

1 DECEMBER
2021



WORLD
AIDS DAY

Adj Prof Darryl O'Donnell

Chief Executive Officer

Australian Federation of AIDS Organisations

In 1982, Australia recorded its first case of HIV, a disease which to date has claimed an estimated 36.3 million lives globally.

Under 10,000 people have died of an AIDS-related illness and approximately 26,000 people are living with HIV in Australia currently. When compared to the rest of the world, Australia's HIV/AIDS burden has been comparatively light.

This is not the case of luck, but rather our commitment to implementing evidence-based policies which respond to real world behaviour.

That approach has made us world leaders in our HIV response.

World AIDS Day is a time to remember those who have lost their lives to HIV/AIDS. It is also a day where civil society organisations and policy makers can reflect on the policies which allowed us to effectively respond to the epidemic and consider what more needs to be done.

Fittingly, the national World AIDS Day theme for Australia in 2021 is 40 years of HIV – where to next?

Earlier this year we launched our Agenda 2025 report which laid out a set of detailed fully costed, evidence-based policies which would achieve an elimination of HIV transmissions in Australia by 2025.

What was previously unthinkable a few decades ago is now possible. With a few policy adjustments, Australia will be in a position to end HIV transmission.



While Australia's response to HIV is something to be proud of, there is still work to do.

The same is true of global efforts.

Progress in eliminating HIV has not been felt evenly across all the communities who have historically carried the burden of the epidemic. It's clear that more targeted responses will continue to be needed to ensure

those most vulnerable are protected.

While significant steps forward have been made globally, many at-risk communities continue to face high levels of marginalisation and discrimination, creating stigma and reluctance to access life saving treatment.

HIV won't be over for anyone until it is over for everyone. Now more than ever we must recommit to protecting and advancing the rights of those most marginalised regardless of where in the world they live.

We also must eliminate the remaining financial barriers to testing and treatment as well as ensuring regulation keeps up with technology.

In 2021, nobody should be dying from AIDS. Sadly however, many still do.

We can and must change that.

Inaction is not an option.



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The World AIDS Day booklet is developed by the Australian Federation of AIDS Organisations (AFAO) through a grant from the Commonwealth Department of Health. The booklet is part of the World AIDS Day Parliamentary Breakfast, which was initiated in 2010. AFAO recognises the leadership of Mr Bill Bowtell AO in conceiving this event.



The Hon 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

This year has reminded us of the interconnections between local and global health challenges.

As the UNAIDS 2021 Report *Confronting Inequalities* outlined, while progress has been made internationally to address transmission and treatment it has been uneven, akin to access to COVID vaccines.

World AIDS Day 2021 is an opportunity to acknowledge and look to address these inequalities. But there are reasons to be optimistic. Research into mRNA technology, spurred on by COVID-19, has opened the possibility of a safe and effective HIV vaccine.

Australia is at the forefront of HIV prevention and treatment. The long-term trend of transmission is declining. This has been assisted by the listing of pre-exposure prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme. We know that home testing kits, supported by community education campaigns, can reduce transmission rates further.

Our work is far from complete. The rising rates of transmission amongst Aboriginal and Torres Strait Islander Australians and amongst culturally and linguistically diverse communities is a reminder of the need for targeted education campaigns developed with these affected communities.

We must continue to confront the stigma people living with HIV face in all areas of life. We need to improve awareness in the community that an undetectable viral load due to access to treatment equals untransmissible, or U=U.



We can see the importance of our current efforts to ensure Medicare ineligible residents can access treatment and be part of the solution of reducing transmission. To that end we held a stakeholder meeting in June with Health Minister Hunt on Agenda 2025: Ending HIV transmission in Australia, a challenge we can meet.

Australia has a proud history of bipartisan cooperation on HIV/AIDS, and has led the world in transmission control and access to treatments.

This was on display at this year's UN High Level Meeting on AIDS, where Australia's Ambassador to the UN, Mitch Fifield, co-facilitated with his Namibian counterpart, Neville Gertze, to 'End Inequalities. End Aids'. This global statement demonstrates further global progress for measures

to reduce HIV transmission, and support people living with HIV.

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 Parliamentary Friends for Action on HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections seeks to realise these ambitions through 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 efficacy.



To that end, 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 and supporting those living with HIV. We look forward with optimism to what we can achieve in years to come together.

HIV globally in 2020

37.7 million

People living with HIV

36 million adults
1.7 million children

27.5 million

People with HIV were accessing antiretroviral therapy

This is 73% of all
people living with HIV

1.5 million

People were newly diagnosed with HIV

This is a 52% reduction
from the peak
(2.8 million) in 1998



Senator the Hon Marise Payne

Minister for Foreign Affairs
Minister for Women

In a pivotal year for the global HIV response, this World AIDS Day is an opportunity to emphasise and focus on our shared commitment to ending AIDS as a public health threat by 2030. This year marks 40 years since the first cases of AIDS were reported, 25 years since the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and 20 years since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. During this time, we have seen remarkable progress. In the Indo-Pacific, AIDS-related deaths have declined by 56% since 2010 and at the end of 2020, 76% of people living with HIV knew their status, 64% were accessing treatment and 61% were virally suppressed.

Despite this progress there is much more to be done. Over the past year we have witnessed the devastating impact of the COVID-19 pandemic on our health security and on advancing better health and well-being. COVID-19 has exposed the fragility of the gains made in the HIV response and exacerbated the inequalities that drive the AIDS epidemic. We have seen alarming declines in HIV prevention and testing services compared to 2019, with a reported 22% decline in the number of people tested, and a follow-on drop in the number of people reached with HIV prevention programmes. Countering these challenges was a strong focus of my meeting in May with the Executive Director of UNAIDS, Ms Winnie Byanyima in Geneva.

Australia's investments support the work of long-standing partners, including the Global Fund and UNAIDS, to address the HIV epidemic, while also mitigating the impacts of COVID-19 on the HIV



response. In the Indo-Pacific, where the HIV epidemic is concentrated in key and vulnerable populations, Australia is partnering with UNAIDS to increase the availability and uptake of HIV testing and prevention services amongst key populations – including women and girls. Through our representation at the Global Fund Board, Australia has also supported the Global Fund's COVID-19 Response Mechanism, that is

providing countries in our region and globally with the critical tests, treatment, medical oxygen, and PPE they need.

Australia has continued its proud history of advocacy and leadership in the HIV response, working with Namibia to co-facilitate the 2021 Political Declaration on HIV and AIDS, adopted at the United Nations High Level Meeting on HIV/AIDS. In its role as co-facilitator Australia engaged closely with civil society partners, including AFAO and NAPWHA, bringing voices of affected communities to the table on the way forward. The Political Declaration will guide the HIV response over the next five years and sets ambitious commitments to get the global response back on track. It puts human rights, gender equality, science, and communities at the centre of the HIV response.

As we mark World AIDS Day in 2021, and as we continue to respond to the COVID-19 pandemic, we cannot lose sight of the imperative of supporting essential health services, such as HIV prevention, as core to protecting the health of the Indo-Pacific region and ending AIDS by 2030.





The Hon Greg Hunt MP

Minister for Health
Minister Assisting the Prime Minister for the Public Service
and Cabinet

World AIDS Day has always been an important day to remember the lives lost to AIDS and acknowledge how many people have had their lives touched by this virus. This World AIDS Day, in 2021, is especially poignant as we reach the 40-year anniversary of the first official report of an immune illness that would be later recognised as AIDS.



Australia has been a world leader in the elimination of HIV transmission, and 40 years later continues to work towards this important goal. While we are making progress, - at a global level and in Australia - the continued response to the crisis posed by COVID-19 has presented challenges to the fight to end HIV and AIDS.

Importantly though, this year saw nations coming together to reconfirm their commitment to end HIV and AIDS at the United Nations High Level Meeting on HIV. I was pleased to watch the Australian Ambassador to the United Nations Co-Chair this important event, and proud of the important role Australia played in drafting, negotiating and endorsing the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

The Declaration sets our sights on ending HIV and AIDS as a global public health threat by 2030. New targets are aimed at ensuring that the 34 million people living with HIV globally have access to medicines, treatment and diagnostics.

Community-led services is a major theme in the Declaration, highlighting the important role that civil society, and the involvement of people living with HIV play in driving the response to the epidemic. I know that in Australia, working with civil society, has been crucial to the success of all HIV/AIDS measures implemented over the last 40 years, and I look forward to the partnership between the Australian Government and the sector continuing.

Most significantly, the Declaration pledges to end all inequalities faced by people living with or at risk of HIV, and to end inequalities within and among countries. The Australian Government is committed to continuing to fight HIV in Australia, and we recognise there is more work ahead as we grapple with hard to address problems that prevent people with HIV from living their best lives - be it as a result of stigma, discrimination or other challenges.

By continuing our work to eliminate HIV in Australia, I hope that in part we honour the lives touched by this virus over the past 40 years.





Senator the Hon Penny Wong and Mark Butler MP

Shadow Minister for Foreign Affairs
Shadow Minister for Health and Ageing

This year marks 40 years since HIV/AIDS first emerged.

Over the four decades since, more than 30 million people across the world have lost their life; a tragedy with few comparisons.

While a vaccine remains elusive, the innovation in therapies, like PEP and PrEP has transformed our response to HIV, saving countless lives.

Yet many big challenges remain, including eliminating transmission among First Nations Peoples. While most indicators point to improvements towards eliminating HIV, the diagnosis rates among Indigenous Australians are on the rise. Indeed, the rate of HIV diagnosis among Indigenous Australians is double that of the Australian born non-Indigenous population.

And although we've seen big reductions in notifications among men who have sex with men who are born here in Australia, there is a stubborn level of new notifications from men born overseas.

But we will not give up in the face of this continuing challenge - and through initiatives like Agenda 2025, we can see real ambition to meet those challenges.

We have a great legacy in Australia to build on.

From the outset, there was a bipartisan response from the Australian Parliament. We can be grateful for the leadership of people like Neil Blewett and Peter Baume for cutting through the fear and stigma, and protecting public health in those critical early years.



Community leadership has also been – and remains - central, including through organisations like AFAO, NAPWHA and many others.

Crucially, Australia's response has been buttressed by comprehensive and universal healthcare – encompassing the recognition of the important role of harm minimisation, clear public information, support for innovation in new treatments and therapies, as well as our ability to harness those new therapies and deliver them through the public Medicare system.

Now it's time to get on with the job of achieving our shared goal of eliminating HIV transmission in Australia. We hope the Morrison-Joyce Government will respond to the call for resources to deliver that ambition.

And we must increase focus on our neighbourhood, where the COVID Pandemic continues to strain Pacific health systems - with new variants posing deadlier threats. The social and economic setbacks of these outbreaks will hamper the region's development for years to come.

With almost six million people living with HIV in the Asia-Pacific region, it has never been more important for Australia to strengthen Pacific health capacity and make meaningful progress towards eliminating transmission. The health and prosperity of our region is at stake.





Adam Bandt MP

Leader
Australian Greens

This World AIDS Day comes at a critical moment in time. The virtual elimination of HIV transmission in Australia by 2025 is a real possibility and the Australian Federation of AIDS Organisations' Agenda 2025 gives us a clear and tangible pathway to get us there. We need strong investment to meet the priorities of this plan and ensure that our healthcare systems and communities are equipped with effective prevention, testing, treatment and care, and stigma reduction programs. Commonwealth, State, and Territory governments must work alongside the community so that we can realise the ambitions of the 2025 target.

We must continue to strive for prevention, testing, and treatment and care programs to reach First Nations communities. In 2019, the rate of diagnosis was between 1.3 and 1.9 times higher among First Nations people than Australian-born non-Indigenous people. We must do better. We need to ensure First Nations community-controlled health services receive adequate funding to deliver culturally appropriate programs.

More broadly, we must continue to reduce barriers to access to HIV prevention, treatment, and care. For example, those who are ineligible for Medicare face a wide range of challenges to accessing healthcare in Australia to prevent and treat HIV. We support the development and implementation of a sustainable model of access to HIV testing, PrEP, treatment, and ongoing access to care and support for people in this situation.

We must also recognise the impact that stigma has on the health and wellbeing of people with HIV and on the effectiveness of our public health



measures to address it. Stigma reduction policies and strategies are essential to ensure that individuals with HIV are better supported by our healthcare systems and in the community, as well as allowing us to realise the targets and goals of elimination strategies. We must work across different communities to ensure that stigma reduction interventions appropriately and effectively address

the intersectional nature of experiencing stigma and discrimination.

The Australian Greens recognise the important role Australia must play in our region to support and fund regional responses to eliminate HIV/AIDS. A key part of this is ensuring that Australia makes sustained and strong contributions to the Global Fund to Fight Aids, Tuberculosis and Malaria. Whilst we welcome the Australian Government's commitment to the Global Fund with a \$242 million pledge to the Fund's Sixth Replenishment covering 2020-22, the Greens have called for a greater funding commitment of \$300 million, alongside a significant increase to our overall aid and development budget. We must also continue to build strong and effective partnerships between community organisations in Australia and amongst our regional partners as we work towards the UNAIDS goal of eliminating AIDS by 2030.

We want to take this opportunity to again congratulate and acknowledge the ongoing work of the AFAO, the Pacific Friends of Global Health and the National Association of People with HIV Australia (NAPWHA), and other partner organisations who carry on this fight every day.



Agenda 2025

ENDING HIV TRANSMISSION IN AUSTRALIA

afao



Australia can end HIV transmission by 2025



If we renew policy and investment



Prevention



Testing



Treatment



Stigma



So that by 2030 we will avert thousands of HIV transmissions and free up health resources

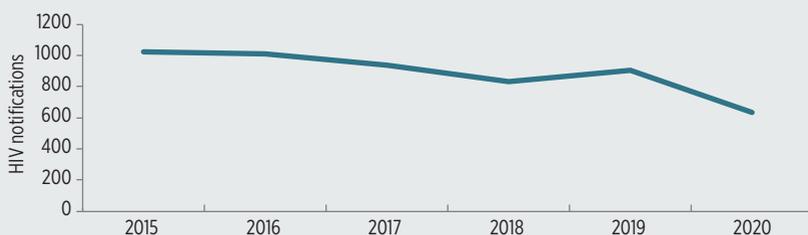


saving **\$1.4 billion**

HIV in Australia 2020

HIV Notifications 2015–2020

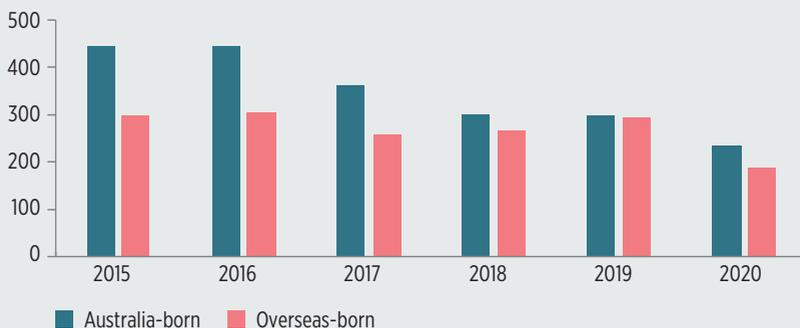
HIV notifications in 2020 (633) declined by 38% compared with the number of notifications in 2015 (1,025).



HIV and gay and bisexual men Australian-born vs overseas-born

There has been a significant reduction in the number of HIV notifications in 2020, including a reduction in both Australian and overseas-born gay and bisexual men.

The decrease is likely due to a range of factors associated with the COVID-19 pandemic lockdown and may not reflect the actual number of new HIV infections. These factors include reduced sexual contact, reduced access to face to face health care, reduced testing due to changes in health seeking behaviour and closed international borders. PrEP emerged as a critical tool for HIV prevention in 2018, and there is an urgent need to continue its uptake. There is also a need to restore testing rates to pre-pandemic levels to avoid a possible increase in undiagnosed HIV transmission.





Professor Paul Kelly

Chief Medical Officer
Department of Health

This World AIDS Day marks a solemn anniversary. It is 40 years since the first seminal report identified the immune illness that would be later known as AIDS. Many lives have been lost over these 40 years - over 30 million globally, and the true toll of this virus cannot be quantified. This is a matter close to my heart - in 1995 I was awarded a National Health and Medical Research Council Commonwealth AIDS Research Grant and went on to complete my PhD on HIV and tuberculosis.

Australia has been affected by the HIV/AIDS epidemic significantly. From our first reported AIDS diagnosis in 1982 to today where we are recognised as a world leader in the response to the epidemic. Australia has had many successes in our fight against HIV and AIDS. Currently, we have a national HIV incidence rate lower than many other comparable high-income nations. AIDS has been virtually eliminated in Australia since 2016, making us one of the few nations to achieve such a momentous goal. Treatment and prevention medications are readily available and publicly funded. HIV has been virtually eliminated in several high-risk groups, including sex workers and people who inject drugs. The UNAIDS target of 90% of people living with HIV being diagnosed, 90% of people diagnosed with HIV receiving ART, and 90% of people on ART having an undetectable viral load was achieved by Australia in the past year. This is a significant achievement that places Australia with only a small number of countries to reach this goal.



Despite our successes, we are still seeing the disproportionate transmission of HIV in specific groups, such as men who have sex with men, and Aboriginal and Torres Strait Islander people. People living with HIV still report high levels of stigmatisation or discrimination due to their health status. The increasingly ageing population of people living with HIV is an emerging issue as this cohort enters

retirement age as their care needs as they enter aged care facilities are unique and require new ways of delivering services and support.

As the landscape around HIV in Australia evolves, we are about to embark on the development of a revised National HIV Strategy. In 2022, the Department of Health in partnership with members of the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee will re-examine the existing National HIV Strategy and update it to meet our evolving and current needs. This will involve significant collaboration with the HIV sector, civil society and the wider community of people living with HIV.

I urge everyone with an interest to engage in this process when the time comes, as your involvement will help create a comprehensive and inclusive strategy to guide Australia over the coming years.



Peter Sands

Executive Director

Global Fund to Fight AIDS, Tuberculosis and Malaria

Just as Australia pioneered community-led responses to HIV in the early 1980s, so too did it provide an example to the world on how to contain COVID-19. In the fog of a new pandemic, Australia's strong advocacy and leadership in the global response to HIV is more important than ever.

The impact of COVID-19 on the fight against HIV and the communities we support has been devastating: for the first time in the history of the Global Fund, key results have gone backwards.

These declines are a stark confirmation of what we feared might happen when COVID-19 struck. And yet, imagine how much worse the situation would have been without the rapid and determined actions that the Global Fund partnership took to mitigate the impact of COVID-19. The partnership reacted swiftly in supporting countries to innovate and adapt HIV services to counter the adverse impact of the pandemic, including multi-month dispensing of antiretroviral drugs to ensure continued treatment.

The Global Fund continues to support the fight against HIV in the Pacific region. Papua New Guinea, for example, has more than 48,000 people living with HIV, most of them among key populations — sex workers, men who have sex with men, and transgender people. Despite the challenges of COVID-19, the Global Fund has been working with UNAIDS and other partners to develop an outreach plan for these groups,



which aims to reduce the impact of HIV by mapping the HIV epidemic and expanding HIV treatment and prevention services.

Despite the headwinds we have faced due to COVID-19, the Global Fund partnership continues to achieve great impact worldwide. We have saved 44 million lives since 2002. Deaths caused by HIV, TB and malaria have dropped by 46% since 2002 in countries where

the Global Fund invests. Even as we respond to the new pandemic, these numbers show why we must continue to invest strongly in the fight against HIV, TB and malaria.

We are grateful for Australia's longstanding commitment and support to the Global Fund's efforts to fight HIV and build stronger and more resilient and sustainable systems for health to help protect and treat vulnerable communities and advance global health security. Together, we can safeguard the hard-fought gains in the fight against HIV and accelerate efforts to get back on track to ending the virus. As we mark the Global Fund's 20th anniversary, it is a moment to reflect on the unprecedented global solidarity that gave rise to our partnership. It is also a moment to mount another global push to save lives.



Taoufik Bakkali

Regional Director
UNAIDS Asia-Pacific

Forty years since the first AIDS cases were reported, HIV still threatens the world. Today, countries and entire regions are still off track from achieving the shared goal of ending AIDS by 2030 because of the structural inequalities, which continue to fuel the epidemic in all societies. The COVID-19 pandemic has further deepened existing economic and social inequalities, pushing the most vulnerable even further behind.

Asia and the Pacific is home to the second largest HIV burden in the world. Across the region, over 94% of new HIV infections are among key populations and their sexual partners, and more than one quarter of new infections are among young people aged 15 to 24 years. Therefore, tackling inequalities must be at the core of the HIV response by reaching the furthest left behind first, and ensuring the right to health for all.

Australia has always been a champion in advancing the HIV response in the region, and during the COVID-19 pandemic, Australia is accelerating efforts to protect the hard-won gains made in the HIV response. Working with regional and global partners to address inequalities faced by key populations and persons living with HIV, Australia has been at the forefront of harnessing the potential of emerging evidence, technologies, and innovations to reduce and prevent new HIV infections.



In 2021, Australia has played a key role in reinvigorating the global AIDS response. Together with Namibia, Australia co-facilitated the process of convening the United Nations General Assembly High Level Meeting on AIDS which adopted the 2021 Political Declaration on HIV and AIDS, thus helping set new global commitments for the next five years. In adopting the declaration, U.N. Member States have

committed to addressing the inequalities that are driving the AIDS epidemic and the stigma and discrimination faced by people at risk of, living with or affected by HIV.

Australia has a long-term commitment to addressing the challenge of HIV in the region. Most recently, Australia has partnered with UNAIDS to deliver an AUD11.65 million investment to increase the availability and uptake of HIV testing and prevention services amongst key populations in the Indo-Pacific region.

Australia's strong civil society plays an essential role in the HIV response through continued leadership and powerful advocacy. UNAIDS is working with community-led organisations to ensure access to prevention and testing services and address inequalities, stigma, and discrimination towards key populations.



The Hon Michael Kirby AC CMG

Patron
Kirby Institute, UNSW Sydney

The years 2020-21 will go down in history as the years of COVID. However, it has been vital that Australia should not take its eyes off the ball of HIV. From HIV, much has been learned and applied to this new infectious disease crisis. Fortunately, our world leading research institutes have maintained their focus on this earlier pandemic. The Kirby Institute, Burnet Institute and Doherty Institute, have been recognised worldwide for their 35 year-plus record in addressing HIV and AIDS, and they have been able to adapt their scientific expertise and resources, including sophisticated laboratories, to deal with COVID-19 whilst continuing to make important scientific discoveries for HIV.

The Federal government has continued to support the important work of the Global Fund in our region. But now research and testing have been expanded to include identification of COVID-19 in projects already underway in vulnerable populations and groups in our region. Likewise, in Australia, the Kirby has deployed its clinical and research capacity, surveillance and epidemiological expertise to identifying cases of COVID as well as HIV in regional and remote area communities. This has focused on gay and bisexual men as well as First Nations people for whom it is necessary also to scale up access to infectious disease testing and treatment.

Like HIV, COVID-19 emerged and swept the world quite suddenly. But with the experience and extensive global networks that have been in place to fight HIV/AIDS for almost four decades, we were better prepared. No longer is public health and a new virus a mysterious condition to be spoken of in whispers. Politicians and



public health experts appear together on television screens talking about infection rates, the nature of viruses and how we can reduce cases of infection and death. Now we are in the midst of a major rollout of vaccination against COVID-19 – a remarkable scientific achievement in 18 months. Very few Australians would be unaware of the challenges involved. But what a contrast this presents to the early

days of HIV, where prejudice and discrimination informed early political reactions. The struggle against COVID has built on the earlier scientific and community engagement, pioneered by our great research institutes. In his presentation of the inaugural David Cooper Lecture, Anthony Fauci, head of the US National Institute of Allergy and Infectious Diseases, insisted on a respectful attitude to those struggling with doubts and fears about vaccination, masking and other protective measures. From AIDS we have learned that scepticism, hostility and doubt must be met by careful explanation of the relevant science and the measurement of comparative risks. The age of viruses must bring the age of rationality and proportionality.

I pay tribute to the support given by citizens and politicians of all persuasions to Australia's research institutes on viral diseases. It is how we have coped with the dangerous variants that have followed the initial COVID-19 and how we have kept the Australian death toll down. Maintaining strong scientific research institutions will enable us to overcome COVID and its progeny, and continue the quest to build at last a successful and safe vaccine against HIV.



Professor Anthony Kelleher

Director
Kirby Institute

This year marks a significant milestone – 40 years since the first diagnosis of the virus that became known as HIV. Although we are in the midst of the global COVID-19 pandemic, World AIDS Day is an important opportunity to reflect on the many people we have lost to HIV/AIDS, to acknowledge the remarkable scientific progress that has been made, and to reinforce our focus on what still needs to be done.



In Australia, we are fortunate that for the most part, people have access to acceptable and effective interventions that are the result of largely strong, community-centred, cross-sector partnership and investment in HIV/AIDS research and care. But some gaps in access persist. We examine these in the Kirby Institute's recent Gaps Project Report, which took data from three key national sources over a ten year period, and examines disparities in HIV diagnoses, treatment, and prevention among gay and bisexual men. Whilst in general we are fortunate to see high uptake of HIV prevention, testing and treatment, with HIV infection rates trending down in Australia, there are persistent gaps in access to PrEP, testing and treatment for some groups of gay and bisexual men. The same can of course be said for many people across the world. Access to lifesaving antiretroviral therapies, free HIV testing, and essential prevention tools like PrEP, and continued work on challenging stigma and discrimination, are necessary.

As we have seen with HIV/AIDS, and are also now seeing with the current pandemic, there is a global imperative to ensure equitable access to both preventative and therapeutic interventions for

COVID-19 infection, whether it be clean water and soap, personal protective equipment, vaccines, access to testing, or availability of oxygen and hospital treatment. For effective control of infectious diseases, equity and wise use of resources are imperative.

The COVID-19 pandemic has made addressing the ongoing challenges of HIV infection an even greater challenge.

The changes in global focus to another pandemic has in turn impacted on the capacity of and costs to health care systems, the sustainability of supply chains and on our ability to have an on-the-ground presence, which in the research field is essential to tangible, productive, community-centred, truly collaborative partnerships and solutions. Making the advances is only part of the story. Maintaining them requires at least the same level of determined, sustained and focused effort.

The Kirby Institute is fortunate to be part of this community of passionate and dedicated researchers, health care professionals, community members and political leaders who have contributed to safer communities and better treatments. COVID-19 has again shown that effective medical innovations can be rapidly achieved when we work in partnership. With this timely reminder we must forge ahead in pursuit of the holy grails of HIV prevention and treatment, a vaccine and cure for HIV, while ensuring ongoing access to all modalities of prevention, care and treatment for all.



1 DECEMBER
2021





WORLD AIDS DAY



Professor Sharon Lewin AO

Director

The Peter Doherty Institute for Infection and Immunity

Over the last two year our lives have been greatly affected by COVID-19: lockdowns, working from home, schooling from home, loss of livelihoods and closed internal and external borders. There is no doubt this has had immense toll on everyone's health and wellbeing and more so, for these living with HIV or at risk of HIV. This disruption has been felt across the world.



The rapid advances for COVID-19, were a direct result of decades of investment in HIV monoclonal antibodies. Although we don't yet have a licensed HIV antibody in the clinic, the path to achieve that will be accelerated by COVID-19. Manufacturing of antibodies will be become easier and hopefully cheaper as a result of COVID-19. In the future, this may well provide an alternative to antivirals for HIV.

Global testing rates for HIV in 2020 decreased by 22% and the number of people accessing an HIV prevention service decreased by 11%. We know these decreases will severely impact our progress towards the prevention and treatment of HIV, and we will feel the effects of these disruptions for years to come.

However, the global pandemic has also provided opportunities in key areas of the response to HIV. These include the development of new vaccine technologies, the use of monoclonal antibodies, rapid advancements in antiviral development and testing technology.

The use of mRNA vaccines for COVID-19 is heralded as a vaccine revolution, with HIV, influenza and malaria signaled as 'next in line' for mRNA vaccines. This new science shows promise in an area where there has been little promise. We can be cautiously optimistic that advances in mRNA technology may produce a vaccine for HIV however we also need to remember COVID-19 and HIV are very different viruses.

COVID-19 also demonstrated that monoclonal antibodies can effectively be used as antivirals.

Increased access to PCR platforms for COVID-19 diagnosis provides the technology and capacity for improved testing for HIV and viral load. Coupled with new rapid or point of care techniques, these have the potential to be applied in low resource settings, where access to viral load monitoring still remains a significant hurdle.

This year was also the 40th anniversary of the response to HIV, and on this occasion, I would like to pay my respects to those who we lost during this time, and those who are living with HIV today, especially long-term survivors who remain such an important voice in the Australian response.

I would also like to give a shout out to my colleagues who have continued their work in HIV throughout the COVID-19 pandemic without distraction: to the clinicians caring for people living with HIV, the community advocates and support networks, and the researchers who remain committed to finding a cure and a vaccine. COVID-19 might have disrupted our lives, but we all remain committed to meet the ongoing challenges and see the end of HIV.



Professor Brendan Crabb AC

Director and Chief Executive Officer
Burnet Institute

The COVID-19 pandemic continues to have a significant impact on the lives of people living with and most at risk of HIV globally, as they face additional barriers to accessing adequate harm reduction and prevention methodologies, HIV testing and treatment. The pandemic has put significant strain on health and surveillance systems worldwide, threatening to undermine significant gains in the fight against HIV over the past decades. While HIV elimination efforts must remain focused on the key pillars of prevention, diagnosis and treatment, there is a strong case to be made that the answer to dealing with major diseases such as HIV, TB and malaria, is dealing with COVID-19. Lack of COVID-19 vaccine supply in developing countries is contributing to severe stress on health systems and threatening the HIV response in these countries. Global vaccine inequity means people living with HIV, who are at higher risk of COVID-19 illness and poor clinical outcomes, have lower access to COVID-19 vaccines, as low-income and lower-middle-income countries have low levels of vaccine access.

Since the start of the COVID-19 pandemic, Burnet Institute has been proactively contributing to the response in Australia through public health and laboratory-based research and advocacy, by implementing new initiatives and by leveraging existing research infrastructure. The Institute's Optimise Study is collecting strategic information around the effects of isolation and social distancing to inform national policy and practice. Burnet's world-class sentinel surveillance system, ACCESS, is now rolled out across each state and territory and is being used to monitor HIV-related



outcomes during the pandemic. ACCESS data indicates that COVID-19 related social restrictions have had a considerable impact on HIV testing and PrEP use in Australia, and is being used to identify priority areas for returning those at risk to service engagement and HIV prevention as we move away from lockdowns and toward a COVID-normal society. Ensuring an adequate and timely recovery in HIV testing and uptake of preventative therapies to pre-COVID levels among our priority populations will require a concerted effort.

As we emerge from the COVID pandemic and begin to refocus our efforts on ensuring a return to adequate HIV testing and prevention, we must also focus on the health and wellbeing of those living with HIV and our goal of eliminating HIV stigma. As we mark 40 years since the first reported cases of HIV, we reflect on the significant strides made in the fight against HIV, but this year more than ever we are reminded of the work remaining. COVID-19 has shown that we must emphasise to our government the importance of a sustained investment of global health, medical research and international development, and change our way of thinking about health systems to build a stronger foundation for pandemic response.



Professor Carla Treloar

Director

Centre for Social Research in Health, UNSW

The staff of our Centre are committed to working in partnership with community, health workers and policy makers to provide world-class evidence to support progress towards achieving the goals of the Australian National HIV Strategy and the global HIV elimination targets.

A key aspect of our work is supporting responses to reduce the corrosive impacts of stigma. Stigma negatively affects the health and well-being of people who experience or fear stigma, and undermines activities across each step of the care cascade: prevention, testing, care and treatment. Our research emphasises that much more needs to be done to protect the health and well-being of people living with HIV and other priority groups in the HIV sector.

In a 2021 online survey of health workers we asked if they would behave negatively towards other people because of certain behaviours, identities, or infections. The results show concerningly high rates of endorsement of negative behaviour: approximately 1 in 3 would behave negatively towards other people because of their HIV (37%); 1 in 4 participants (23%) for sexual orientation; just under 1 in 2 (46%) for sex work; and more than 2 out of 3 (69%) for injecting drug use, including nearly 1 in 5 health worker participants (18%) who would 'often' or 'always' behave negatively towards people who inject drugs.

Our recent work has explored the experience of ageing. Providing care for older people becomes more complicated when considering the needs of



people living with conditions and life experiences that are widely stigmatised by the broader community.

COVID-19 has understandably disrupted the uptake of HIV testing and prevention strategies like PrEP, as affected communities like gay and bisexual men heed public health messages and stay at home. This poses questions about how to safely encourage reengagement with these

activities as people get vaccinated and venture out again.

The good news is that, despite COVID-19, HIV treatment was sustained across the country, with very high levels of uptake and viral suppression maintained. This is a testament to people living with HIV and their clinicians working out ways to stay in contact safely during the pandemic.

We are grateful to our partners in community organisations for their responsiveness and creativity during COVID-19. Many of our research projects would not have been able to continue without partners being willing to adapt and take activities online at short notice, reaching out to their communities through online networks. This underscores the resilience of the partnership, and the value placed on working together to sustain research to inform the community, health agency and policy responses to HIV.



Professor Suzanne Fraser

Director

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

World AIDS Day 2021 marks 40 years since the first cases of AIDS were identified and is an important opportunity for reflection on the impact of the epidemic and commemoration of those most affected by it.

Much has been achieved over the past 40 years. The Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University was established in part to respond to the HIV epidemic, and has been running its HIV Futures study since 1997. This periodic survey of people living with HIV commenced shortly after combination antiretroviral therapy had become available in Australia. This was a significant time of change for people living with HIV and for the HIV sector. People who had been acutely unwell with AIDS-defining illnesses were regaining their health, and many were looking to return to work and rebuild their lives. The HIV sector needed to shift focus toward supporting people to live well with HIV over the long term. Over time, this has meant an increasing focus on peer support, mental health services and supporting people into older age.

In 1997, when the first HIV Futures survey was conducted, the average age of participants was 39 and the average length of time they had been living with HIV was seven years. Almost 20% of people reported being affected by AIDS-defining illnesses and just 46% reported an undetectable viral load. In 2019, the average age of participants



was 50 and the average length of time people had been living with HIV was 15 years. Less than 3% had been diagnosed with an AIDS-defining illness in recent years, and 90% reported an undetectable viral load.

Despite these positive changes, the percentage of people reporting their health to be 'good' did not change much. What did change were the issues affecting their assessment of their health. In 1997, challenges with physical health and treatment side effects dominated the lives of many people living with HIV. In 2019, concerns about mental health, stigma and the challenge of ageing-related comorbidities were more prominent.

We know that for people living with HIV, wellbeing and quality of life are shaped by many issues – health, work, financial security, relationships, community and more. Stigma can undermine quality of life on all these fronts, challenging people's capacity to find meaningful work or to reach out to others. On World AIDS Day 2021, ARCSHS celebrates all that has been achieved in the response to HIV over the past 40 years and commits to the continued fight against stigma and discrimination, and in support of quality of life for all people living with HIV.



Alexis Apostolellis

Chief Executive Officer

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

2021 marks 40 years since the first case reports of what later became known as AIDS, among gay men in Los Angeles. Four decades later, this is an opportunity to reflect on how far we have come, and the challenges that still lie ahead.

We can be proud that the enormous efforts of the scientific community to respond to the COVID-19 pandemic, including the rapid development of vaccines, have been built on the foundations laid by the global HIV response. But even as vaccination looks to be signposting a potential path out of the crisis for Australia, we must remember that the virus is still having a devastating impact in our region, and in turn, on HIV.

Papua New Guinea, Australia's closest neighbour, is in crisis. The current COVID-19 outbreak is making it extremely challenging to ensure people living with HIV are able to access appropriate treatment and care. Mistrust of COVID-19 vaccines is widespread, and ASHM is working closely with the HIV workforce in PNG to combat misinformation being disseminated via social media, using platforms like WhatsApp to share accurate information among HIV healthcare workers.

We must prioritise support for our colleagues and partners in the HIV response in PNG and other countries in Asia and the Pacific, who face immense challenges in the face of a worsening COVID-19 situation. We must support regional



and global equity in access to COVID-19 vaccination.

And in the midst of this crisis, our other priorities have not gone away. People living with HIV around the world continue to face stigma, often in healthcare settings. ASHM is continuing to support the HIV workforce to reduce stigma by developing clinical guidance that is being taken up by HIV organisations and health authorities

worldwide, transforming the ways healthcare providers engage with their patients around HIV.

Our updated edition of the U=U: ASHM Guidance for Healthcare Professionals is the first national clinical framework in the world to unequivocally state that people living with HIV who maintain an undetectable viral load cannot transmit the virus. This unambiguous message is vital to reinforcing the U=U message and reducing stigma. Our recently launched Guidance for Healthcare Providers regarding infant feeding options for people living with HIV, developed in close collaboration with community, is another world first, supporting people living with HIV to make informed decisions based in current evidence.

40 years into the AIDS pandemic, Australia must ensure that our successes are shared, and that no one is left behind.



Bhutan aims to end AIDS by 2030

Bhutan has recently undertaken an evaluation of its response to the HIV epidemic. The evaluation was led by civil society organisations, Lhak-Sam and Pride Bhutan, and involved a community-based monitoring (CBM) approach. CBM is a mechanism that service users or local communities use to gather, analyse, and use information to improve the access, quality, and impact of services

This monitoring builds upon work undertaken by Lhak-Sam, a nationwide organisation representing people with HIV, in 2009. Following the royal decree of 2004 regarding HIV prevention, Lhak-Sam works to address HIV stigma. Pride Bhutan represents the lesbian, gay, bisexual and transgender (LGBT) communities in a country that recently decriminalised homosexuality. Lhak-Sam and Pride Bhutan are partners in AFAO's

Sustainability of HIV Services for Key Populations in Asia (SKPA) program.

While Bhutan has historically had low rates of HIV transmission, the public health messaging delivered to at-risk groups in the community is seen as contributing to HIV stigma for those with HIV and those at risk of HIV.

The core purpose of the CBM program was to examine the availability, quality, and accessibility of services for people with HIV and other priority HIV populations, collecting data on:

- Gaps in service delivery
- Barriers to the accessibility of HIV services, such as prevention, testing and treatment
- Experiences of stigma and discrimination



Sensitisation workshop on legal literacy for key populations and people living with HIV networks 2020, group photo



The Honourable Health Minister, Her Excellency Lyonpo Dechen Wangmo, launching HIV self-testing during World AIDS Day 2020

Language barriers, as well as the location of service providers in urban areas, created difficulties in reaching at-risk communities in Bhutan. COVID-19 prevented the CBM program from holding face-to-face meetings at popular entertainment venues, like bars and nightclubs. In response, the team transitioned from face-to-face to digital engagement with communities

Despite the global pandemic, the CBM program was adapted to social media platforms such as Facebook and WeChat. The program successfully provided decision-makers with an evaluation of the effectiveness of existing strategies and also identified gaps in service delivery.

The program identified stigma-related barriers, such as the hesitations and privacy concerns for some at-risk groups accessing treatment and prevention services. This highlighted the need to develop more discreet approaches to service delivery for people with HIV and those at risk of HIV.

Findings from Lhak-Sam and Pride Bhutan's are being used to develop a strategy to better engage people with HIV and LGBT communities in the country. In association with the Bhutan Ministry of Health, these organisations intend to better target

migrant workers, people who frequently travel, religious bodies and the general population.

Bhutan remains committed to achieving the global target of Ending AIDS by 2030. The ongoing work delivered by Lhak-Sam and Pride Bhutan will be central to achieving this target.



Key population group discussion on service package

Scott Harlum

President

National Association of People with HIV Australia (NAPWHA)

The marking of time, of milestones and of anniversaries, provides us opportunities to reflect on the events which have shaped our lives. For better or for worse, the marking of time requires us to consider where we've come from, where we're at, and where we think we're headed.

For people living with or affected by HIV in Australia, December 1, has become one such day. On this day we pause to reflect on the devastating impact HIV and AIDS has had on our communities; how our own lived experience of HIV has come to shape our individual lives; how extraordinary advances in science and medicine came to liberate us from an almost certain death from an AIDS defining illness; and how treatment advances continue, opening doors to reducing the burden of HIV on our lives and to the potential virtual elimination of HIV in Australia.

World AIDS Day 2021 marks the 40th anniversary of the first reported cases in gay men in the USA of what would become known as HIV/AIDS. This has given particular weight to our reflections this year.

However, that which will also occupy our thoughts on World AIDS Day 2021 is not HIV alone. This year a new virus and a different global pandemic,



COVID-19, has returned many people with HIV in Australia to feeling vulnerable, uncertain about our futures, fearful of what infection with this new virus could mean for us, and anxious about how population-level exposure to this new virus might again impact the communities within which we work and play.

World AIDS Day 2021 coincides with the activation of plans to put an end to lock-downs, reopen our borders, reinvigorate our economies, and to move our public health response from one of control (aiming for suppression and elimination) to a managed 'living with' approach. Therefore, it is natural that our thoughts will be on how COVID-19 will affect Australia's HIV positive communities in the years ahead.

On this World AIDS Day 2021, be safe, be vigilant and be vaccinated if you can. Help us ensure that our reflections on World AIDS Day 2022 tell a story of the strength and resilience of people with HIV in Australia.



Jules Kim

Chief Executive Officer

Scarlet Alliance, Australian Sex Workers Association

2021 was a challenging year for so many of us and it was a year where we saw communities again rise up to support each other. It was another big year for law reform with the progress towards decriminalisation and the recognition of sex worker rights building throughout Australia. And it was a transformative year in the global HIV response with the introduction of the Global AIDS Strategy and 2021 Political Declaration on HIV and AIDS.

The UN HLM on HIV and AIDS ably co-facilitated by H.E. the Hon Mitchell Fifield, Permanent Representative of Australia and H.E. Mr. Neville Gertze, Permanent Representative of Namibia resulted in a bold UN Political Declaration that broadly aligns with the Global AIDS Strategy. For the first time ever transformative and measurable targets were adopted by the UN General Assembly as part of the Political Declaration. Significantly the inclusion of the 10-10-10 targets on societal enablers, calling for member states to end all inequalities faced by people living with HIV, key and other priority populations by 2025, by reducing to 10% or less the proportion of women, girls and key populations who experience gender-based inequalities and sexual and gender-based violence; less than 10% of countries with restrictive legal and policy frameworks that lead to the denial or limitation of access to services; and 10% of people experiencing stigma and discrimination. Equally critical is the commitment to support community leadership and ensure that an increased proportion of HIV services are community and key population-led, namely at least 30% of testing and treatment services; 80%



of key population HIV prevention programmes, and 60% of programmes to support the achievement of societal enablers. And of course targets cannot be met without sufficient funding and the Political Declaration contains key commitments to fully fund the HIV response. These actions will be critical and capably set up countries to meet their commitments to end AIDS as a global public health threat by 2030.

At home we saw remarkable progress towards the decriminalisation of sex work. With the major achievement in the NT that saw the full decriminalisation of sex work being implemented mid last year, progress has continue to mount throughout Australia leading to further commitments and actions to progress the decriminalisation of sex work in other states and territories. The Victorian government committed to repeal the problematic licensing framework through the repeal of the Sex Work Act 1994 and to fully decriminalise sex work with the introduction of the Decriminalisation of Sex Work Bill 2021. The Queensland Government has also announced it is looking to decriminalise sex work and draft new legislation. This progress has been long called for and is essential to achieve better human rights and public health outcomes. The decriminalisation of sex work, including robust anti-discrimination protections is the evidence-affirmed best practice model for sex industry regulations and recognised as a vital enabler in the HIV response.



Jake Docker

Chief Executive Officer

Australian Injecting & Illicit Drug Users League (AIVL)

This World AIDS Day, AIVL is honoring the work of those who came before us.

People who inject drugs remain among the most highly stigmatised groups in Australia and across the world. HIV infection rates among people who inject drugs in Australia are among the lowest in the western world, comparative to countries like the United States. This is the legacy of Australia's peer-based organisations who have worked tirelessly, and in the face of adversity for decades to reduce drug-related harm and reduce the spread of blood-borne viruses among drug users.

Nevertheless, HIV/AIDS is still there, and it remains an enemy of our community. We can never be complacent in the ongoing fight against HIV. There is no better demonstration of the value of peer-based drug user organisations than the steady reduction of HIV prevalence among Australians who inject drugs over the decades since the early 1980s.

We know that there are volumes of reliable research that indicate that the peer-based organisations, and indeed the information disbursed by peer-based organisations is much more likely to be trusted and utilised by the community of people who use drugs. Whilst we know that health equity continues to be a major issue for our community, AIVL and its member organisations continue to be in a unique position to support the members of our community that are hardest to reach. We know that the fight is not over.



In August 2021, I commenced as CEO of AIVL. AIVL has also welcomed a new generation of policy and project staff. As an organisation, we will be using this year's World AIDS Day to honor the work of those in peer-based drug user organisations who came before us. The people from the AIVL network who did things like standing up in NSW parliament in the 1990s, bravely talking about their own injecting drug use, in

the fight for Australia's first Medically Supervised Injecting Centre, only to be harshly vilified in the media. The people who illegally dealt in providing sterile injecting equipment to users in the early 1980s. The people who were brave enough to publicly share their personal stories in the face of significant stigma, discrimination and adversity to let other people who use and inject drugs know that they were valued, not alone, and entitled to the same health and human rights as everyone else. The people who contributed to saving countless lives.

AIVL and its network will continue with this important fight, and we will always remember those who fought before us.



Colin Ross

Chairperson

Anwernekenhe National HIV Alliance (ANA)

World AIDS Day is a time to remember those we have lost over the years.

I'm Colin Ross a proud Jinibara Bidjera gay man from South East and Central Queensland. I'm the current Chairperson for Anwernekenhe National HIV Alliance (ANA).

We talk about ending HIV in Australia – but this must also work for our Aboriginal and Torres Strait Islander people and their community. Here are some facts: Aboriginal and Torres Strait Islander people experience lower HIV testing rates, lower pre-exposure prophylaxis (PrEP) uptake, and higher HIV diagnosis rates. We also have delayed HIV diagnoses, and higher rates of HIV diagnosis among women.

Three years ago, Kirby Institute data showed the rates of HIV diagnoses for our mob were double that of non-Indigenous people. In 2021 these figures, including for STIs, have changed little.

We at ANA support the lead of Positive Life NSW with an Aboriginal co-designed needs assessment project to generate a culturally sensitive HIV service delivery model in collaboration with an advisory committee of Aboriginal and Torres Strait Islander people.

Co-designing a culturally aware and appropriate service model with, by and for Aboriginal and Torres Strait Islander people is just the start in generating the valuable understanding, knowledge and solutions my community needs to reduce HIV transmission.

Mainstream health infrastructure must draw on our knowledge, wisdom, lived experience, and



direct engagement within Greater Involvement of People Living with HIV and Meaningful Involvement of People Living with HIV and Affected Communities principles, as a step to revitalise the HIV prevention, testing and treatment landscape.

We have seen significant impacts from COVID on our mob's resilience. Physical distancing has strained the way we access and engage with services. For

many of us already living in crowded housing conditions or with poor access to healthcare, our risk of COVID is heightened.

HIV and COVID-19 must end.

ANA believes in community empowerment and control. First Nations community-controlled health services, among others, should be funded to improve the quality of life, community service and access to protect our people. This reform should be met with substantive measures where the successive findings and recommendations of report after report are finally listened to and implemented. The time for reports has well and truly passed.

The ANA calls for Government reforms and proper engagement. This requires change, but it also requires a degree of access to decision-making processes across all sectors. Extra resources within organisations is welcome, but it does not address the bare truth or structural nature of the problem of HIV/STIs and COVID.

We demand action. We demand change. It is still Everybody's Business. Nobody can be left behind.



Professor Janice Reid AC **Deputy Chair** Pacific Friends of Global Health

As we mark World AIDS Day, it would be remiss not to acknowledge and reflect upon the remarkable impact and progress that Australia's multilateral global health partners have achieved in fighting HIV/AIDS in our Indo-Pacific region and beyond over the past two decades.

In the face of the formidable challenges posed by the COVID-19 pandemic, and despite taking on significant new roles in the pandemic response, these organisations have continued to work tirelessly around the world to strengthen health systems, and improve access to lifesaving medicines, diagnostic tests and treatments to continue the fight against HIV and other devastating diseases.

Organisations like the Global Fund to Fight AIDS, Tuberculosis and Malaria, which this year marks its 20th anniversary, and celebrates 44 million lives that have been saved. Key programmatic results for HIV, tuberculosis and malaria declined for the first time in the organisation's history due to the devastating impact of COVID19. However, countries swiftly adapted HIV programs, and the number of people receiving antiretroviral therapy for HIV increased to 21.9 million in 2020, an 8.8% increase compared to 2019.

Or Unitaid, which on World AIDS Day last year announced a new ground-breaking agreement to reduce the cost of a dispersible and strawberry-flavoured HIV treatment for children in low- and middle-income countries by 75%, enabling even the youngest children living with HIV to be treated with the best available medication. A year on, the treatment has now been rolled out in six countries, with plans already underway to scale up for use in



a number of other countries next year, including Papua New Guinea.

The COVID-19 pandemic has shown us what remarkable things can be achieved when we appropriately fund global health research and development. We hope soon to see the day when there is a safe and effective HIV vaccine that can be rolled out too. The pandemic has also highlighted the importance of strengthening the health systems

essential to delivering health services, and we have seen unprecedented partnerships across multilateral agencies. This is exemplified by the ACT-Accelerator, the global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

The Australian Government has a long history of support to multilateral global health organisations, whose expertise is critical to helping Australia achieve not only our own international development objectives, but also through coordination and innovation expand our impact and reach in the Indo-Pacific and beyond. It has never been more important that Australia continues to contribute our fair share to these organisations, to ensure that they are adequately resourced and can bolster their efforts to eradicate HIV and other diseases, save millions of lives, and advance Australia's global health priorities.

Pacific Friends of Global Health raises political and public awareness of key global health issues facing the Indo-Pacific Region, and advocates to improve regional health outcomes through Australian Government investment in Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and TB, Unitaid and other health programs.



Selina Namchee Lo

Executive Director

Australian Global Health Alliance

On World AIDS Day 2021, the Australian global health community remembers friends we have lost and strengthens action on the ongoing challenges HIV still presents. Many global health leaders began their working life in the field of HIV. The history of hard-won lessons in HIV are now customary normative practices of global health to aspire to. Namely, community activism and participation as a global public good, science to lead in informing decisions and interventions, and human rights and wider partnerships as central tenets. These lessons have been reported in peer reviewed scientific publications as the best practices in global health interventions with the invaluable contributions of the Australian scientific community and civil society. Global health is about all of us, not some of us, and has been informed by people living with HIV. Australia, in this regard, has been a global model of some of the best intersectoral action and practice. For both HIV and global health challenges, however, there is much ahead that only collective action again can well respond to.

The COVID-19 pandemic is the most confronting recent global health challenge where a whole of society response is critically required. It has harshly illuminated the importance of addressing the neglect of underlying determinants of health (political, social, legal, commercial) – the very same factors contributing to inequity of access to services for people living with HIV and their health security.



The Australian Global Health Alliance is Australia's peak body for organisations working in global health. We are a trusted membership alliance committed to advancing health security, health equity, gender equality, knowledge and innovation, partnership and sustainable development. The Alliance brings together regional and global health experts and organisations to curate knowledge and create new connections

in order to strengthen the Australian global health ecosystem as a whole. We are a unique Australian Alliance understanding that Indigenous health is global health, contributing to the future generations of diverse global health leaders from this region, while building global health partnerships with traditional and non-traditional partners. The Alliance hosts the Network of the 56 Australian WHO Collaborating Centres, and the Pacific Friends of Global Health.

As we face new global and planetary health challenges, the Australian Global Health Alliance acknowledges the critical role of the HIV community at large in shaping global health governance for a healthy future for all, and commits to assisting in delivering important national and international milestones through all our networks.



Mark Orr AM

President

Australian Federation of AIDS Organisations

As we commemorate World AIDS day 2021, we mark 40 years of HIV/AIDS in Australia. It's a time to remember those who have lost their lives to the epidemic, reflect on what has worked well and identify what more needs to be done.

Nobody could have known 40 years ago that the policy approach which underpinned Australia's HIV response would serve as a useful template for our response to COVID-19 40 years later: evidence-based health measures, properly funded, and applied to real world behaviour led by affected communities.

That approach has continued to serve Australia well.

With the COVID-19 vaccine roll out gathering pace, easing the remaining restrictions in place across our two largest states, Australia is starting to look ahead to what a post COVID-19 world will look like.

There is reason to feel optimistic as we transition to more normal times, but we should not allow complacency to set in.

While Australia has escaped the worst of the pandemic, many of our neighbours in the region continue to feel the full force of COVID-19.

Just like HIV/AIDS, COVID-19 won't be over for anyone until it is over for everyone. And until that time we must continue to support measures which ensure everybody regardless of where they live receives access to COVID-19 vaccines.



Ensuring vaccine equity is a vital first step, Australia must also recommit to the further development of health care systems in our region.

HIV testing, treatment and prevention must be a core part of that commitment.

Just because COVID-19 has dominated much of the world's focus, doesn't mean HIV/AIDS has disappeared.

We have seen in the past 18 months delays in medical supplies, a decline in services and a rise in stigma and discrimination for the most at risk communities.

For the first time in its 20-year history, the Global Fund reports setbacks in the global response to HIV. In 2020, the number of HIV-tests declined by 22% and Fund-supported programmes reached 11% fewer persons. We must urgently address those setbacks.

The same vigour and urgency of our COVID-19 response must also apply to HIV. The response to one health crisis cannot be at the expense of another. We have an opportunity to successfully address both.

Nobody can be left behind as we rebuild a post pandemic world.



afao



Australian Government

napwha national association of
people with hiv australia



Pacific Friends of
Global Health



Kirby Institute



**Doherty
Institute**



Australian Research Centre
in Sex, Health and Society



Burnet Institute
Medical Research. Practical Action.



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