continue to work together.

World AIDS Day raises awareness about the issues surrounding HIV and AIDS in Australia and around the world. It is a time to show support for people with HIV, and to remember people who we have lost to the epidemic.

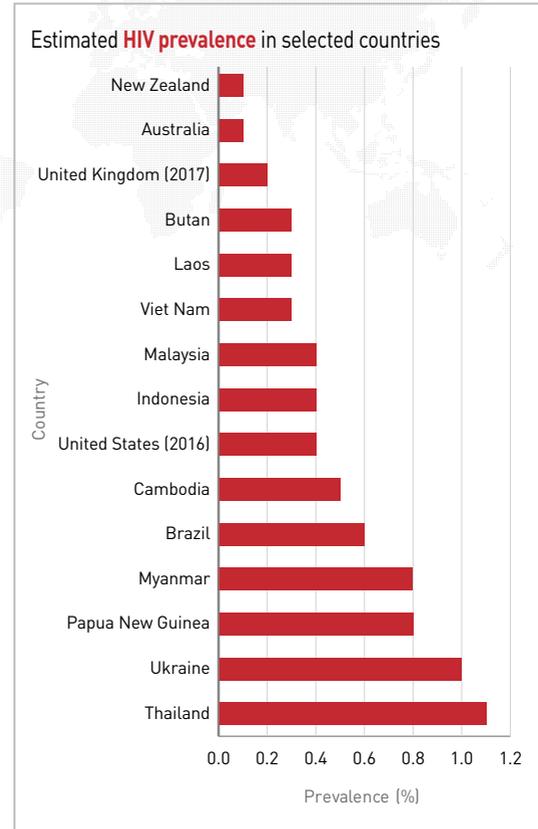
## HIV Globally in 2018

**37.9 million**  
people living with HIV

**23.3 million**  
people with HIV had access to treatment

**1.7 million**  
people were newly diagnosed with HIV

Source: UNAIDS 2018





**Senator the Hon Penny Wong  
and the Hon Chris Bowen MP**

*Shadow Minister for Foreign Affairs;  
Shadow Minister for Health*

**This World AIDS Day, Australia is on the verge of a historic achievement.**

**All Australian governments – the Commonwealth, states and territories – have now agreed on a shared goal of eliminating HIV transmission in Australia by 2022.**

That opportunity was unthinkable when the HIV/AIDS epidemic first swept Australia in the 1980s.

It has been made possible by a sustained response in the decades since – a response underpinned by partnership, harm reduction and non-partisanship.

But effectively eliminating transmission in the next three years won't be automatic or easy.

Around 850 Australians are still diagnosed with HIV every year.

And in some areas we are going backwards. It should shock us all that the rate of new diagnoses in Aboriginal and Torres Strait Islanders is now above other Australians.

For these and other reasons, Australia will miss its previous target to eliminate HIV transmission by 2020.

We cannot fail again.

That's why Labor announced substantial commitments to make HIV history ahead of the 2019 federal election.

And it's why we will continue to support the Government's efforts on HIV wherever we can – and hold the Coalition to account where we must.

But of course, the opportunity to eliminate transmission is not yet shared across our region.

Nearly 6 million people in the Asia-Pacific region live with HIV and there were over 300,000 new HIV diagnoses last year.

In Papua New Guinea, for example, treatment services are improving but health workers struggle to connect people with services in remote provinces and among key populations. PNG has the highest incidence and prevalence of HIV in the Pacific – and it's increasing.

Australia has a deep interest to ensure a prosperous, stable and healthy region.

We can and should do more to help reduce the health and economic burden of HIV in our region and improve the lives of hundreds of thousands of people – particularly the most vulnerable and isolated communities.

In Australia and in our region, we must redouble our efforts to make HIV history.

**Senator Richard Di Natale**

*Leader*

*Australian Greens*

**On World AIDS Day we remember those who have passed and those living with HIV. We wear our red ribbons and recommit to take the actions necessary to achieve zero new HIV infections. And there is much left to do.**

Last year we saw the listing of PrEP on the Pharmaceutical Benefits Schedule; a historic moment after a long campaign that the Greens were proud to be a part of. Now we must ensure that those at risk know that they are able to access it and no other barriers, like the pervasive stigma around this issue, prevents them from doing so.

It is a critical time for HIV prevention in Australia, with worrying figures showing a 33% increase in new HIV diagnosis rates among First Nations peoples, while rates among Australian-born non-Indigenous people have decreased by 22% over the same period. We will only eradicate this disease with a renewed focus on funding and implementing the national strategies and in particular the strategies for Aboriginal and Torres Strait Islander blood-borne viruses and STIs.

Stigma and discrimination has always played a part in this challenge. It is time for a new, concerted campaign to break down stigma and discrimination, encourage safer sex and encourage early testing; as well as key regulatory reforms at the state and federal levels.

It is also crucial that researchers continue to progress the knowledge base around HIV and other blood borne viruses, including community surveillance. To do so we must ensure these infections are prioritised by the NHMRC and MRFF.

Australia has a significant role in sending a clear message to the world and our region that funding to eliminate HIV should be prioritised. To do so we must maintain our contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. These contributions are critical, with the Fund providing US\$15 for every US dollar committed by Australia, totalling US\$2.9 billion from 2014-2016. Australia must commit \$300 million over the next three years from Australia's development budget to set a strong example and ensure the Fund can continue its work in a sustainable and consistent way. Australia must also play a leading role in the 2021 United Nations General Assembly's High-Level Meeting on HIV and AIDS, including support for participation by people living with HIV/AIDS and civil society in the meeting, and in the negotiation of an updated UN Declaration of Commitment to Ending HIV.

The task ahead is significant. On World AIDS Day it is time that Australia show leadership and make these commitments, which we know will be pivotal in driving down HIV infection rates at home and abroad.

As a former GP and having worked in HIV prevention overseas, this is an issue of personal significance to me. While I am pleased to have the opportunity to raise the profile of this issue each year on World AIDS Day, the challenge for policy makers and for all of us, is to keep the focus going throughout the year. I want to take the opportunity to again congratulate and acknowledge the tireless work of the Australian Federation of AIDS Organisations (AFAO), the Pacific Friends of the Global Fund and the National Association of People With HIV Australia (NAPWHA), and other partner organisations, who carry on this fight year-round.





**Mr Eamonn Murphy**  
Regional Director

*UNAIDS Asia and the Pacific*

**The global determination to defeat AIDS, as one of history's greatest health crises, has inspired a commitment within the 2030 Agenda for Sustainable Development to end the AIDS epidemic as a public health threat by 2030. However, I am increasingly worried that despite this commitment, the sense of urgency has been lost. Complacency is stalling the AIDS response and we risk losing the momentum for change.**

In Asia and the Pacific, that boasts some of the earliest successes of the HIV response, annual achievements are getting smaller, the pace of progress is slowing down and the 2020 targets are unlikely to be met. Regionally, 69% of all people living with HIV know their HIV status and, among them, 78% are accessing treatment, —surviving, thriving and living healthy lives. This is good news. But let us not forget the 2 million people that are still waiting for treatment.

We are not doing enough to prevent new HIV infections. 310,000 people became newly infected with HIV in 2018, a 9% decline since 2010. However, that number has barely changed since 2016. While some countries are making impressive gains, there are still unacceptable and worrying increases in new HIV infections in others, like in Pakistan and the Philippines where new HIV infections have increased by 57% and 203% respectively, in the past 8 years. It is unacceptable that every hour 10 young people become infected with HIV region-wide.

Discriminatory attitudes and criminal laws still push people to the margins of society. This must end. In 2018, in Asia and the Pacific one third of all new HIV infections were among key populations and their partners, who are not being considered enough in HIV testing and prevention programming.

Innovative approaches like pre-exposure prophylaxis (PrEP) are contributing to the revitalisation of the HIV response to stop new infections. However, PrEP is slowly becoming available to key populations in this region and awareness and access to PrEP remains far below what is needed.

To change the course of this epidemic, we need bold leadership now more than ever, to put HIV back on the agenda. It means making sure governments put appropriate policies in place that empower vulnerable populations. Ending AIDS as a public health threat is possible if we focus on people not diseases, create road maps for the people and locations being left behind and take a human rights-based approach.

That is why we need a strong civil society movement to transform our prevention response. The theme of this year's World AIDS Day is "Communities make the difference". Their leadership and advocacy ensure the response remains relevant and grounded, keeping people at the centre. World AIDS Day offers an important platform to highlight the role of communities at a time when reduced funding and a shrinking space for civil society are putting the sustainability of services in jeopardy.

We can start with investing adequately and smartly, and by looking at what's making some countries so successful, like Australia. Australia continues to set the global standard for an effective, innovative and inclusive national response to HIV, backed by a strong partnership between government, clinicians, researchers and communities. Australia has been at the forefront of harnessing the potential of emerging evidence and technologies, including PrEP. The rapid scale-up of PrEP to people at substantial risk of HIV infection has had a significant impact on the country's epidemic, contributing to a 30% decline in new HIV infections among gay and bisexual men nationally between 2014 and 2018. Community organisations

played a pivotal role in PrEP scale-up, including raising awareness, acceptance and demand for PrEP as an additional tool within combination HIV prevention. However, Australia also understands the HIV epidemic has not yet ended in the country, and that further expansion of PrEP access combined with a continued focus on testing, treatment, condom promotion and harm reduction will be essential for accelerating declines in HIV infections.

I count on Australia's leadership to be the engine that spurs the region to revamp HIV prevention efforts, empower communities and re-commit towards our common goal of ending AIDS as a public health threat by 2030.



 **Photo:** With Global Fund support, this clinic at the Kawthaung District hospital in Myanmar offers a wide range of health services for women and children and specialises in treatment to prevent mother-to-child transmission of HIV.

**Credit:** Global Fund/Jonas Gratzner

## Champion Community Centres: Enabling and Mobilising Communities for More Strategic HIV Services for Key Populations

Ronivin Pagtakhan and  
John Oliver Corciega

LoveYourself Inc.

The Philippines has the fastest growing HIV epidemic in the Asia-Pacific. Between 2015 to 2017, local government efforts to reach and test key populations (KPs) yielded low positivity rates (2%), highlighting the need to increase efforts to seek out more at-risk KPs.

LoveYourself, a volunteer-driven KP-led community-based organisation (CBO), established community centres to provide HIV education, testing, counseling and treatment among men-who-have-sex-with-men (MSM) and transgender women (TGW). From 2012 to 2017, it tested over 68,000 clients in three community centres in Metro Manila, contributing 17% of the total number of diagnosed cases in the country.

With support from the current Global Fund National Grant, as sub-recipient of Save the Children Philippines, LoveYourself is replicating its community-based service delivery model to reach more KPs—particularly those “hard-to-reach” or unwilling to visit public HIV facilities—and increase the rates of testing and treatment among them. “Champion Community Centres”, as they are called, are envisioned to be one-stop alternative service delivery settings, expanding differentiated HIV care among KPs through both outreach and facility-based prevention, testing and treatment services.

Since October 2018, investments have been made for the establishment/refurbishment and operations of twelve other CBO-led Champion Community Centres in high-burden areas across the country. From July 2018 to March 2019, LoveYourself and the twelve Champion Community Centres



Photo: Staff and volunteers at Love Yourself Victoria



Figure 1. Champion Community Centre Capacity Development Framework

contributed almost as much share (17.4%) to the total number of newly diagnosed cases nationwide as that of health facilities in 38 Global Fund-supported local government units (LGUs) (19.2%). Compared to LGUs’ 2.6%, the Champion Community Centres also yielded a higher positivity rate of 6.8% among MSM/TGW tested between July 2018 to June 2019.

A year since, LoveYourself and Save the Children Philippines administered an organisational assessment to determine partner CBOs’ capacity gaps and needs—service delivery-wise and beyond—and to plan for actions to fully develop their Champion Community Centres into one-stop-shops. (Figure 1)

Guided by this assessment, the Global Fund Multi-Country Grant Sustainability of HIV Services for Key Populations in Asia (SKPA) Program under the Australian Federation of AIDS Organisations is reinforcing country efforts with complementary

technical assistance for sustainability and community systems strengthening—from social marketing and communications and resource mobilisation to strategic planning, community-based research and monitoring-and-evaluation.

As CBOs play a significant role in drumming up demand for PrEP, mass testing, self-testing and condom distribution, their community centers will be mobilised, with SKPA support, as additional access points to scale-up these innovations. Moreover, at least two community centers which are transgender-led/focused will be championing trans health services including hormonal replacement therapy.

With sufficient and continuing support, CBOs—with their established networks of KPs and demonstrated higher positivity rates—are evident, if not more compelling, entry points for expanding HIV prevention, testing and treatment coverage among those most at-risk.



**Mr Peter Sands**  
Executive Director

*Global Fund to Fight AIDS,  
Tuberculosis and Malaria*

**Australia has shown remarkable leadership in global health, contributing a total of \$A709.48 million to the Global Fund to date. In October 2019, Australia pledged \$A242 million for the Global Fund's Sixth Replenishment – a 10% increase over the previous period. Australia has also invested heavily in bilateral initiatives to fight HIV across Asia and the Pacific and beyond.**

Together, we have contributed to delivering HIV treatment to more than 23 million people and cutting the number of deaths from AIDS by more than 55% since the peak in 2004 – from 1.7 million to 770,000 in 2018. In the fight against HIV, tuberculosis and malaria, Australia has supported the Global Fund partnership to save 32 million lives as of the end of 2018.

We are at a crucial stage in the fight against HIV. Overall HIV incidence rates are declining, but the total number of infections is still unacceptably high, at 1.7 million new infections in 2018. This number is not dropping fast enough to meet the UNAIDS target of fewer than 500,000 people infected per year by 2020.

Persistent gender and human rights barriers drive new infections and reduce uptake and retention of health services. As a result, members of key populations, such as men who have sex with men, transgender people, sex workers, people who inject drugs, and their partners now account for over half of all new infections. Girls and young women

aged 15-24 in sub-Saharan Africa are twice as likely to be HIV-positive compared to young men of the same age. In the hardest-hit countries, it's six times as high.

To end the HIV epidemic by 2030, we must build more just and equal societies, and remove human rights and gender-related barriers to health. Additionally, we must step up our investments in innovative programs that can help us achieve results faster, and more cost-effectively.

In October, French President Emmanuel Macron led the world in raising US\$14.02 billion for the Global Fund's Sixth Replenishment. This will help save 16 million lives over the next three years, cut the mortality rate from HIV, TB and malaria in half, and build stronger health systems. A significant amount of the resources raised will go to fight the epidemics in Asia and the Pacific, supporting progress toward the health-related targets of the 2030 Sustainable Development Agenda.

We have come a long way in the fight against HIV in the last decade. Now we must make smarter investments to end this epidemic. As we strive to achieve that goal, we will continue to count on Australia's leadership.

## GET PrEP'D

### AFAO's national PrEP campaign

**With the addition of scaled-up PrEP access, alongside increased testing and other HIV prevention tools (including condoms and treatment as prevention), significant decreases in HIV diagnoses among gay and other men who have sex with men (MSM) have been reported in Australia. However, not all gay and other MSM have experienced these decreases. To ensure Australia achieves the greatest impact from PrEP, we need to ensure that it reaches the populations that will benefit from its use.**

AFAO has developed a national digital PrEP campaign, *Get PrEP'D*, targeting gay and other MSM, and with a specific aim of reaching sub-populations of these men, that are not currently utilising PrEP. These sub-populations include, Aboriginal and Torres Strait Islander men, men of culturally diverse backgrounds, men and masc people of trans experience and men from rural and regional communities.

The campaign has been informed by existing research and literature, and by new market research commissioned through the project. This provided important insights into these populations' knowledge, understanding and attitudes of PrEP, and importantly investigated the barriers to these men using PrEP. These insights informed the website content, video content and messaging for advertising for appropriate and effective targeting to these populations.

The campaign features five PrEP users representing these sub-populations across the different campaign elements (website, videos, advertisements and social media)

to show the diversity of these men's experiences. These include an Aboriginal man, an Asian man, a South American man, a man of trans experience and a man from rural Australia.

The campaign was launched in early March 2019, and video content is a key component of the campaign. This has included campaign introduction videos and an animated PrEP explainer video. The first of a series of episodes in which we hear from the five men from the campaign as they share their stories, experiences and the benefits of being on PrEP was also recently launched.

The website and the captions for all of the videos have also been translated into Thai and Spanish, and the spoken videos also provide captions in English for deaf and hearing-impaired people.

AFAO is working with our members, affiliates and other partners to support their local implementation. This includes the amplification of campaign products through local digital channels (websites, social media and other promotions) and offline channels, including events and peer education.

The *Get PrEP'D* campaign is successfully targeting gay and other MSM, as well as specific sub-populations of these men, that would benefit from PrEP by not only raising awareness of PrEP, but by also addressing the barriers to using PrEP identified in the development of the campaign.

[www.getprepd.org.au](http://www.getprepd.org.au)

[www.facebook.com/getprepdau](https://www.facebook.com/getprepdau)



### Professor Brendan Murphy

Chief Medical Officer

Department of Health

**Australia continues to be a world leader in the response to HIV and the success of our response is built on a model of partnership between governments, people living with HIV, community-based organisations, health professionals and researchers. Through their concerted efforts, more people are being tested for HIV, people living with HIV are initiating treatment earlier and more are achieving a suppressed viral load. In addition, improved access to HIV prevention methods, including the PBS-listed pre-exposure prophylaxis (PrEP), are helping to reduce the number of new HIV diagnoses.**

In 2018, Australia recorded its lowest number of HIV notifications since 2001 at 833. This represents an overall decline in HIV notifications over the past five years of 23 percent nationally, and 30 percent in gay men and other men who have sex with men. This is very encouraging and is largely attributed to the successful uptake of PrEP in gay and other men who have sex with men. It highlights the critical role PrEP will play in our HIV response going forward.

However, the latest data also reveals that the HIV epidemic is increasingly heterogeneous - we are not seeing significant or any declines in the number of notifications of HIV acquired through heterosexual sex, among Aboriginal and Torres Strait Islanders or in certain culturally and linguistically diverse populations. These groups are more likely to be diagnosed late and, as a result, they

are more likely to experience comorbidities. They may also unknowingly transmit the virus. Continued efforts to enhance access to HIV prevention methods, expand testing coverage and support early commencement of treatment within these populations are a priority going forward.

The Eighth National HIV Strategy 2018-22, launched to coincide with World AIDS Day 2018, guides our partnership approach over the next four years to virtual elimination of HIV transmission by 2022. This includes sustaining the virtual elimination of HIV transmission among people who inject drugs, sex workers and from mother to child. The Strategy also contains goals to reduce the mortality and morbidity, and to eliminate the stigma and discrimination, related to HIV. Australia is well placed to achieve these goals with the continued and dedicated efforts of all partners in the response.



### Professor Sharon Lewin

Director

*The Peter Doherty Institute for Infection and Immunity*

**Over the last 5 years, increased testing, high rates of uptake of antiretroviral therapy (ART) and increasing use of pre-exposure (PrEP) have led to impressive declines in new HIV infections across Australia. This change is certainly something we should and must celebrate. We are the envy of many countries across the world and have much to be proud of. This has been a joint effort between community, clinicians, researchers and government – a testament to the HIV partnership that has underpinned the HIV response in Australia since the beginning of the epidemic.**

However, as always – we should never be complacent. New infection rates have unfortunately not declined in all key populations. The number of new infections each year in Australia remains largely unchanged in heterosexuals, Aboriginal and Torres Strait Islander people, and gay and bisexual men born overseas. We need to do more to reach and engage people at risk in these groups and we need targeted and innovative prevention programs developed in conjunction with these communities. Now, more than ever, it is unacceptable to leave anyone behind.

It is also not enough for us to achieve the virtual elimination of new HIV infections in Australia only. We need to support the HIV response across our region. In addition to access to ART and PrEP, this importantly involves protecting the human rights of



people who use drugs in countries like the Philippines, assisting the worrying emerging issues such as iatrogenic transmissions in Pakistan or high rates of drug-resistance in Papua New Guinea, and assisting all to reach the 90-90-90 targets. A major component of reaching these targets is Australia's ongoing financial contributions to bilateral and multi-lateral efforts such as the Global Fund. I hope, as you read this, we are celebrating a successful Replenishment Conference!

Finally, in an era where the medical research budget in Australia has doubled with the establishment of the Medical Research Future Fund, we must continue to play a leading role in the development of a vaccine and a cure for HIV. With 37 million people living with HIV and 1.7 million new infections a year globally, we will not eliminate HIV globally without these tools.

In 2019, a second man was cured of HIV following a bone marrow transplant in London. There was much excitement with the announcement, but we have a long way to go in developing a safe and effective cure for all people living with HIV. Significant investment in fundamental science is still needed. 2019 was also the year we were reminded that we put a man on the moon - 50 years ago. We should draw inspiration from both these stunning scientific achievements and continue to strive for a cure for HIV for all.

# HIV in Australia in 2018

**833** New diagnoses in Australia

**18%** decline compared to the average of the last four years

**4.7 vs 2.3** The rate of diagnosis is around twice as high among **Aboriginal and Torres Strait Islander** people than people per 100,000 than **Australian born non-Indigenous people**

## HIV Transmission

- 62%** Male-to-male sex
- 23%** Heterosexual sex
- 7%** Male-to-male sex and injecting drug use
- 5%** Other/unspecified
- 3%** Injecting drug use

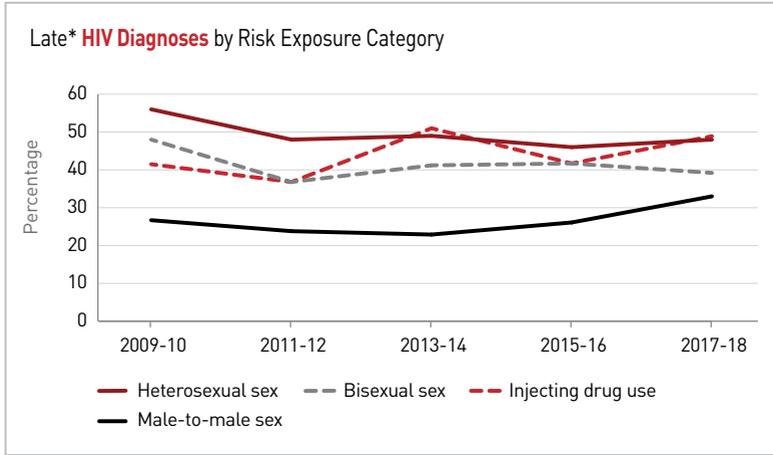
**89%** of people diagnosed with HIV were on treatment in Australia



**95%** of people on treatment have an undetectable viral load



**27%** of people with HIV including people living with undiagnosed HIV do not have an undetectable viral load



\* A late diagnosis is defined as such when CD4+ cell count is less than 350 cells/ $\mu$ L  
 Source: Kirby Institute 2018

## Leadership in the HIV Epidemic

The Hon Michael Kirby AC CMG

I thank AFAO and its partnership with the National Association of People with HIV Australia (NAPWHA) and Pacific Friends of the Global Fund for sponsoring this annual reminder of the epidemic and for distributing it to all Members of Parliament, Senators and stakeholders throughout our country.

HIV and AIDS remain a major challenge for the world. Yet, in Australia we have made great progress as is evident in the announcement by the Kirby Institute on 3 July 2019 that HIV diagnoses in Australia had dropped to the lowest number in 18 years. With 833 notifications in 2018, this is the lowest number since 2001. It represents a decline of 23% over five years. This is largely the result of reductions in the number of HIV diagnoses that are reported as attributable to sex between men (a 30% decrease over five years). There have been no declines in diagnosis amongst heterosexuals or in the Aboriginal or Torres Strait Islander populations. Once again, our Indigenous people are in need of greater attention and support from the rest of us.

I pay special tribute to the Kirby Institute and also the Burnet Institute, Doherty Institute and Pennington Institute. They are world leaders in outstanding science and research. We can be proud of them and of our scientists.

We can also, on this occasion be proud of our politicians. The initiatives taken in the earliest days of HIV to reach out to vulnerable populations helped get us where we are, with declining numbers of infections. But so have other initiatives taken by politicians in more recent times deserve acknowledgment. Certainly, these include the addition of antiretroviral drugs to treat HCV, a virus that can now

be cured and that has been added to the Pharmaceutical Benefits Scheme. A seminar on World Hepatitis Day on 29 July 2019, also at the Kirby Institute, disclosed the "missing piece of the Hep C elimination puzzle" as it impacts people who use drugs, and especially prisoners and their sexual partners and families.

HIV and AIDS represent a tragedy. But here too the gift of inspired leadership has been vital to the global response. Amongst the world leaders have been Halfdan Mahler, who insisted that WHO take up the HIV challenge, virtually from the start. Jonathan Mann who taught the world the AIDS paradox and demanded a human rights approach to this epidemic. Then came Peter Piot, the first Executive Director of UNAIDS. With critical funding support, he promoted the provision of antiretroviral therapy to millions who would have otherwise have died. Piot's successor was Michel Sidibe who pushed forward to bring sceptical leaders in Africa and elsewhere into harmony with the global strategy. Now, on 14 August 2019 the third leader of UNAIDS has been appointed: Ms Winnie Byanyima. Chosen by the UN Secretary-General, she has committed herself to the objective envisaged in the Sustainable Development Goals: the end of AIDS as a public health threat by 2030. She acknowledges that the dimension of the challenge cannot be underestimated. But she has promised to "speak up for the people left behind and champion human rights as the only way to end the epidemic".

So on this World AIDS Day 2019 we need to rededicate ourselves to these goals. Australia must re-energise its contributions to our region and the wider world. AIDS can only be defeated as a global challenge. And when we have succeeded there, it will be essential to carry the lessons of AIDS into all essential healthcare challenges. Working together, we will succeed.





## Professor Anthony Kelleher

Director

*Kirby Institute*

**This World AIDS Day is an opportunity to pause and reflect on how far we have come, and to renew our focus on how far we have yet to go, in the fight against HIV/AIDS.**

In Australia, we are fortunate to have had broad support and coordinated effort across government, academia, clinicians, and importantly, the community to find the best treatments for people living with HIV, and prevention strategies to drive down transmissions.

This year, we can confidently say that the availability of pre-exposure prophylaxis (PrEP), the HIV prevention medication, together with testing and treatment initiatives, means the virtual elimination of HIV transmission in Australia is now a real possibility. Our EPIC-NSW study was the largest population-level trial of PrEP to have been conducted in Australia, and was the culmination of cross-sector collaboration. PrEP is now available through the Pharmaceutical Benefits Scheme, and affordable, across Australia. We cannot underestimate the impact this has had in communities, who now have choices when it comes to negotiating relationships. It is exciting progress.

Likewise, our Opposites Attract study has contributed to the global evidence demonstrating the risk of an HIV positive person on antiretroviral therapy passing on the virus to an HIV negative person is effectively zero when their viral load is undetectable. There is global momentum around U=U, or Undetectable=Untransmissible.

The reduction in new cases of HIV have been most significant among gay and bisexual men in Australia, the focus population of these studies, but this success has made the gaps in our efforts more pronounced. This is reinforced by the latest HIV surveillance data, released in July, which reveals significant declines among gay and bisexual men, but rates remaining stable among heterosexual and Aboriginal and Torres Strait Islander populations. Furthermore, we are not seeing reductions among those who are ineligible to access Medicare. We must continue to come together across sectors to find innovative ways to refocus testing, treatment and prevention initiatives by identifying the gaps and developing insightful and informed programs that are accessible and acceptable for all Australians.

We ignore at our peril the epidemics continuing on our doorstep. Our innovation and insight should inform the expansion of efforts into our region. This year at the Kirby Institute, we were pleased to launch the Cooper HIV/AIDS Research Training (CHART) Program. It was established in the name of our inaugural director, Professor David Cooper, to carry forward his ethos of capacity building, to enable the development of locally informed solutions developed by an in-country workforce sensitive and responsive to domestic constituencies. It is the coming together of dedicated people in our region, where opportunities are created to most effectively work towards alleviating the burden of HIV globally. We all have a role to play in this.

Now is not the time to stand still. Despite promising results in our country, it is our responsibility to continue the momentum and share the lessons learnt more broadly. With sustained and increased efforts, we have the opportunity to make great inroads to achieving the UN's 90-90-90 targets not just in Australia, but globally.



**Burnet Institute**  
Medical Research. Practical Action.

## Professor Brendan Crabb AC

Director and CEO

*Burnet Institute*

**We're close to the end of the HIV epidemic as a public health threat in Australia, but Papua New Guinea is still facing a myriad of challenges. Treatment of HIV should be as effective in PNG as in Australia. But it doesn't work if people can't access treatment or if there is treatment resistance. Both of these are occurring in 2019.**

Of 48,000 people estimated to be living with HIV in PNG, only 27,000 are on treatment. Many people remain undiagnosed due to inadequate testing. 41% of sex workers who are HIV positive, and 23% of men who have sex with men and transgender people who are positive, don't know their status. Others know they have HIV, but are unable to start treatment because of lack of available and consistent supplies of medicines.

Treatment resistant strains of the virus are now being transmitted in PNG, at the same time as new treatment resistance is generated when people stop treatment. Of people newly acquiring HIV, 17% experience treatment resistance. Of those who interrupt treatment then later return to it, 42% have treatment resistance.

Better access to both testing and sustained treatments can be managed through better collaboration between governments, health providers and communities. The technologies are available, including new regimens not so prone to treatment resistance.

Systems are failing to distribute reliable supplies of medicines and testing technologies. Lack of financing is limiting

the national supply of new treatments including dolutegravir, which can provide better health outcomes for people with treatment resistance. For much of 2018, even HIV testing kits and the standard first-line treatment medicines were not available in many clinics.

The halting of previously funded community education in 2017 has resulted in many people in key populations still not knowing that treatment is effective and not seeking testing. Burnet has developed a new HIV treatment literacy toolkit for HIV infected "expert patients" to use structured methods to explain treatment literacy to clients. This is effective but is only available so far through the eight peers we have been able to train and support in just two cities. The key population organisations are keen to provide more treatment education but currently have no resources.

The availability of effective treatment medicines should now mean that HIV treatment can be provided by Community Health Workers, not just HIV specialists. It should mean that HIV treatment becomes a standard service in all primary health centres. The current inconsistent supply of ARVs means the opposite: staff need to be trained in complexity, provide extended consultations, and continue running HIV standalone clinics. In 2017, some clinics were already giving patients six months' supply of medicines, but now they can only hand out one month's supply. This increases costs of service provision and interrupts patients' lives.

World AIDS Day is a time to celebrate our successes, but also to remember there is a long way to go, even among some of our closest neighbours.





**Professor Carla Treloar**  
Director

*Centre for Social Research in Health*

**Our Gay Community Periodic Surveys (GCPS) have collected data since 1996 on the sexual practices, risk and engagement in prevention and care by gay and bisexual men. The GCPS data have shown dramatic changes in the last few years, with a rapid uptake of PrEP and growing engagement with HIV treatment as prevention by community-engaged men. Within the GCPS, the UNAIDS 90-90-90 treatment targets were met some time ago.**

However, when we look at sub-groups, the results are more complicated. Our National Gay Asian Men Periodic Survey shows gay Asian men continue to rely on strategies such as consistent condom use or the avoidance of anal intercourse to prevent HIV. This is in stark contrast to the GCPS in which there has been a dramatic shift towards biomedical strategies such as “U=U” and PrEP. In addition, our surveys suggest that PrEP uptake has been concentrated in the eastern states and territories and among educated and employed gay men.

Examining the factors that drive inequitable access to innovations such as PrEP, especially using in-depth, qualitative research, help us to unpack trends in surveillance data, and contribute to the national response in ensuring that no part of the community is left behind.

Stigma affects all communities living with HIV. Our Stigma Indicators Monitoring Project has documented the extent to which people living with HIV experience stigma and the sources of this stigma. Significant proportions of people living with HIV report being treated negatively in health settings and being rejected by potential sexual partners. Social support acts as a buffer to the negative effects of stigma and promotes positive wellbeing, but people living with HIV in Australia who are socially isolated may be at increased risk of the negative effects of stigma. This points to the importance of promoting strong social support systems (through peers, community and the health system) to counter the negative impacts of stigma.

**Mr Alexis Apostolellis**  
Chief Executive Officer

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

**At the Australasian HIV & AIDS Conference in Perth in September, ASHM hosted a meeting between the leaders of the HIV response in Papua New Guinea, our closest neighbour. Those present, including representatives from the PNG government, the PNG National AIDS Council, community representatives and health providers, used the meeting to issue an urgent Call to Action: a demand that partners, donors, governments and people with HIV unite, to arrest and reverse current HIV trends in PNG. This can only be achieved, this Call to Action states, through renewed donor engagement, improved collaborations, greater involvement of affected communities, strengthened health systems and the continued development of a competent and confident clinical workforce.**

Of particular note PNG has the fourth highest pre-treatment drug resistance among first-line HIV treatment initiators in the world; additionally there were 300 children born with HIV in 2018 and it is expected that this number will be much higher in 2019; stigma and discrimination remain significant barriers for people to access services compounded by geographic challenges, staff shortages and drug stock-outs.



While these are dramatic reminders of the challenges for PNG, other countries in our region share similar obstacles – in particular fear of actual experienced stigma and discrimination from health care providers. This is entirely unacceptable, and Australia is no different in this regard. Evidence shared in Perth that mandatory testing laws and policies meant to protect first line responders around their concerns of blood borne viruses transmission, typically in the context of assault, are not based in either current evidence nor ethical effective practice.

Finally, our sector has still much work to do in Closing the Gap in the rates of HIV, syphilis and other sexually transmissible among Indigenous communities and First Peoples throughout Australia. Delegates at the Perth conference signaled their support for significantly more work to be undertaken and resources targeted alongside Aboriginal and Torres Strait Islander peoples from youth to elders through the Noongar Boodja Statement.

ASHM remains committed to supporting our sector at home and in our region with our neighbours in the Pacific and beyond, through high quality community informed events, tools and trainings for the work force and acknowledge that uneven progress for 2020 interim UN targets in the HIV response in many countries have some way still to go and Australian organisations continue to have both a duty but also the resources and expertise to lend support.



## HIV partnership at the heart of Australia's HIV response for almost four decades

Bill Bowtell AO

*Pacific Friends of the Global Fund  
Senior Private Secretary to  
Neal Blewett 1983-87*

**“ (Bob Hawke’s) work, along with health minister Neal Blewett, ensured Australia’s response to the AIDS epidemic was the best in the world.”**

*Hon Scott Morrison, Prime Minister, 3 July 2019*

Bob Hawke became Australia’s Prime Minister in March 1983, just when the immense threat to public health posed by the emergence of HIV/AIDS was becoming apparent.

Over the critical early years of the Australian HIV/AIDS response, Bob Hawke, his government and the Parliament encouraged the formulation and implementation of HIV/AIDS policies on care, treatment, research and prevention that were radical, sometimes controversial but have proven to have been right.

In Australia, we gave priority to prevention and to working with affected communities to bring about behavioural changes that greatly reduced the rate at which HIV was being transmitted.

Over time, this meant that many tens of thousands of young Australians were not infected with HIV and many deaths from AIDS averted.

From the early 1980s onwards, a small number of cases of a new mystery ailment had been reported in the United States and some other countries.

People afflicted with the symptoms of this hitherto unknown disease were presenting in the final stages of illness.

In October 1982, the first Australian case of this disease was reported.

The newly-elected Hawke government was therefore confronted with a rapidly deteriorating public health emergency in which both the nature and the method of transmission of the malady was unknown.

Even when the viral nature of HIV was confirmed in early 1984, there were no remotely effective treatments and only a glimmer of hope that behavioural changes might inhibit the spread of the virus.

In the grim years of the mid-1980s, the imperative need was for the Australian government to build the closest partnerships with doctors, clinicians, carers and researchers to devise the best possible policies to contain the spread of HIV.

But the critical insight of the Hawke government, and then the Parliament, was to insist and ensure that those most affected by HIV/AIDS were placed at the centre of the national mobilisation against HIV/AIDS.

Dr Neal Blewett, the Health Minister in the Hawke government, insisted that the Australian HIV response had to be based on careful accumulation and weighing of science and evidence and total repudiation of prejudice and panic. This approach was strongly supported by the former Liberal Party Health Minister, Dr. Peter Baume, and senior members of the opposition. Bob Hawke endorsed Neal Blewett’s approach and unwaveringly supported the creation of radical and bold initiatives across HIV care, treatment, research and prevention. Most importantly, Bob Hawke and his government knew that, if it were to succeed, the Australian response to HIV/AIDS had to be

supported across the Parliament and in the broader Australian community.

The solid foundations of the response had to endure across years and decades, and beyond the political lifetime of any one Australian national, state or territory government. When things were at their most uncertain, and picking the right way through the controversy, anger and foolishness was very hard, Prime Minister Hawke could well have faltered in his commitment to these policy settings, and caved in to those advocating sanction, isolation and quarantine of those with, or at greatest risk, of HIV/AIDS infection.

But Bob Hawke never budged.

Instead, he oversaw the emergence of a resolute policy consensus around HIV first with his opposite number, Andrew Peacock and

key members of the Liberal Party opposition and then with politicians from almost all parties in the Commonwealth Parliament.

The HIV coalition forged by Bob Hawke, Neal Blewett, Andrew Peacock, Dr. Peter Baume and other political leaders in the mid-1980s has been at the heart of Australia’s HIV response for almost four decades.

The essential elements of the HIV strategy have been endorsed and built upon by successive governments and Parliaments from 1983 to the present.

On World AIDS Day 2019, we should endorse the words of Prime Minister Scott Morrison and acknowledge the principles of cooperation and inclusion laid down by Bob Hawke and Neal Blewett that have been at the heart of our outstanding response to HIV/AIDS.



 **Photo:** The Hon Dr Neal Blewett AC (Australian Health Minister, 1983-1990) and the Hon Dr Peter Baume AC (Senior Shadow Cabinet Minister 1983-1991) discussing the bipartisanship that defined Australia’s early response to the HIV epidemic at the May 2018 AFAO Members’ Meeting.



## Professor Suzanne Fraser

Director

*Australian Research Centre in Sex, Health and Society, La Trobe University*

### The National HIV Strategy has set Australia a series of ambitious goals to be met by 2022.

These include three key targets:

- that 95% of all people living with HIV will know their HIV status;
- that 95% of those diagnosed will receive sustained antiretroviral therapy; and
- that 95% of those receiving antiretroviral therapy will have undetectable viral load.

The Strategy recognises that achieving these goals will require a focus on broader quality of life and wellbeing for people living with HIV. Poor quality of life, poor mental health and experiences of stigma can hinder access to testing and care, and also hinder treatment maintenance. Conversely, supporting health through viral suppression does not by itself ensure quality of life. In short, quality of life and health relate to each other, but one does not guarantee the other. With this in mind, ARCSHS has been working on several research projects that aim to develop better understandings of quality of life for Australians living with HIV.

Measuring quality of life presents many challenges. In partnership with peer-led organisations, research, health and community services, and industry, ARCSHS has developed an effective and practical way to measure quality of life of people living with HIV (the PozQoL scale).

ARCSHS' latest HIV Futures study of the health and wellbeing of people living with HIV in Australia incorporated this new

scale, finding that while 63% of people living with HIV reported good quality of life, there was much diversity of experience. Most people were doing well and reported good health, strong levels of social support and connection, and access to quality and affordable health care. At the same time, the survey found high levels of poverty among people living with HIV, with one in three reliant on government benefits as their main source of income. Mental health issues were also a concern, with over 50% having been diagnosed with depression at some point in their lives. Many participants also reported being socially isolated, or lacking support from others, and many were concerned about HIV-related stigma or rejection.

Levels of access to testing, treatment, social support and care vary by cultural community, gender, sexuality, age and geography. Our qualitative project, A Study of HIV Management, Care and Support Needs among People from Migrant and Mobile Populations in Australia, has been investigating these differences and is now also beginning to produce results. Its findings will assist government bodies, health services and community support agencies in planning and delivering culturally sensitive and appropriate services for people living with HIV from migrant and mobile populations, as well as their communities more broadly.

On World AIDS Day 2019, ARCSHS joins with its government and community partners, and research collaborators, as well as with people living with HIV across the country, to affirm the importance of quality of life and wellbeing for people living with HIV in all their diversity, as we also continue to work together towards an end to the HIV epidemic for all.



## Mr Cipri Martinez

President

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

### It is heart-warming and joyful to know the commitment and efforts of people with HIV (PWH) have contributed to the overall decline of HIV rates in Australia. We are very fortunate to live in a country that provides universal health care, a system that is underpinned by the idea that respect for life and dignity of all life is a core Australian value – values that are exemplified in the Australian Partnership Response to HIV.

Most PWH gain beneficially from the Australian health care system, however it's reach is not perfect or even. To achieve the virtual elimination of HIV in all populations we require a greater and more meaningful reach and engagement with PWH and their most affected communities. The Institute estimates that there are 28,180 people living with HIV and only 21,710 have an undetectable viral load. This means approximately 6,470 are not yet receiving the quality of life and advantages of being on treatment. Listening to and supporting individuals on their journey is a crucial piece of the equation.

As highlighted in HIV Futures 9, resolving positively the social determinants of health for each person with HIV is the real challenge for peers, professionals and partners in the Australian Partnership Response to HIV. In the past year NAPWHA has released four substantial pieces of work that directly address this; a report on HIV and Ageing in Australia, a Stigma and Resilience Framework, an Audit of

Australia's Mandatory Disease Testing Laws, and a report on Medicare Ineligible PLHIV in Australia. As John Rule, NAPWHA's Senior Research Manager stated in his foreword in Futures 9 "Whilst there is currently an exciting narrative about biomedical advances and HIV prevention, Futures now spanning over twenty years uncovers many areas of concern – mental health, social isolation and the negative impact of other social determinants of health. More investment is needed to ensure good quality of life for all PLHIV in Australia, particularly now that the population is living longer with HIV."

In 2019 the worldwide theme for WAD is "Communities make the difference" When at their best, communities are made up of people who choose to deeply accept, love and support each other. We consciously choose to make a loving difference in each other's lives. When this happens, our quality of life soars, our dignity soars, our creative resolve to meet challenges takes places, we can and will virtually end HIV. We owe this to each other and in loving remembrance of those who we have lost to HIV/AIDS.



**Ms Jules Kim**  
Chief Executive Officer

*Scarlet Alliance*

**This year has been a significant year of progress in Australia's successful and sustained HIV response. There has been a greater recognition of the need to respond to the structural drivers of the epidemic. There has been a solid focus on the need to address stigma and discrimination, and legal and human rights barriers to people's health and a continuing recognition of the centrality of people with HIV and priority populations as essential to positive outcomes in relation to prevention, treatment, education, support and care.**

We are one year along in a robust set of National Strategies for 2018-2022, developed with consultation and input from all stakeholders. We have seen positive commitments from all governments to meeting the ambitious, yet achievable targets of the National HIV Strategy.

Sex workers in Australia continue to maintain virtual elimination of HIV- a key achievement that is unique to Australia. The important work of peer led programs and organisations have been critical to this success and must be maintained. There has been a growing recognition of the need to progress changes to the legal and human rights barriers to the health, safety and rights for all Australians, regardless of race, colour, gender, sexuality, BBV status, drug use, occupation, socio-economic status, migration status, language, religion, culture or geographic location, including custodial settings. Key to this for sex workers is the need to decriminalise sex work. Decriminalisation of sex work has

been recognised as definitively linked to a reduction in HIV risk and rates and critical to removing barriers to health and safety for sex workers. And there has been positive progress to support the need to fully decriminalise sex work across the states and territories of Australia, with active sex worker led campaigns gaining momentum and supporters throughout Australia. Decriminalisation of sex work is a technical recommendation by the World Health Organisation and UNAIDS, and recognised as crucial to public health and in facilitating access to HIV prevention, treatment, support and care. Decriminalisation of sex work is necessary for sex workers health, safety and human rights and fortunately, around Australia, we are seeing a growing awareness of this fact.

Sadly, sex workers continue to experience unacceptable levels of stigma and discrimination across all settings, including in healthcare. Despite Australia's enabling laws protecting against discrimination for most priority populations, anti-discrimination protections for sex workers remain absent in most states and territories. The devastating impact of stigma and discrimination on health outcomes is well documented. Evidence demonstrates the impact of stigma and discrimination on health, including mental health, access to health care and barriers to services and support. Now we must all act to address stigma and discrimination experienced by people with HIV and priority populations. We must act to remove barriers to HIV prevention, treatment, care and support and to call on governments to protect and promote the human rights of all people with HIV and priority populations. Our continued leadership in the HIV response depends upon it.



**Ms Melanie Walker**  
Chief Executive Officer

*Australian Injecting & Illicit Drug Users League (AIVL)*

**The Australian Injecting and Illicit Drug Users League (AIVL) is honoured to provide a message of support ahead of World AIDS Day 2019. The theme of this year's World AIDS Day is "Communities make the difference". AIVL is the national organisation representing people who use/have used illicit drugs and is the peak body for the state and territory peer-based drug user organisations. It is a pleasure and a privilege to provide a message of support on behalf of the communities that AIVL represents.**

We come together again on 1 December to show our communities' support for people living with HIV and to commemorate people who have died of AIDS related conditions or other conditions associated with HIV. This time last year we saw the launch of Australia's new National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies, including the Eighth National HIV Strategy. AIVL is particularly grateful that custodial facilities have been included as priority settings for action moving forward. The focus on custodial settings in the new Strategies will not only enhance effectiveness of interventions for this population but also strengthen the effectiveness of initiatives to reduce the impact of all BBVs and STIs for the broader Australian community. The emphasis on needle and syringe programs (NSP) in custodial settings is particularly significant.

AIVL renewed its call for a greater focus on key prevention and harm reduction initiatives in the context of International Overdose Awareness Day on 31 August. AIVL is calling for the implementation of widespread peer distribution of the opioid overdose reversal drug naloxone and enhanced resourcing for peer-based overdose prevention programs across the country. In the context of rising rates of overdose, there needs to be an enhanced focus on the implementation of evidence-based prevention and harm reduction measures for all the different communities we serve.

In recent months, AIVL has also expressed frustration at the revival of Australian Government plans to impose drug testing on welfare recipients. AIVL continues to point out there is no point identifying people with alcohol and other drug (AOD) problems if there is inadequate access to drug treatment services for those who need them. A recent review by the National Drug and Alcohol Research Centre found there is substantial unmet demand within the AOD treatment sector across Australia, with an estimated 200,000-500,000 Australians each year unable to access treatment for problems associated with drug or alcohol use.

In summary, in 2019, AIVL is excited by some new developments in the domestic context but emphasises that criminalisation, stigma and discrimination continue to disproportionately affect the communities we serve and are issues that present an ongoing challenge to our efforts going forward. In 2020, we look forward to being able to welcome an enhanced focus on cost effective prevention, treatment and harm reduction measures to meet the diverse needs of all our affected communities.



**Ms Michelle Tobin**  
Chair

*Anwernekenhe HIV Alliance (ANA)*

**Aboriginal and Torres Strait Islander communities shoulder an ever larger share of Australian HIV transmission. In one of the world's wealthiest nations, this is intolerable.**

While the broader HIV prevention effort delivered Australia's lowest rate of transmission since 2001, new transmission among Aboriginal and Torres Strait Islander people has now doubled since 2011.

The latest technology and medicine is simply not cascading into our communities. We have a different epidemic, with greater transmission through heterosexual sex and injecting drug use than non-indigenous Australians. And while the non-indigenous population experiences signs of declining stigma, this is not the case in Aboriginal and Torres Strait Islander communities.

These dynamics demand a vastly differentiated approach to HIV prevention and treatment, buttressed by serious resourcing.

We need a tailored approach that begins with better awareness of HIV through culturally appropriate, community-level communication. This must be particularly focused on women and people who inject drugs.

The benefits of both PrEP and Treatment as Prevention also need to be thoroughly promoted and communicated. Awareness and availability of PrEP is nowhere near where it should be. Any Aboriginal or Torres Strait Islander person with a medium to high risk of HIV must be made aware of this extraordinary new medicine and given access to it.

Similarly, we need a step change in testing. An estimated 20 per cent of Aboriginal and Torres Strait Islander HIV infections are undiagnosed. This compares with only seven per cent in the non-indigenous community. This is undoubtedly fueling our epidemic and every testing tool in our arsenal must be deployed to firstly improve awareness of HIV status, and then promptly move those who are positive onto treatment.

Critically important are the skills of the Aboriginal and Torres Strait Islander HIV workforce. Despite best efforts and intentions, there is simply not enough investment. Areas such as primary and specialist care, management, surveillance and research suffer from a chronic shortfall of resources. Culturally appropriate training and skill development is an urgent priority.

A wealthy, advanced nation such as Australia can and must do better in preventing and treating HIV among its Aboriginal and Torres Strait Islander people. By next World AIDS Day, I hope to have better news to report.

**Mr Bill Bowtell AO**  
Executive Director

*Pacific Friends of the Global Fund*

**The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in 2002 because millions of people in the developing world who were suffering the ravages of HIV/AIDS, tuberculosis and malaria did not have access to the treatments they needed to stay alive.**

The name of the Fund indicated its objective and purpose – to FIGHT the challenges of delivering treatments to those who had already been infected by the three diseases.

In the almost two decades since its founding, the Global Fund, with the generous support of many donors including Australia, has more than fulfilled the promise made by its founders.

In HIV/AIDS, the Global Fund has provided the funding and the management mechanisms to deliver effective HIV therapies and technologies rapidly and comprehensively to countries and populations throughout the developing world.

Consequently, the Global Fund has played a critical role in driving down the rates of new HIV infections and deaths from AIDS in every region of the globe, and especially in those countries who have adopted inclusive policies to those with or at risk of HIV infection.

So, in broad terms, the FIGHT to better treat those already with HIV infections is slowly being won.

But increasingly we must redirect our energy and resources to PREVENT those most at risk of acquiring HIV from ever being affected by this eminently avoidable disease.

In Australia, we have known for decades that proper information combined with easy availability of basic technologies – condoms, clean needles and testing – can greatly reduce HIV infection in at-risk populations.

But in many countries, it remains difficult to overcome cultural and other barriers to implementing programs that can reach all those who need help.

However, the arrival of PrEP – pre-exposure prophylaxis – that protects HIV-negative people from infection is an immensely significant development.

In the richer countries, including Australia, the widespread introduction of PrEP has contributed to recent considerable reductions in new HIV infection rates.

It's now time for the well-proven benefits of PrEP to be delivered around the world.

PrEP comes as a pill to be taken once a day.

It therefore offers a way to sidestep the cultural and religious obstacles that in some societies react against traditional prevention measures.

Two decades ago, we mobilised to meet the moral imperative to deliver HIV treatments to all those with HIV.

There is still a long way to go, but we have made immense progress.

Now, the demand we must make of the Global Fund and our governments is to gear-up to deliver PrEP – effective prevention – to all those at risk of acquiring HIV.

It's time to enlarge its mission and to change the name of this great organisation to the Global Fund to PREVENT AIDS, Tuberculosis and Malaria.



## HIV Stigma in 2018

The Australian Government Department of Health blood borne virus and sexually transmissible infection strategies explicitly aim to “**eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health**”. To monitor experiences of stigma among priority population groups, two survey phases were conducted (in 2016 and 2018) with people living with HIV, health care workers, and men who have sex with men (MSM).



In the last 12 months, have you experienced any stigma or discrimination in relation to your HIV?



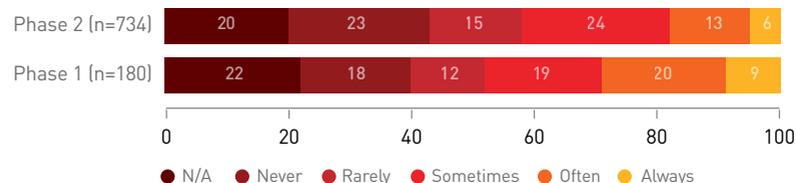
In 2018, the proportion of PLHIV who reported any negative treatment from health workers (33%) was also lower than in 2016 (51%).

Health workers treated me negatively or differently to other people



In 2018, 57% of PLHIV reported that people did not want to have sex or an intimate relationship with them, a similar proportion to 2016 (60%). The proportion who indicated that this was ‘often’ or ‘always’ the case was lower in 2018 (19%) than in 2016 (29%).

People didn’t want to have sex or an intimate relationship with me



In 2018, 22% of health workers surveyed (n=550) indicated that they would ever behave negatively towards someone because of their HIV.

Would you behave negatively towards other people because of their HIV?



Twice as many (44%) reported that they had witnessed other health workers behaving negatively towards patients with HIV during the last 12 months.

In the last 12 months, have you witnessed any health workers behaving negatively towards patients/clients because of their HIV?



In 2018, 82% of MSM reported any stigma related to their sexual orientation, including 12% who indicated it ‘often’ or ‘always’ occurred. This was a larger proportion than the 65% of MSM who reported any stigma in 2016.

In the last 12 months, have you experienced any stigma or discrimination in relation to your sexual orientation?



Stigma related to HIV was also relevant to HIV-negative and untested MSM. Nearly three-quarters of non-HIV-positive participants (72%) reported feeling stigmatised by others assuming they are at risk of HIV, including 18% who ‘often’ or ‘always’ felt this was the case.

Do you ever feel stigmatised by other people assuming you are at risk of HIV?



Source: Data from PLHIV in 2018 obtained from *HIV Futures 9* (Australian Research Centre in Sex, Health and Society, La Trobe University)



**Mr Robert Griew**  
President

*Australian Federation of  
AIDS Organisations*

**Australia is a world leader when it comes to HIV prevention and care. However, some of our nearest neighbours in Asia and the Pacific are experiencing expanding epidemics.**

Across the region there are almost six million people living with HIV, yet one quarter of these people are unaware of their status.

Australia can, and should, play a significant role in reducing the health and economic burden in the region. This would not only improve the lives of hundreds of thousands of people, but it would bolster our own health security and regional prosperity.

In 2019, AFAO launched the consensus statement by Australian organisations working internationally in the HIV sector. Among other things we called for a national strategy to guide Australia's international approach.

We are committed to working with the Australian government to get the policy settings right on an international approach.

We need to better target our current investment in Asia and the Pacific, so our neighbours can avoid the middle income trap and sustainably fund HIV prevention.

With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, AFAO is working on the Sustainability of HIV Services for Key Populations in Asia Program (SKPA Program).

The three-year program aims to end HIV transmission and AIDS-related deaths in Bhutan, Lao PDR, Malaysia, Mongolia, Papua New Guinea, the Philippines, Sri Lanka and Timor-Leste by 2030.

The challenge is to demonstrate to domestic funders the value in their community-led responses.

This is particularly challenging in countries where gay and bisexual men, injecting-drug users, and sex workers are marginalised and lack political clout.

In many respects, SKPA reminds us that the fight against stigma, particularly to secure domestic investment in HIV programs, is now key to prevention and care.

In Australia, despite HIV transmission rates at a near two decade low, stigma remains a significant hurdle when it comes to prevention.

Further investment in focused public health campaigns and improved training of the HIV workforce is vital.

We must continue to invest in the community-led responses of those who carry the biggest burden of HIV, gay and bisexual men. They have recorded a 30 per cent decline in transmission over the past five years, but rising notifications among Asian gay men is concerning.

Similarly we must invest more in community-based intervention and education for Aboriginal and Torres Strait Islander HIV prevention and care.

Australia's past investment in HIV is paying dividends. We can't afford to lose that momentum.

### Credits

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