

WORLD AIDS DAY

1 DECEMBER
2022





Adjunct Professor Darryl O'Donnell

Chief Executive Officer

Australian Federation of AIDS Organisations

We mark World AIDS Day 2022 amid the lingering effect of COVID-19 and the emergence of monkeypox (MPX). Despite these ructions, our communities remain mobilised and committed to our core mission – the end of HIV transmission.

The pandemic touched all of us, with tragic consequences for many. Of course, COVID-19 also disrupted the HIV response, disrupting work patterns and interrupting clinical processes such as HIV testing. It dominated policy and advocacy and made the contest for resources more difficult.

Despite all of this, AFAO's work has prospered. We maintained and built upon warm and productive relationships with politicians of every ilk, providing trusted advice and, when necessary, robust advocacy.

Our early and meaningfully engagement with the new Australian Government has been fruitful, with Minister Butler committing to important planks of our Agenda 2025 plan to end HIV transmission. This includes committing to establish a taskforce to drive the effort to end HIV transmission and restoring funding to peak organisations involved in the community-led HIV response. We saw solid commitments to these pledges in the October Budget, along with funding for a pilot program of peer contact tracing and wrap-around clinical and peer support at diagnosis. The Commonwealth has also agreed to consult on the unique health issues and barriers to access that LGBTIQ Australians face.

These solid foundations proved critical with the emergence of MPX. The rapid advice and intelligence we gave the Government came from the deep community roots AFAO and its members enjoy. Our close work with the Australian Health Protection Principal Committee shaped the eventual policy – heavy investment in vaccines and a serious commitment to health promotion, delivered by and for our communities.

This year we saw the clearest evidence that HIV elimination in Australia is more than an aspiration. There were 552 new HIV diagnoses in Australia in 2021, meaning the annual number of new diagnoses has halved over the past 10 years.

UNAIDS' target for the proportion of people with HIV who have been diagnosed, are on treatment and have achieved viral suppression is 95-95-95 by 2025. In Australia, an estimated 91% of people with HIV were diagnosed, 92% of those diagnosed were on antiretroviral therapy (ART) and 98% of people on ART had achieved viral suppression (91-92-98) in 2021.

We are tantalisingly close to the UNAIDS target; one final push will get us there. We do, however, require further resources. As anyone touched by HIV knows, there is no steady state for an epidemic. AFAO and its partners are pushing forward to a future in which HIV transmission is vanishingly rare and those who live with HIV are free from stigma.

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Cover: Image credit (The Global Fund / John Rae)



Blake A. Chrystal

Senior Development Counselor, USAID

Embassy of the United States of America, Canberra, Australia

Shortly after assuming her role as Administrator of the United States Agency for International Development (USAID), Samantha Power outlined her vision and priorities, noting that “never before have our fates been so intertwined with those of people around the world.” As COVID-19 cruelly illustrated, disease knows no borders. We witnessed the impacts of COVID-19 reverse years of progress in addressing HIV/AIDS. Last year, infections rose by 1.5 million, and an estimated 800,000 children living with HIV were still not receiving lifesaving treatment.

USAID adapted and innovated. COVID-19 made it risky for people living with HIV to go to clinics and stay on treatment. In close collaboration with our partners, we scaled up dispensing lifesaving HIV treatment, helping patients avoid 53 million clinic visits for drug pickup globally. We invested in telemedicine and digital technology to facilitate healthcare. We collaborated even more closely with our partners to maximise impact.

Australia’s Department of Foreign Affairs and Trade (DFAT) and USAID have long worked together on the HIV/AIDS response in the Indo-Pacific region. Together with civil society and national partners, we have collaborated to provide access to essential and life-saving services and support to community organisations. For example, in Papua New Guinea, home to the highest HIV rate among Pacific Island countries, USAID and DFAT support innovative testing strategies, case management, key policies, and

more. Because of these efforts and others, as of 2021, an estimated 90% of people living with HIV in the island country’s National Capital District are on life-saving antiretroviral therapy.

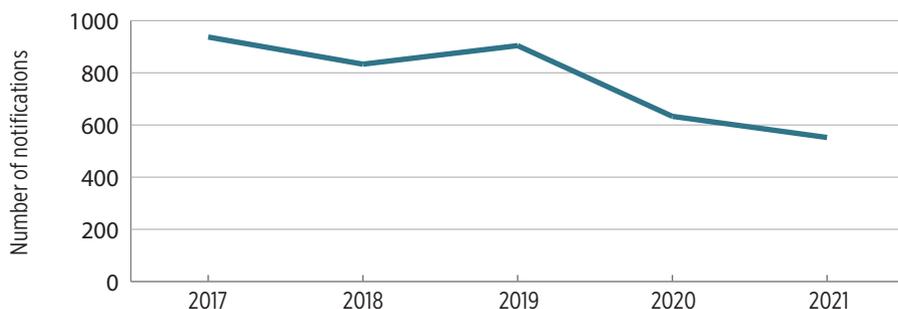
We deeply value this partnership with Australia, a partnership that extends beyond the Indo-Pacific as we work globally to combat HIV/AIDS and advance transparent, inclusive, and sustainable development consistent with our shared democratic values. To help regain precious ground in this important fight, the United States and Australia both announced significant contributions to UNAIDS and the Global Fund. Through PEPFAR, the US President’s Emergency Plan for AIDS Relief, the US Government has invested nearly USD100 billion in the global HIV/AIDS response, accelerating progress toward controlling the global HIV/AIDS pandemic in more than 50 countries.

In 1981, the United States and Australia both reported the first cases of AIDS. Today, 38 million people worldwide are living with HIV. COVID-19 has changed the global health landscape, but we cannot look backwards and must redouble our efforts to confront the HIV/AIDS epidemic. Solutions are stronger and more sustainable when we showcase the different strengths of our partners, and USAID and the US Government remain committed to working with the Government of Australia to support all those who live with HIV in reaching their full potential for health and wellbeing.

HIV in Australia 2022

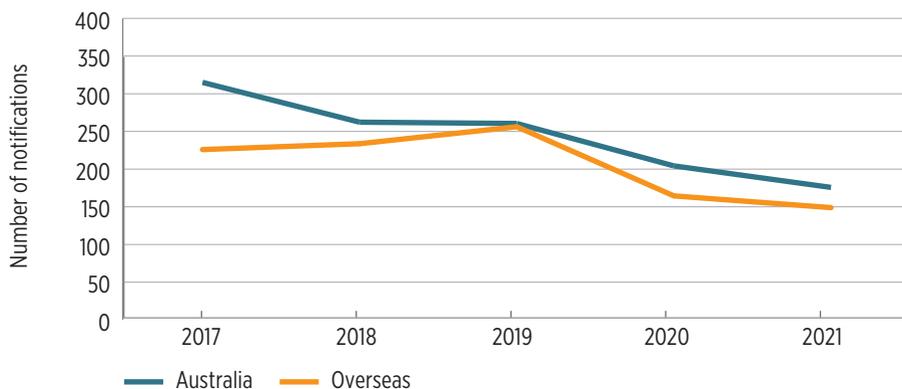
HIV notifications, 2017–2021

HIV notifications have declined steadily since 2017, moving downward towards the Agenda 2025 elimination target of a 90% reduction from 2010, or 91 cases per annum. A continued focus on making PrEP and treatment available to all people in Australia is essential if we are to achieve the Agenda 2025 target.



HIV and gay and bisexual men, Australian-born versus overseas-born

There continues to be significant reductions in the number of HIV notifications in 2021 among gay and bisexual men. Overseas-born men are a significant proportion of all those diagnosed. Targeted health promotion and education to this demographic is required to build awareness of the importance of routine screening and prevention strategies such as PrEP and Post Exposure Prophylaxis. Australia will not reach its goal of virtual elimination without investment in targeted activities for overseas-born gay and bisexual men.



King, J, McManus, H, Kwon, A, Gray, R & McGregor, S 2022, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022, The Kirby Institute, UNSW Sydney, Sydney, Australia.



Senator Louise Pratt and Senator Dean Smith

Parliamentary Liaison Group for HIV, Blood-borne
Viruses and STIs



World AIDS Day gives us the opportunity each year to review our progress and recommit ourselves to ending HIV. Since the start of the HIV epidemic in Australia more than 30 years ago, Federal Members of Parliament have been taking a keen and bipartisan interest in supporting Australia's HIV response. In 2022, our recommitment needs to be the strongest it has been for many years.

The title of UNAIDS' 2022 Report is *In Danger*. It serves as a stark warning about the current state of the global HIV response. Unfortunately, we are not where we should be.

The most recent UNAIDS data shows new HIV infections are rising where they had been falling and that urgent action is required.

Competing with COVID-19 for both resourcing and awareness has had an unsurprising and devastating effect on those living with, or at risk of contracting HIV. It has damaged the attempts to reduce inequality that were so much a part of last year's historically significant World AIDS Day.

Australians facing these challenges are better supported than most, and will continue to benefit from the \$50 million funding boost announced as part of the 40th anniversary of World AIDS Day last year. This includes \$39 million for those requiring HIV-related treatment who are not eligible for Medicare, while a further \$11 million assists Australian organisations with their vital, lifesaving work into blood-borne viruses and

sexually transmissible infections (STIs). These funding commitments, combined with expanded access to new and flexible testing arrangements, are making meaningful contributions to slowing the rate of infections across the community.

This year we have seen a commitment to develop models for peer-led contact tracing and wrap-around clinical and peer support at diagnosis, as proposed in AFAO's Agenda 2025. We have also been pleased to see a commitment to a high-level bipartisan taskforce charged with getting Australia on track to end HIV transmission.

The multi-partisan commitment of the Australian Parliament to leading the national discussion in a responsible and respectful manner, promoting community education and advocating with a united voice is more important than ever. We do this in partnership with scientists, clinicians, governments and most importantly, with affected communities. Together, we must also be ready for new challenges. MPX's arrival in Australia has transformed our health landscape once again, stretching limited health resources and activating our community's front line response.

Although MPX is markedly different to HIV, they have many direct and incidental characteristics in common, and the detection of MPX in Australia has re-emphasised the significance of access to medical attention and public education to drive awareness and curb the spread of misinformation.

Securing 450,000 doses of third-generation MPX vaccine, with the bulk of these available later this year and in 2023, was a swift government response at a time of great global demand.

We are further encouraged by the formation of the National MPXV Taskforce and the decision to fund activities that support the MPX response in Australia, especially among key affected populations.

The Parliamentary Liaison Group for HIV/AIDS, Blood-borne Viruses and Sexually Transmissible Infections sets the standard for cooperation and collegiality across the Parliament. Above all else, as co-chairs, we are grateful for the trust and encouragement that has always been extended to this Group. We look forward to working together in the decade to come.

HIV Globally 2021

38.4 million

People living with HIV

36.7 million adults
1.7 million children

28.7 million

People with HIV were accessing antiretroviral therapy

Approximately 75% of all
people living with HIV

1.5 million

People were newly diagnosed with HIV

This is a 54% reduction from the
peak (3.2 million) in 1996

Source: unaids.org/en/resources/fact-sheet



Senator the Hon Penny Wong

Minister for Foreign Affairs

A little over four decades ago, the world faced a profound problem. HIV, an incurable virus that attacked the immune system, challenged health systems and vexed medical researchers. It also challenged our decency by inflaming stigma and reinforcing stereotypes.

The progress we have made against both the virus and the stigma surrounding it is a victory for evidence-based policy, compassion and our shared humanity. This progress is powered by a bond between community advocates, scientists, public health experts and government. By partnering with the very populations who live with HIV, we have built effective public health responses, and reduced inequalities and mobilised resources for medical breakthroughs.

Today, we continue striving to tackle the legal and social barriers that inhibit people from coming forward for an HIV test and treatment.

These collective efforts mean we can now contemplate what was previously unthinkable: the prospect of ending transmission in Australia. Indeed, this year Australia's new HIV cases were the fewest since the epidemic began.

Globally, more than 27 million people now receive HIV treatment annually, suppressing their viral load and preventing onward transmission. These highly effective HIV treatment regimens have reduced AIDS-related mortality by 64% from its peak in 2004.

On this World AIDS Day, we recognise this progress. We remember the 40 million lives lost. And we pay heed to the risks to our ongoing progress.

The global COVID-19 pandemic has set us back. With health systems overwhelmed, particularly in developing countries, testing and treatment rates have fallen sharply. Progress against HIV transmission has slowed, especially in our own region.

Competing crises across the world, including soaring food and energy prices, conflict and climate change, are increasing an already relentless demand on limited resources. Without a renewed collective response, decades of hard-fought gains hang in the balance.

That is why this September, the Australian Government made its largest-ever pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria, committing \$266 million over three years. We are also extending our long-standing strategic partnership with UNAIDS.

In our region, we are increasing bilateral and regional assistance programs to provide additional support to the six million people living with HIV in the Indo-Pacific and to bolster communicable disease control.

With concerted efforts, we can recover ground lost over the past two years and set our region, and the world, back on the path to ending HIV/AIDS.



The Hon Mark Butler MP

Minister for Health and Aged Care



As the world passes through the COVID-19 pandemic and we reflect on the global death toll of more than 6.5 million people, our ongoing struggle against the HIV/AIDS epidemic comes into stark focus.

According to the World Health Organization, HIV/AIDS related illness has cost the lives of 40 million people over the 40-year course of the epidemic. But in Australia in 2022, we have good reason to be optimistic – new infections have almost halved in the past decade, from 1068 in 2012 down to 552 in 2021.

Australia has a strong bipartisan history in our world-leading response to the HIV pandemic. Every gain in the fight against HIV/AIDS has been a hard-fought, community-led fight, but people living with HIV in Australia have a far better outlook than ever before.

The great majority of Australians living with HIV (approximately 29,400 people) are diagnosed and undergoing antiretroviral therapy, with almost all of those receiving the treatment having a suppressed viral load.

Australia's long-term approach to the HIV epidemic is internationally regarded as a model of best practice, and this is because of the partnership between governments and our community.

The Albanese Government commits to renew efforts to end HIV in Australia. We will strengthen ties between government and the HIV sector, and our links to clinicians and workforce. We will continue to work with Australia's researchers, who are some of the best in the world, and

with community peak bodies, which are vitally important as we work towards ending HIV transmission.

We want to set Australia on a path of reducing new HIV infections, while also improving the HIV care cascade of diagnosis, treatment and reaching viral suppression.

The Albanese Government will restore funding to national HIV peak organisations, develop a peer-led contact tracing pilot and wrap-around clinical and peer support for Australians receiving an HIV diagnosis.

We know that the role of peers in the care pathway is increasingly important. People living with HIV can support others as they are tested, diagnosed and treated, helping them navigate what is often an overwhelming experience.

When we look to the experiences of Australians living with HIV today, we find a strong, connected and supportive community. Every person living with HIV deserves to live 'boldly positive' in a world free of stigma.

HIV-related stigma and discrimination are still real barriers, and their impact on physical and mental health can be devastating. I will fight for further growth and acceptance of HIV awareness, advocacy and allyship. There is no place for stigma and discrimination in Australia.

Supporting people living with HIV to live their best lives is as important to me as ending HIV transmission. This World AIDS Day, I pledge our government's commitment to both.



Senator the Hon Simon Birmingham

Shadow Minister for Foreign Affairs

World AIDS Day brings a mixture of sadness and hope. Sadness, as we remember the more than 30 million lives cut short by HIV and the scars carried by so many it has affected. Yet hope, as we are inspired by the advances in awareness, inclusion and medical technology that have transformed prevention, treatment and protection.

Last year, we recognised 40 years since the first official report of the illness that would later be recognised as AIDS.

Since then, our knowledge and response to HIV has come a long way. However, there is no room for complacency and still much further to go. An important milestone was Australia's commitment to ending AIDS as a global public health threat by 2030. That is just eight years away.

Under the previous Coalition Government, a significant investment was announced on last year's 40th anniversary of an additional \$50 million to extend access to HIV treatment and support the wellbeing of people living with blood-borne viruses and STIs.

Access to new and flexible testing was also expanded by the Therapeutic Goods Administration to increase the availability of the Atomo HIV Self-Test, the only HIV self-test approved for sale in Australia.

Internationally, progress was also made with Australia co-facilitating with Namibia the Political Declaration adopted at the United Nations General Assembly High-Level Meeting on HIV/AIDS, incorporating targets to guide the global AIDS response for the next five years.

The Political Declaration commits to addressing the inequalities driving the AIDS epidemic and the stigma and discrimination faced by people at risk of, living with or affected by HIV.

The Global Fund and UNAIDS are key foundations via which Australia has delivered significant investment, support and advocacy to address HIV. We welcome the new government's funding pledge to The Global Fund, which continues Australia's long standing support and complements our other international efforts such as last year's Coalition Government commitment of \$11.65 million to increase HIV testing and prevention services amongst key populations in the Indo-Pacific.

While COVID-19 presented setbacks, we must seize renewed momentum to overcome stigma, discrimination and other challenges. The Coalition remains committed to Australia's bipartisan efforts to strive for the elimination of HIV in Australia and globally. We owe this to those who have paid the ultimate price of AIDS and, even more so, to the generations to come.



Senator the Hon Anne Ruston

Shadow Minister for Health



World AIDS Day is an important reminder of the ongoing importance of HIV/AIDS support, prevention and research in Australia, and an opportunity to remember the 30 million people across the world who have tragically lost their lives in this pandemic.

It is also important to acknowledge the critical work of AFAO in advocating for and supporting Australia's HIV community.

Last year, to mark World AIDS Day, the former Minister for Health Greg Hunt announced over \$50 million in new funding to extend access to HIV treatment and to fund activities that support the wellbeing of people living with blood-borne viruses and STIs in Australia.

This included \$39 million invested by the former Coalition Government over five years to support people in Australia living with HIV who are not eligible for Medicare to access the treatment they need.

Improving access to HIV treatment for everyone in Australia, regardless of their nationality, is vital to decrease the transmission of HIV and improve health outcomes for HIV positive people.

Today is an important opportunity to highlight the importance of ensuring that the appropriate supports and treatments are available in our healthcare system when they are needed. This is critically important for people in Australia who are HIV positive as we work towards curbing the onward transmission of the virus.

Our understanding of HIV prevention, transmission and treatment has improved significantly since HIV was first diagnosed in Australia, but the critical importance of research remains ongoing.

We have come a long way in the fight against the HIV/AIDS pandemic, with a HIV positive person on effective treatment now able to live as long and as healthy a life as a person who is not HIV positive, but there is still so much more to do as we continue to work towards eliminating the transmission of HIV in Australia.



Adam Bandt MP

Leader

The Australian Greens

Over the last few years, we've seen the importance of tackling public health issues. We've learned just how interconnected our health is. This World AIDS Day, we can get one step closer to the virtual elimination of this disease that has caused so many people so much pain and suffering.

As we stared down the COVID-19 pandemic, the impacts rolled through our society, including on testing and treatment for people with HIV. As a result, HIV testing numbers have plummeted.

We need strong investment to restore these levels and to meet the priorities of the plan outlined by AFAO and the National Association of People with HIV Australia.

The lack of testing in Australia due to the COVID-19 pandemic led to a 37% decline in HIV notifications. That means while there are estimated to be around 29,000 people living with HIV in Australia, there are potentially around 2600 people who could be living with HIV without knowing.

We know that most transmission occurs between partners, when one person is unaware they are infected. The Greens back AFAO's calls to urgently increase testing to pre-pandemic levels, so we can get back on track to eliminating HIV transmission in Australia.

One of the most affected groups in Australia is First Nations communities. Before the pandemic, we were seeing a rise in the number of First Nations people contracting the virus, and with the decline in testing, there's a real concern that the numbers could be increasing without people knowing.

The Australian Greens back all measures to improve prevention, testing, treatment and care programs for First Nations communities. We must do better. We need to ensure First Nations community-controlled health services receive adequate funding to deliver culturally appropriate programs.

We also need to reduce barriers to access to HIV prevention more broadly across our community, particularly for those who are ineligible for Medicare, and face a wide range of challenges accessing healthcare in Australia.

The Greens also recognise the importance of tackling this issue across our region. We back any programs that support and fund regional responses to eliminate HIV/AIDS across the Pacific. We also back strong contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Once again, we want to thank and congratulate AFAO, the Pacific Friends of Global Health and the National Association of People with HIV Australia and other partner organisations who are deeply committed to the eradication of HIV/AIDS.



Australian Government

**Department of Health
and Aged Care**

Professor Paul Kelly

Chief Medical Officer

Department of Health and Aged Care



In Australia, we are privileged to have a shared commitment between governments, people living with and affected by HIV, community organisations, researchers and clinicians. This collaborative response to HIV in Australia has been formed over decades and is central to Australia's success in steadily reducing HIV transmission, to the point we are considered an international leader.

This arrangement has also brought us to major milestones: in the last couple of years, we recorded the lowest rates of HIV transmission since the beginning of the HIV/AIDS epidemic. While this success is tempered in part by the influence of the ongoing COVID-19 pandemic, we have witnessed a long-term steady decline in HIV transmission. The efforts of so many people have contributed to not only the reduced rate of HIV transmission, but to all the other wins we've seen over the decades.

For the first time, nearly all people living with HIV in Australia receiving antiretroviral treatment have reached viral suppression. This has a remarkable effect on an individual's life, allowing them to engage in sexual activity without the risk of transmitting HIV. A low viral load also contributes to a stronger immune system and reduced morbidity. Early diagnosis of HIV is a critical component of receiving successful treatment.

Unfortunately, late diagnoses accounted for 48% of all diagnoses in 2021, the highest proportion recorded since 1990. This statistic is confronting and demands action. Increasing testing is one solution, as is increasing engagement with populations who may not be aware of their HIV risk. The continued stigmatisation of HIV also needs to be overcome. Direct or indirect stigma and discrimination can discourage people from learning their HIV status and commencing or maintaining their treatment.

HIV is different to other communicable diseases. A positive diagnosis is usually accompanied by complex physical, mental and social concerns. In Australia, I'm gratified to see that it is also often accompanied by a supportive community. From civil society organisations to individual people living with HIV, there is a focus on shared experiences and peer support. As we investigate how to reduce stigma and discrimination, it will be important that actions have roots in the community.

As we reflect this World AIDS Day, we can see how far Australia has come and how strongly the community has contributed to our successes. These strong bonds will be essential to see us through the coming years as we walk the long hard final steps towards eliminating HIV transmission.

SKPA-2: People front and centre

AFAO successfully secured funding to build upon the achievements of Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-1). Implementation of SKPA-2 began on 1 July 2022. SKPA-2 is a three-year, \$US12.5 million program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The aim of SKPA-2 is to improve sustainability of evidence-informed prioritised HIV services for key populations in Bhutan, Mongolia, the Philippines and Sri Lanka. As donor funding winds down, it is critical to ensure the spending for community-led HIV services is embedded within national budgets. The program objectives are: accelerate financial sustainability, improve strategic information availability and use, promote programmatic sustainability, and remove human rights and gender-related barriers to services.

Program implementation is off to a strong start, with a kick-off workshop in Bangkok in August. All program partners attended, including key staff from the Global Fund, UNAIDS, World Health Organization and other key stakeholders.



Across two days, the participants established joint understanding of the objectives of the program. The time spent in person allowed the building of relationships between partners, which has already proven to be invaluable.

Connected to the workshop was the first meeting of the Regional Steering Committee - the governance and advisory body that oversees the implementation of the program. It is chaired by UNAIDS Asia-Pacific, and comprises a government and civil society representative from the Country Coordinating Mechanism of each country, representatives from World Health Organization, World Bank Global Practice Team, and DFAT.

In terms of programmatic activity, under SKPA-1 progress began on reducing service delivery gaps and improving key populations' access to prevention, testing and treatment services. Community-Led Monitoring (CLM) ensures that key populations and communities are at the centre of this process. It involves service users gathering, analysing, and using information to drive the improvement of HIV service delivery.

Within the initial days of SKPA-2, the publication *SKPA Sustainable Community-Led Monitoring of HIV Services: A Toolkit for Key Populations* was launched. The toolkit is a community-led approach to measuring the quality of HIV services from the perspective of key population service users. It provides a link between service delivery feedback and follow-up action by identifying any incidents that require investigation. Because Community-Led Monitoring looks different in different countries, the toolkit provides flexibility and adaptability to local country and cultural contexts. AFAO is



currently supporting our local implementing partners to pilot the new toolkit.

Additionally, a priority activity being undertaken in the first half of year one of SKPA-2 is a baseline assessment – akin to a gap analysis. This comprehensive assessment will improve understanding of the financial landscape, political economy, strategic information needs, operational policy and regulatory barriers, and human rights and gender situation in each country. It will also assess the extent to which each country is prepared for financial

sustainability of services for key populations, and the extent to which key populations and people living with HIV are meaningfully engaged in their country's national HIV responses.

Key stakeholders have been interviewed, and a comprehensive report is due at the end of the 2022. The findings from this report will help inform the direction of SKPA-2 activities, ensuring that activities are programmed to account for local contexts and to achieve the greatest impact possible for key populations.





Peter Sands

Executive Director

Global Fund to Fight AIDS, Tuberculosis and Malaria

Twenty years ago, the world came together in an extraordinary moment of global solidarity and leadership to create the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since the Global Fund was founded in 2002, total AIDS-related deaths have dropped by 65%. In 2021, 75% of people living with HIV in Global Fund-supported countries were on antiretroviral therapy, a huge leap from 23% in 2010.

However, we are deeply concerned about the slowdown of the fight against HIV. Globally, the number of new infections dropped only 3.6% between 2020 and 2021, the smallest annual decline since 2016. The investments and approaches that helped us make gains over the two decades will not be enough to end HIV as a public health threat by 2030.

In addition, with health crises occurring with increasing frequency and health inequities ever more starkly apparent, we are at a critical moment for global health. COVID-19 is still far from over. Global food and energy shortages and price hikes resulting from the war in Ukraine and climate change will make the poorest communities in the world more vulnerable to all infectious diseases, including HIV.

In 2021, there were an estimated 260,000 new infections in Asia and the Pacific, the first increase in a decade. The COVID-19 pandemic

has had a significant impact on the fight against HIV, especially testing and prevention services for key and vulnerable people who were already disproportionately affected. The centrality of community-led services became even more evident during the pandemic. With the trust of key populations, community-led organisations ensured the continuity of HIV services and commodities, including antiretrovirals and PrEP. Amid the disruptions caused by the pandemic, the Global Fund has been supporting community-led services to fight HIV. In the Philippines, this includes innovative approaches such as self-testing and virtual outreach for key populations. We are working closely with the National HIV Program in Papua New Guinea and a range of partners to ensure those most at risk of HIV have access to prevention, treatment and care.

In September, the donors came together at the Global Fund's 7th Replenishment Conference and pledged more than USD14.25 billion so far for the partnership's work over the next three years. We welcome the Australian government's increase in its contribution to the Global Fund by 10% to \$266 million, and acknowledge its longstanding support to the Global Fund's efforts to fight HIV. Hand in hand, we look forward to continuing working with Australia to tackle inequalities that fuel new HIV infections and prevent people from accessing treatment.

Emeritus Professor Janice Reid AC

Deputy Chair

Pacific Friends of Global Health



The past year, 2022, marks an important moment in the history of the fight to end HIV and AIDS worldwide.

Two decades ago, the world came together to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria, and five years later, Unitaid was launched to further accelerate the response.

Since then, the Global Fund partnership has saved over 50 million lives, including 17.7 million in the Indo-Pacific region. It has also invested over USD10 billion in better preparing health systems for current and future health threats, while Unitaid and its partners are investing in innovations that stretch health dollars further. These include HIV self-tests, highly effective single-pill antiretroviral treatments, and critical tools for testing and treating children living with HIV, such as early infant diagnostics.

This year also marked a pivotal moment in the global response to epidemics. COVID-19 jeopardised progress towards elimination of HIV as a public health threat by 2030. New HIV cases exceeded global targets by more than one million in 2021.

Global food and energy shortages and price hikes resulting from the war in Ukraine and climate change exacerbated health inequities and the frequency of health crises. The world's poorest communities became more exposed.

We confronted a stark choice: step up investment now, or accept that we've abandoned this goal.

In September, donors came together to pledge record levels of investment in the Global Fund at its Seventh Replenishment Conference in New York, hosted by President Biden. This was a global reaffirmation of the importance of funding global health and the work of the Global Fund to fight infectious diseases and strengthen systems for health. We welcomed the Australian Government's pledge of \$266 million – a 10% increase on its Sixth Replenishment pledge.

This World AIDS Day, we reflect on the power of global cooperation in the response to HIV/AIDS and broader global health threats. Our global health institutions were built for this purpose and are well placed to meet the challenges ahead.

We will continue to make the case to the Australian Government to contribute our fair share to these organisations to ensure that they are adequately resourced and can bolster their efforts to eradicate HIV/AIDS 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 Malaria, Unitaid and other health programs. It is hosted by the Australian Global Health Alliance.



Taoufik Bakkali

Regional Director, Asia and the Pacific

UNAIDS

From its inception in 1985, AFAO understood that to be effective, the HIV response must have at its centre community-led approaches that include representation from people living with HIV and those made most vulnerable by society's inequalities, including indigenous peoples, injecting drug users, men who have sex with men, and sex workers.

Almost four decades on, the community of nations has finally embraced the understanding that we can only end AIDS by tackling the inequalities that drive the epidemic. This is why UNAIDS declared "Equalize" to be the World AIDS Day 2022 theme. "Equalize" is a call to action. It asks each of us to do all we can to overcome the inequalities that are holding back progress in ending AIDS. UNAIDS proposes several concrete actions to protect everyone's health:

- Increase the availability, quality and suitability of HIV treatment, testing and prevention, so that everyone is well served
- Reform laws, policies and practices to tackle the stigma and exclusion faced by people living with HIV and by key and marginalised populations, so that everyone is shown respect and is welcomed
- Share technology to enable equal access to the best HIV science
- Enable communities to highlight the inequalities they face and to press for the actions needed to reduce them.

With six million people living with HIV in Asia and the Pacific in 2021, the HIV epidemic in the region is not over. Many marginalised people, especially key populations at higher risk of HIV infection, are disproportionately affected. Last year, UNAIDS estimated that 96% of new infections in this region were linked to key populations and their sexual partners. This is why it is essential to amplify our efforts to reduce inequalities and ensure that the right people access the right HIV-related services delivered using the right approach. Ending the HIV epidemic is only achievable if no one is left behind.

The Asia-Pacific region should concentrate efforts on several strategic priorities to end AIDS by 2030: renew and intensify the focus on key populations in policies and programs, modernise HIV service delivery, eliminate the barriers to equitable program coverage among the most marginalised communities, and mobilise sustainable domestic financing for prevention.

Australia continues to play a leading role in advancing the HIV response in Asia and the Pacific. UNAIDS appreciates Australia's significant contributions to the key areas of HIV testing and prevention, community leadership, community-led monitoring, and service provision. These contributions strengthen the HIV response across the region. We look forward to enhancing our collaboration with Australia to close the gaps and ensure healthy lives and wellbeing for all.

WORLD AIDS DAY

1 DECEMBER
2022





The Hon Michael Kirby AC CMG

Patron

Kirby Institute, UNSW



As we reflect on World AIDS Day 2022 and consider progress towards HIV elimination, we also reflect on two other epidemics that demand a public health response.

In 2020, COVID-19 sent us into isolation, affecting not only our social, interpersonal and sexual behaviours, but how we work, live and understand our place in the world. Variant after variant presented new challenges, and reminded us that infectious diseases demand global control strategies to succeed.

Just as we thought the worst of COVID-19 had passed, a new threat emerged: MPX. Fortunately, the scale of this epidemic is still considerably smaller. However, because in Australia MPX, like HIV, predominantly affects gay and bisexual men, it brings an unsettling and familiar threat of stigma, fear and new anxiety.

It has been reassuring to see the community, government and research sectors working together to protect physical, mental and social health. For COVID-19 and MPX, as with HIV, science, proportion and common sense drive our response. All of us should support financially the great scientific and epidemiological institutes in Australia, as I have done, with the Kirby Institute. We cannot leave it to government to solve all our problems. I welcome philanthropic support to the Kirby Institute's TRaX study, which is generating the evidence to guide the public health response to MPX.

Considering these two very different epidemics, where do we now find ourselves with HIV?

We can be proud of our efforts to prevent transmission and improve the health of people living with HIV. Last year, Australia recorded its lowest ever HIV numbers. While further work is still needed to ensure that reductions in transmissions continue across all populations, our success sends an important message that elimination of HIV transmission is within our reach.

We must take this to the global stage and share more than expertise and experience. As a country, we must also sustain and enhance our financial commitments towards global HIV elimination, especially in our neighbours. In our region, new HIV infections are rising, prompting UNAIDS to recently convene an emergency meeting on HIV prevention.

On World AIDS Day 2022, we celebrate our successes but remember that our work is not done until all people everywhere can access essential health services together with prevention strategies, treatments, vaccines and cures that we accept as our birthright in Australia.



Professor Sharon Lewin AO

Director Doherty Institute

President International AIDS Society

Despite the spectacular advances in HIV care and prevention, World AIDS Day is always a time for us to reflect and pay respect to those whom we have lost to HIV, and at the same time accelerate our efforts to eliminate both HIV infections and HIV-related stigma across the globe.

In July 2022, at the International AIDS Conference in Montreal, I started my term as the President of the International AIDS Society (IAS) – a great privilege and responsibility for the coming two years. After not meeting in person for four years, the Montreal meeting was inspiring and energising. To once again be surrounded by colleagues and our diverse and colourful sector was wonderful. However, the news about the impact of the COVID-19 pandemic on the global response to HIV was not good, with UNAIDS' report *In Danger*, showing progress against most indicators has stalled or gone backwards since 2019 in many parts of the world. Hard-won gains are in jeopardy, and now more than ever we must ensure that everyone has access to testing, treatment and targeted prevention services.

But it was not all bad news in Montreal. Significant progress is being made in the development of long-acting antivirals. This form of prevention and treatment will be a game-changer in many parts of the world. We also heard of two new cases of HIV remission and

learnt how new technologies that can study one cell at a time are transforming our understanding of the HIV reservoir, the major barrier to a cure. Despite substantial global challenges and disruption, significant progress is being made.

The challenge for us is to celebrate these gains, but also ensure that HIV programming and funding exceeds pre-COVID-19 levels. We need to continually ensure that all gains are distributed equally across the globe. This challenge was tested again in our response to the MPX virus, in which we continue to see major inequities in vaccine access. I do hope we apply the lessons learnt from over 40 years of HIV, and more recently from COVID-19, that true progress only occurs when there is global equity in the distribution of knowledge and the tools for prevention and treatment.

Next year will be an exciting time for the HIV sector in Australia, when we host the 12th IAS Science Conference in Brisbane. This will be a great opportunity to showcase Australia's outstanding response to HIV, highlight some of our gaps and focus on our region. I am looking forward to an outstanding scientific program, while also ensuring we fully engage the HIV and general community in strengthening the HIV response. I look forward to seeing you all in Brisbane!

Professor Anthony Kelleher

Director

Kirby Institute, UNSW



This year we reported Australia's lowest ever number of new HIV diagnoses, just 552. World AIDS Day is an opportunity to highlight the exceptional advances that have led us to this point. PrEP has been a revolutionary innovation. Its high uptake in Australia since its listing on the PBS, along with early diagnosis and use of antiretroviral therapies, have combined to drastically reduce transmission in key populations. This clearly demonstrates the key components of effective implementation: real-world, high-quality scientific evidence, supporting ambitious policy and targeted government funding, all underpinned by strong community buy-in. Indeed, the leadership, commitment and engagement of at-risk communities, especially gay and bisexual men, as well as sex workers and people who inject drugs, have been pivotal to achieving these outcomes.

However, these impressively low numbers need to be considered within the context of the impacts of the COVID-19 pandemic. Sexual activity was reduced and there was less testing for HIV. HIV infection rates remain unchanged among Aboriginal and Torres Strait Islander peoples, overseas-born gay and bisexual men, those living in the regions, and in heterosexuals. It is absolutely critical that education, service access without stigma, including access to PrEP, testing and early initiation of antiretroviral therapies, are effectively targeted to these

groups if we are to achieve virtual elimination of HIV transmission in Australia by 2030 – a target that we must all strive to achieve.

While these gaps need to be filled in Australia, severe limitations in diagnostic and treatment services, let alone prevention interventions, are rife in our region and require investment in tailored services to meet local community needs.

As we navigate the COVID-19 pandemic, we find ourselves confronting yet another public health threat: MPX. MPX predominantly affects gay and bisexual men, threatening to revive the stigma of the early days of HIV. Fortunately, the community has been proactive and well connected to health providers and policymakers. This partnership, combined with vigilance, expertise and effective mobilisation of public health tools, including vaccines, will continue to control this infection as well.

This World AIDS Day, it is important to remember how far we have come since the early, dark days of HIV, and never forget the countless lives lost. We must acknowledge and overcome the large gaps and inequities in access to health within Australia, across our region and the globe. The opportunity to come together, in action and in celebration, should re-energise us to forge ahead as we strive to control HIV here and abroad.



Professor Brendan Crabb AC

Director and CEO

Burnet Institute

While a cure for HIV continues to elude us, advances in treatment and care have enabled most people living with HIV in Australia to enjoy quality of life and life expectancy comparable to other Australians. Ready access to HIV testing and treatment and HIV pre-exposure prophylaxis (PrEP) has also delivered record low levels of HIV diagnoses in Australia. Burnet Institute is extraordinarily proud to have contributed to the HIV prevention and care research evidence, including ground-breaking work demonstrating the profound population-level preventive impact of early access to HIV diagnosis and treatment.

However, we know that gaps in our HIV response remain. While people living with or at risk of HIV living in many of our urban centres are afforded the highest quality care and preventive services, we must ensure all people living in Australia have access to these world-leading responses. If we are to achieve our strategic goal of eliminating HIV as a public health threat by 2030, equity is vital. Here, the implementation of strategies in AFAO's Agenda 2025, which Burnet was honoured to support, are key. We must work hard to reduce elevated rates of HIV infection among populations who remain disproportionately affected by HIV, including Aboriginal and Torres Strait Islander people and migrant communities.

While Australia continues to benefit from our longstanding partnership approach to HIV and the strong and resilient community sector that underpins it, the same can't be said for millions of people living in resource-poor communities with poor access to life-saving treatment and quality healthcare, and who experience debilitating stigma and discrimination. The impact of COVID-19 has only exacerbated these issues, disrupting treatment and prevention programs, and redirecting resources away from HIV, resulting in increasing levels of new infection, and the prospect of millions of AIDS-related deaths.

We must not let our progress to end AIDS globally by 2030 falter. In our region, where the HIV epidemic is typically clustered among stigmatised and under-served populations, civil society continues to fight against the political and social marginalisation of affected communities. Australia must continue to advocate for and support these efforts and ensure human rights-based and evidence-informed responses are prioritised. More resources and renewed efforts are also required in parts of the world with more generalised HIV epidemics. Scientific advances have meant we now have the tools to end AIDS: we must now ensure the political, community and health structures are put in place to make it happen!

Empowering Peer Counsellors for Change

Over the past four years, the Burnet Institute, as part of the DFAT-funded Sexual Reproductive Health Improvement Project Program, has been working with partners (Catholic Church Health Services, Igat Hope and National Department of Health PNG) in Papua New Guinea to improve HIV peer counselling.

Peer counselling has been long recognised as an important component in the continuum of care for people living with HIV, but little has been done to ensure it was culturally appropriate and effective in PNG.

This project engaged HIV health care workers, peer counsellors and clients to identify what information and skills were important to newly diagnosed HIV clients for the purposes of improving their quality of life and disease management. This led to the development of a counselling toolkit. The toolkit covers topics including understanding HIV, living with HIV, treatment and compliance, healthy eating, sex and HIV, a counselling guide, talking cards and take-home information for each topic.

Using the toolkit to support counselling sessions ensures the information shared is factually correct, consistent, culturally appropriate and

easy to understand. The toolkit provides visual prompts and talking cards that allow clients and counsellors to discuss issues and concerns in the third person; this makes it easier to discuss sensitive and culturally taboo subjects. To strengthen the program's effectiveness, peer counsellors are trained in both using the toolkit and in counselling techniques.

As a result of this project, peer counselling in PNG has evolved from being a one-way discussion in which counsellors share their HIV stories, to a client-focused discussion on topics relevant to their HIV journey. Through this process, clients are more likely to return for ongoing counselling, counsellors feel empowered and have a clear understanding of their role, and health care workers have a better understanding of the role of peer counselling and a greater respect for peer counsellors.

Most importantly, HIV clients have the knowledge and skills to make informed decisions about living with HIV.





Professor Carla Treloar

Director

Centre for Social Research in Health, UNSW

The Centre for Social Research in Health continues to promote the importance of reducing stigma to meet HIV goals. Stigma affects all steps of the care cascade and undermines our efforts to meet individual and population health goals.

Our most recent work shows that in 2022, 30% of people living with HIV reported being treated negatively by health workers because of their HIV status. The 2019 figure was similar, indicating that little has happened to “shift the dial” in the experience of people living with HIV.

In our recent work, we also asked people living with HIV about the impact of stigma on their decisions about accessing health care. In 2022, 26% of people living with HIV delayed health care; 44% did not tell health workers about their HIV status; 29% looked for alternative services; and 16% did not attend an appointment. It is important that we interpret these results by understanding the ways in which health services and workers can influence the decisions made by people living with HIV. We need to support people living with HIV as well as change the attitudes and practices of health workers and the policies and systems of health care.

The staff of our centre have trialled a range of strategies to reduce stigma associated with HIV and other blood-borne viruses in projects with health workers and the general public.

These theory-based interventions have shown promising proof-of-concept impacts that have allowed us to consider ways to scale up for greater effect.

Although PrEP users continue to encounter stigma, our national survey data show rapid uptake since 2016, with PrEP becoming the most commonly used HIV prevention strategy by gay and bisexual men from 2019 onward. High levels of HIV treatment coverage and viral suppression among HIV-positive men appear to have been sustained throughout the COVID-19 pandemic, suggesting that HIV care has been largely maintained. Having an undetectable viral load (the key part of Treatment as Prevention) has become the most commonly used HIV prevention strategy by HIV-positive men over the last 10 years.

As always, we are indebted to our partners and collaborators in community, health service and policy agencies. The shared commitment and values across the partnership enable the highest quality research, informed by and respectful of lived experience and immediately applicable to policy and practice.



Professor Adam Bourne

Acting Director

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



Next year marks 30 years since the establishment of what was then called the Centre for the Study of STDs. Since 1998, it has been known as the Australian Research Centre in Sex, Health and Society (ARCSHS). Set up to examine sexual health knowledge and practices at the height of the HIV/AIDS epidemic, our commitment to health equity, rights and wellbeing of people living with HIV is as strong now as it was at our foundation.

The data from our latest survey of people living with HIV tells us that there is still much work to do in ensuring all those living with the virus can do so free from stigma and discrimination, and with the highest possible quality of life. HIV Futures 10, published to coincide with World AIDS Day 2022, found that more than a third (36.6%) of participants had experienced some form of discrimination relating to their HIV status in the previous 12 months. Among these were 29.8% of participants who reported being treated negatively or differently by healthcare workers as a result of their HIV status, a situation that requires attention and remedy. Likely reflecting ongoing, community-level HIV-related stigma, nearly half (46.7%) of HIV Futures 10 participants told us that they had experienced a potential sexual or romantic partner rejecting them on the basis of their HIV status.

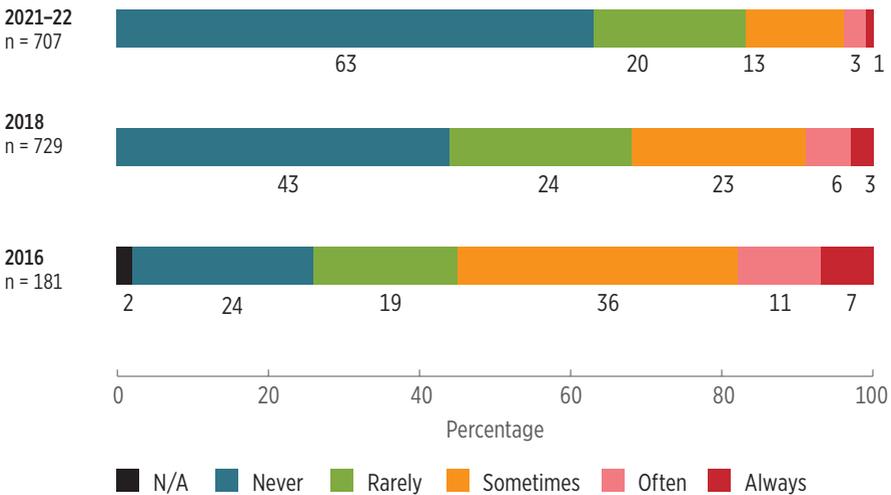
On a more positive note, however, recently published analyses of HIV Futures data collected between 1997 and 2018 shows us that as the use of antiretroviral therapy increased, so did viral undetectability and – crucially – fear of onward HIV transmission decreased. For far too long, concern about HIV transmissibility has cast a shadow over the sex lives and mental health of people living with HIV, and it is heartening to see this fear diminishing thanks to biomedical prevention technologies. The data relating to rejection of people living with HIV by potential sexual partners, however, tells us there is much more we need to do to educate and empower the broader population about the protective effects of both antiretroviral therapy and PrEP. A life without both fear and stigma is within reach, as is the virtual elimination of HIV transmission in Australia.

On World AIDS Day 2022, we reaffirm our commitment to generating new knowledge that informs advocacy, commissioning, service design and delivery for the HIV prevention and care response. We celebrate all that has been achieved and commit to continuing our community-based, partnership approach to ensuring a high quality of life for all people living with HIV.

Measuring HIV stigma

This graph illustrates participants in 2021–22 were less likely to report experiences of stigma than participants in 2018. Continued effort is needed to educate the community about progress in HIV treatment and that Undetectable = Untransmissible (U=U). Without this effort, people with HIV will continue to experience stigma and discrimination and be at risk of poorer health outcomes.

People living with HIV: In the last 12 months have you experienced any stigma or discrimination in relation to your HIV status?



Reference:

Broady, T., Brener, L., Cama, E., Norman, T., Power, J. & Treloar, C. (2022). Stigma snapshot: People living with HIV 2022. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/eycp-et57>

Alexis Apostolellis

Chief Executive Officer

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



In 2023, Australia will host the 12th IAS Conference on HIV Science, IAS 2023, which will take place in Brisbane. We should be proud that Australia has been chosen to host this significant meeting, the world's largest scientific conference on HIV; it speaks to our leadership in the international HIV response.

ASHM is Australia's peak clinical body representing the HIV, viral hepatitis and sexual health workforce. Next year's conference is an opportunity to engage and energise the workforce to achieve our 2030 elimination goals for HIV. It has been an extremely challenging two and a half years for Australia's healthcare workers, but their skill, dedication and passion, working alongside community and government, has always been part of the foundation of the national HIV response.

We have seen what we can achieve in providing the best standards of HIV care when we have the chance to share our knowledge and learn from our colleagues around the world. At the International AIDS Conference in Montreal in July this year, ASHM held the first U=U Global Summit, an event spotlighting U=U: the message that people living with HIV who maintain an undetectable viral load cannot transmit the virus sexually.

The summit was a reminder that we are part of a truly global response, and we can all learn from each other to improve care for people living with and affected by HIV.

IAS 2023 in Brisbane will allow all of Australia's HIV workforce to have that opportunity, to learn and to share our knowledge with the rest of the world. In particular, we can learn from and share with our colleagues from across the Asia-Pacific region, many of whom work in much more challenging settings than we have here at home. To make meaningful progress towards HIV elimination in Asia and the Pacific, health systems require strengthening, particularly following the COVID-19 crisis. Health workers across the region require ongoing training and capacity building to better support people living with and at risk of HIV. A localised approach, paired with technical assistance where required, is key to developing sustainable systems.

A particular focus for ASHM in 2023 is supporting the health workforces in PNG and Timor Leste to achieve the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis, which is a current global priority.

Next year the world will be looking to Australia for leadership in the global HIV response, so let's stand with our partners as we work together towards the elimination of HIV.



Scott Harlum

President

National Association of People with HIV Australia (NAPWHA)

It has been a tough few years but finally we seem to be emerging from the cloud of COVID-19.

Those of us who lived through the dark days of the AIDS pandemic in the '80s and '90s may be feeling particularly battered. And that's not surprising. It has been difficult to refrain from comparing and revisiting the traumas of the past: the fear before we knew what we were dealing with and how we could protect ourselves; the blame and 'othering' that went on; the isolation; and the grief if we lost someone close.

Yet, as painful as these memories may be, each year on December 1 many of us choose to revisit that past. We call up the faces and names of those we have lost. Some are old mates or lovers. Some we worked with and admired. Others are famous faces. All left us too soon.

And if we lived with HIV through those years and survived, many of us may still wonder why. Was it luck or genes or simply good timing that allowed us to carry on? For some of us, this is the simple reason why we continue to work in the sector. To contribute when so many cannot.

World AIDS Day is time to reflect on these things. But it is also time to celebrate the victories. The emergence of life-saving therapies in the nineties. The discovery of U=U in the 2010s. And the simpler, kinder antiretroviral pills we are lucky enough to have today.

We can also celebrate the fact that the work done to contain and treat HIV equipped us to manage COVID-19 better. The public health response was faster, the community mobilisation more focused. Even the rollout of vaccines was made easier by the fact that AIDS activism changed how the drug approval system works in Australia.

This World AIDS Day, we have much to think about. Things to celebrate. Lives to honour.

On behalf of NAPWHA, the National Association of People With HIV Australia, I wish you well.

Jules Kim

Chief Executive Officer

Scarlet Alliance, Australian Sex Workers Association



This year's World AIDS Day theme is Equalise. It is a call to action that recognises that without overcoming the inequalities that drive the HIV epidemic, we cannot meet our 2030 goals. To equalise we must ensure access and availability of high-quality, culturally and community-appropriate HIV treatment, testing and prevention. We must ensure that successful peer-led organisations for priority populations are enhanced, with resourcing for targeted programs for culturally and linguistically diverse, migrant and Aboriginal and Torres Strait Islander people within those communities. And critically, we must continue progress to reform laws, policies and practices that perpetuate stigma and discrimination and impede the HIV response.

To that end, there has been significant progress in Australia with the decriminalisation of sex work commencing in both the Northern Territory in 2020 and Victoria in 2022. The reforms in Victoria will be implemented in two stages, with Stage 1 commencing on 10 May this year with the removal of discriminatory mandatory testing laws, criminal offences around condom use, and the repeal of the criminalisation of sex work and HIV. These reforms take an evidence-informed, pragmatic approach that recognise that issues of public health such as condom use, testing and HIV must not be criminalised and must be dealt with in the public health system, not within criminal justice systems. Queensland's Attorney-

General has committed to decriminalising sex work. Momentum continues to build around reforms to decriminalise sex work in other jurisdictions as the best practice model for the health safety and rights of all sex workers.

Significantly, there has been headway made in ensuring that sex workers have access to anti-discrimination and anti-vilification protections through the protected attributes of sex work and sex worker. Sex workers continue to face unacceptable levels of stigma and discrimination in every facet of our lives, including when accessing health care. Despite this, we do not have access to consistent or effective anti-discrimination protections across jurisdictions. We are optimistic that this will change with commitments in both the Northern Territory and Queensland to ensure access to anti-discrimination protections for sex workers.

All this progress has resulted from the tireless and enduring efforts of sex workers, supported by allies including unions, community organisations, national peak bodies and government. We can end inequalities to end HIV transmission by 2030. To do so, we must equalise by continuing to breakdown the structural, social and legal barriers to evidence-based HIV prevention, testing, treatment, support and care.

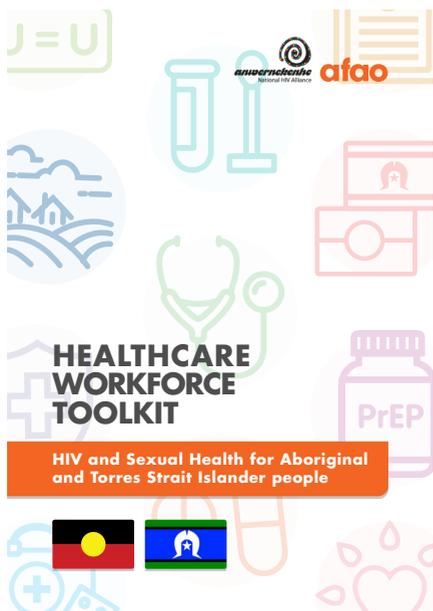
Engaging Aboriginal and Torres Strait Islander Communities and the Healthcare Workforce

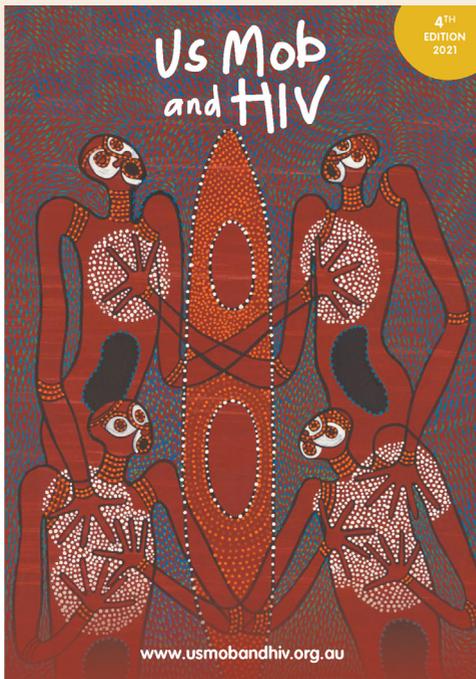
AFAO's recently published HIV and sexual health resources for Aboriginal and Torres Strait Islander communities were developed in partnership with AFAO's member organisation the Anwernekenhe National HIV Alliance (ANA), and in close consultation with Aboriginal and Torres Strait Islander workers and representatives of AFAO's other member organisations.

Since 2003, the Us Mob and HIV booklet has continued to be a highly utilised resource. Since the third edition in 2014, several significant developments in the response to HIV, such as PrEP, treatment as prevention, and new testing technologies, needed to be included in an

updated edition of the booklet. These can all be seen in the fourth edition. A set of digital factsheets was also developed to provide more information on these topics.

The continuation and availability of core HIV resources for Aboriginal and Torres Strait Islander people is vitally important. In addition, developing Us Mob and HIV as a website (usmobandhiv.org.au) increased the reach of the resource to more Aboriginal and Torres Strait Islander people. The use of the website has also allowed for more information and interactive use highlighting significant developments in response





to HIV, as well as linking to other resources and information.

Better to Know (bettertoknow.org.au) is a website about the disproportionate rates of STIs that Indigenous communities experience. The website carries information on a range of STIs

and testing, and includes testing reminder and partner notification services. Since its launch in 2011, the website has continued to be utilised by communities. Its recent extensive update and redesign enabled the continuation and availability of a core sexual health resource for Aboriginal and Torres Strait Islander people.

In addition to providing community education, it is important to ensure healthcare workers can support communities effectively. The *Healthcare Workforce Toolkit: HIV and Sexual Health for Aboriginal and Torres Strait Islander people* was developed to build the capacity and confidence of workers in both the HIV and sexual health sector and the Aboriginal community-controlled health sector. It guides healthcare workers with culturally appropriate information to support and educate their Aboriginal and Torres Strait Islander patients and clients about HIV and sexual health.

Us Mob and HIV
About HIV HIV Prevention Testing I Have HIV Yarns Other Resources Support Directory [Download booklet](#)

Us Mob and HIV

Us Mob and HIV has useful information on HIV and is for Aboriginal and Torres Strait Islander people. It contains information that deals with both men's and women's business.

Aboriginal and Torres Strait Islander people should be aware that this booklet may contain names of people who have passed away.

Contact your local [HIV organisations](#) to find hard copies of the booklet.

Download booklet



Colin Ross

Chairperson

Anwernekenhe National HIV Alliance

I'm Colin Ross, a Jinibara Man from South East Queensland, and I work with colleagues to confront, challenge and drive change in my role as Chairperson of Anwernekenhe National HIV Alliance (ANA).

First Nations Australians need access drugs that prevent HIV. We also need to understand that HIV drugs stop HIV, but they don't prevent the spread of STIs.

We must all continue to strive for improvement of HIV testing rates among Aboriginal and Torres Strait Islander people and increase uptake of PrEP. In saying this, we need to make sure clinical prevention methods are understood by community and health workers who provide these services. Otherwise, this may drive late HIV diagnoses along with creating a heavier burden of HIV than the rest of the community. We are making progress. Unfortunately, that momentum can stall if investment dries up or is misdirected.

Aboriginal and Torres Strait Islander people must be intimately involved in every aspect of access and uptake of HIV testing, prevention, treatment and care. This starts from co-designing needs assessments to building culturally sensitive HIV service delivery models in communities and at the coalface in primary health care settings.

The greatest asset we have is the knowledge, wisdom, lived experience, and direct engagement

of Aboriginal and Torres Strait people who are living with HIV or dealing with related stigma and discrimination. Leveraging those insights will reinforce and revitalise the HIV prevention, testing and treatment landscape.

There is no question COVID-19 has disrupted services and hampered our efforts. However, as we emerge from its shadow we can do so stronger, wiser and even more committed to drive the end of HIV transmission.

Community empowerment and control are absolutely pivotal. Greater investment in First Nations community-controlled health services should be paired with bold steps to implement new ways of accessing information and working in partnerships. This includes implementing the findings and recommendations of all the reports into the health challenges faced by Aboriginal and Torres Strait Islanders.

Nobody must be left behind. Anwernekenhe and the Positive Aboriginal Torres Strait Islander Network demand action. HIV is still Everybody's Business.

Doctor Selina Namchee Lo

Executive Director

Australian Global Health Alliance



On World AIDS Day 2022, the Australian global health community acknowledges the hard-won successes of the global HIV/AIDS movement. Although Australia is reporting fewer new infections, UNAIDS reports that in the ongoing shadow of the COVID-19 pandemic, many countries and communities are faltering in their progress on prevention and treatment, particularly for young women and girls.

As we strive to build healthier societies and populations, three legacies from the HIV/AIDS movement stand out and ought to be protected to attain health equity for all.

First, community activism and participation as a global public good. This legacy from the HIV movement left its practices in the governance of many multilateral global health mechanisms that today continue to host civil society and diverse representation. Diversity and inclusion of voice and place is still a challenge to be tackled in most global health initiatives and institutions. Yet, as revealed by the COVID-19 pandemic, in all its promise, diversity as an asset is the key to achieving health equity for all.

Second, science to lead in informing decisions and interventions. An expected norm in HIV/AIDS scientific congresses is to place the world's foremost scientists with the most effective activists to share platform space with government leaders and decision-makers. This should not apply only to HIV/AIDS, but all global health issues.

Third, human rights and wider partnerships as central tenets. In the wake of the pandemic, an environment that enables health and human rights to flourish is essential. Legislation and international health agreements must protect people at risk of stigma and discrimination at the onset of international health emergencies such as MPX or COVID-19. It is unacceptable that such protections are nearly always retrospective – announced only after a new group has been labelled and stigmatised.

The pandemic and climate change are the most confronting recent global health challenges and require a whole-of-society response. Both have harshly illuminated the importance of redressing the neglect of underlying determinants of health (political, social, legal, commercial) – the exact same factors contributing to inequity of access to services for people living with HIV and their health security.

As we face new global health challenges, the Australian Global Health Alliance acknowledges the unique role the HIV/AIDS civil and scientific community and all those with lived experience play 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

AFAO

This World AIDS Day we are optimistic about our domestic response to HIV, though this is tempered by the need to redouble efforts in the region.

HIV transmissions across Australia are decreasing steadily and now are at their lowest level since the beginning of the epidemic. This has not happened by accident, but as a result of evidence-based policy.

We have seen PrEP eligibility and availability expand as well as wider use of treatment as prevention, resulting in decreased HIV transmission. AFAO is proud to have advocated strongly for these successful policies.

However our communities continue to carry a disproportionately high burden of stigma and discrimination. Gay and bisexual men, including those who inject drugs, are still heavily impacted by HIV.

We must continue to prioritise Aboriginal and Torres Strait Islander people at risk of, and living with, HIV. Australia is yet to implement the full promise of the National Aboriginal and Torres Strait Islander BBV and STI Strategy.

The arrival of MPX reminded us that quick, effective vaccine rollouts are crucial to avoiding large-scale outbreaks. Strong advocacy was critical to driving a swift response to MPX.

AFAO will continue to build on the strength of the community response to HIV in the years ahead. We have ambitious plans to strengthen our state and territory council members in their delivery of

primary health services for LGBTIQ communities. We will also continue supporting our friends and colleagues across the Asia Pacific region's HIV response.

For three years, the Sustainability of HIV Services for Key Populations in Asia (SKPA) program has been central to the expansion and promotion of HIV services for communities most affected by HIV across eight countries in the region. This year, SKPA-2 was launched. AFAO will work with our partners in the Indo-Pacific region to help bring community-led service delivery of PrEP and HIV self-testing to scale.

Initiatives such as this are more important than ever. The region's HIV response, like the world's, has been harmed by COVID. As UNAIDS outlined recently, HIV transmission is now rising in the Indo-Pacific for the first time in a decade.

Foreign Minister Penny Wong's decision to lift Australia's contribution to the Global Fund – the world's key HIV financial mechanism – is therefore especially welcome. Australia's \$266 million, three-year contribution is a sound investment. For every dollar Australia has contributed, the Global Fund has invested approximately 13 dollars back into the Indo-Pacific region.

Four decades after HIV arrived, we are closer than ever to seeing an end to HIV transmission in Australia. This World AIDS Day, we resolve to lighten the burden of HIV transmission and fight stigma in all its forms.



afao



Australian Government

napwha national association of
people with HIV australia



