



WORLD
AIDS
DAY

2012

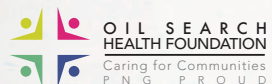
AUSTRALIA

AIDS FREE
GENERATION
BY 2015



COVER IMAGE
Camilo and son, Papua New Guinea September 2012.
Photograph by Chris Steele-Perkins

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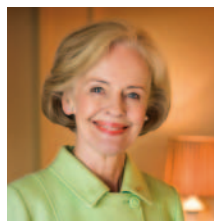
Slowly but surely, thanks to unprecedented global commitment, the world is beginning to turn the tide of the HIV pandemic.

Greater access to HIV treatments means many more people with HIV are living full and productive lives. Death rates from AIDS continue to fall dramatically, and in several regions of the world the rate of new HIV infections has stabilized and, in some settings, is falling substantially. So today – on this World AIDS Day – the possibility of actually achieving an “AIDS-free generation” – where there are no AIDS cases and new HIV infections are virtually eliminated – is for the first time being widely contemplated. This is giving rise to tremendous enthusiasm about the future global AIDS response – and of the responsibilities we all have to deliver on the opportunities before us.

Every year, thanks to the outstanding work of researchers in Australia and around the world, science gains a better understanding of the HIV virus. This research brings us that much closer to a vaccine and an eventual cure for HIV.

For over three decades, Australia has been committed to a sustained and effective response to the complex challenges of the global HIV pandemic. Successful Australian governments have been especially concerned to assist our regional friends and closest neighbours – Papua New Guinea, Indonesia, Timor Leste and the Pacific island states for example – and to assist them to provide the best possible HIV care, treatment and prevention services to their citizens.

Australia's success in containing HIV has been based on the closest possible partnership between people living with HIV, affected communities, governments, researchers and clinicians. Through this partnership, we have put in place policies and programs to capitalize on the better tolerated and more effective HIV treatments that are now available and which help maximize the health of people living with HIV. Other recent scientific advances have shown the additional benefit that HIV treatment has in reducing the risk of transmitting HIV to others. This exciting development provides us with additional means to help drive down rates of new HIV infections in Australia and around the world, when used alongside other proven prevention methods such as condoms and harm reduction programs among injecting drug users.



In 2011, the United Nations General Assembly for the first time called for all nations to set ambitious yet achievable targets to reduce new HIV infections and scale up availability of treatment for those already living with HIV. I am pleased to see that various Australian governments are moving to set these kind of targets and actions within Australia, as well as championing them regionally and internationally.

Only in this way, can the international community fulfil the promise of an “AIDS-free generation” here in Australia and around the world.

On this World AIDS Day 2012, I pay tribute to all those institutions and individuals who have worked tirelessly and ceaselessly to marshal the human, financial and intellectual capital needed to achieve these goals.

A major focus on Australia's leadership in HIV will come in 2014, when Australia welcomes delegates from all parts of the world to the XX International AIDS Conference in Melbourne.

Let us strive to be able to report to the Melbourne International AIDS Conference that we are making major strides towards eliminating the scourge of HIV related stigma and discrimination, that we are providing universal access to HIV treatment for all people with HIV who need it, and that we are making major advances in driving down new HIV infections in Australia, our region and around the world.

World AIDS Day is a time for us to reflect on the achievements – and also the disappointments – of the past. It is also a time to remember the many friends and loved ones we have all lost to this terrible epidemic. Perhaps most of all this World AIDS Day is a time to re-invigorate our courage and determination to keep working, to keep learning and to take advantage of all the opportunities we have before us to achieve the goal an AIDS-free generation.

*With my warm greetings to the
Pacific Friends of the Global Fund
Quentin Bryce.*

8.11.12.

THE HON JULIA GILLARD
PRIME MINISTER OF AUSTRALIA

Now in its fifth year, the *Access to Life* exhibition comes to Australia and Sydney for the first time.

In powerful photos and simple words, *Access to Life* provides us with a unique perspective for the first time on the impact of HIV and AIDS on individuals and communities across Papua New Guinea, where over 10 per cent of the population is living – and dying – with HIV/AIDS.

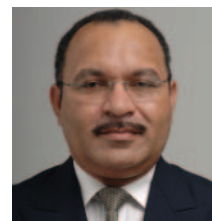
The people who have shared their personal stories for this exhibition have shown great strength and personal courage. Amidst the horrible toll of the disease as it courses through communities and villages, there is hope of respite and resumption of daily activity from medicines, treatment and the urgent work of caregivers.

What is chronicled here by Magnum Photos is close to home. Australia has long and deep ties with Papua New Guinea, our closest neighbour. I am proud that Australia is a long-standing partner helping the Government of PNG to meet these immense challenges. Australia's aid program to PNG includes strong support for health and integrated HIV responses. Australia also indirectly supports HIV efforts in PNG through funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We know that to be effective, HIV prevention must focus on those most at risk, with community organisations often best placed to deliver services where they are most needed. We also know that high quality HIV services depend on strong health systems. Australia's partnership with PNG is strengthening its health system's capacity to provide the needed services.

Governments, communities and families must work together to meet the challenge of HIV/AIDS. This fight is far from over, as the individual stories told in *Access to Life* document for us. This insistent exhibition calls on us, once again, to recommit to working together to achieve a world free of HIV and AIDS.

Remarks on Access To Life exhibition, Powerhouse Museum November 2012 – June 2013



THE HON PETER O'NEILL CMG MP
PRIME MINISTER OF PAPUA NEW GUINEA

The nation of Papua New Guinea has many stories to tell. Papua New Guinea is said to be the most culturally diverse country in the world, and its people face significant hardships. At the same time, communities are striving to preserve unique, age-old traditions and to find solutions to the challenges they face.

Papua New Guinea's efforts to combat HIV and AIDS is a story which, to date, has not often been told. Before 2005, those infected with the AIDS virus were unable to access life-saving medicines that were widely available in many countries around the world.

Now, less than ten years later, Papua New Guinea has made great strides in addressing this life-threatening disease, with strong support from partners from across the globe. Though there is much work still to do to stem the tide of new infections, access to life-saving treatment is beginning to be within reach for many Papua New Guineans.

The *Access to Life* exhibition provides a glimpse into this very story. Through poignant photography and text, Magnum Photographer Chris Steele-Perkins and author Lucy Palmer provide us with an intimate account of HIV and AIDS in the context of Papua New Guinea, and of the lives of individuals who courageously shared their stories.

The *Access to Life* exhibition offers a message of hope for those whose lives are affected by HIV and AIDS, as well as insight into the challenges that Papua New Guinea must address. The Government of Papua New Guinea, through the National and Provincial Health Departments and the National AIDS Council - along with a countless number of church and other NGOs throughout the country - are committed to this task. Organisations such as the Global Fund, AusAid and others also have a vital role to play in this effort, and we must work together to ensure world-class health care across Papua New Guinea.

Together, we must continue to overcome a myriad of health challenges by continuing to collaborate with partners around the globe that are focused on the same goal: a world free of AIDS.



Photo: Chris Steele-Perkins, Magnum Photos

‘this HIV, it’s throughout the world.’

Camillo Fadu,
Papua New Guinea, 2012

Camillo's son Henry,
born without HIV through
preventative treatment
during pregnancy.

powerhouse museum presents

access to life

fighting AIDS
and winning

9 magnum photographers in 10 countries

Exhibition Presenting Partners



In Association with



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THE HON BOB CARR
MINISTER FOR FOREIGN AFFAIRS



Complacency can be a dangerous thing. That is why World AIDS Day is important. It reminds us not drop our guard against a virus that continues to outsmart the efforts of medical researchers trying to find a cure for HIV.

For the past 30 years, governments have grappled with ways to contain this virus. Some have been successful but others less so. There are now children who were orphaned because their parents had AIDS who today are adults and still a cure for this disease remains elusive.

We know how people can protect themselves against the virus. In the Asia Pacific region this means condoms, needles and syringes and behaviour change programs for key affected populations. The technical aspect is straightforward. It's the implementation that can be complex, especially in societies where women's education and status is low, where sex workers, people who inject drugs and men who have sex with men struggle to access lifesaving services, and where there are scarce resources.

Australia and other donors have worked closely with many developing countries to help them reduce the rate of HIV infections. In 2011, Australia played a leading role at a United Nations meeting to set new targets to reduce HIV infections and increase treatment access. With political will and smarter investments in services that are known to be effective, we can make faster progress to meet these targets. This would mean fewer people with HIV, fewer orphans and more people living longer and productive lives. That is a goal worthy of any government.

World AIDS Day is a time to reflect on what has been achieved in the global fight against HIV/AIDS and to focus on what more needs to be done in supporting research for a vaccine or cure and the ongoing public health campaigns.



HIV/AIDS still poses one of the most formidable challenges to the development, progress and stability of societies across the world, and particularly in our region.

I urge all nations to renew their commitment to supporting measures to halt the spread of HIV/AIDS and to provide timely and accessible treatment and advice for those who require it.

The Global Fund is at the forefront of efforts to break the wall of silence surrounding HIV/AIDS that has previously stymied efforts to raise awareness and educate communities about the disease.

Through innovative financing mechanisms such as the Global Fund we have witnessed a significant increase in efforts to provide universal access to prevention, treatment and care programs for those living with or at risk of acquiring HIV/ AIDS.

On World AIDS Day 2012 I send my best wishes to those affected by HIV/AIDS and my support for those in our country and across the globe who are working tirelessly in the cause of defeating HIV/AIDS.



The 1st of December 2012 will mark 24 years since the first World AIDS Day where Australia joined the rest of the world in a united stance to support people living with HIV/AIDS and to remember those who have died from the epidemic. It is also a reminder each year that *'HIV is still here'* – Australia's World AIDS Day theme for 2012.

Australia's HIV response is recognised internationally as a success with our prevalence lower than in most comparable high-income countries. However, despite Australia's successful response, HIV continues to affect more than 25,000 people who are currently living with the disease. At the present rate of infection, this number is expected to increase each year.

Reducing the incidence of HIV remains a serious priority for the Australian Government. We currently have over 1000 new diagnoses each year which means that we cannot be complacent in our response and must do more if we want to meet our commitment under the 2011 UN Political Declaration on HIV/AIDS, to reduce transmission of HIV by 50 per cent by 2015.

During my recent visit to Washington D.C. for the 19th International HIV/AIDS conference 2012, it was evident that a lot has changed since the first identified case of AIDS 31 years ago, particularly with improvements in testing and treatment. For this reason we must work more closely with affected communities in order to raise awareness and improve access to testing and treatment in order to eliminate HIV transmission.

We also have to be mindful that while we strive to eradicate the epidemic our approach has to also allow those living with HIV to live full lives with dignity and not add to the burden of discrimination that so many still experience.

Despite promising recent scientific developments, there remains no cure or effective vaccine for HIV and it is important to remember that safe-sex practices are still one of the best ways to reduce the transmission of HIV.

This year as we mark the 24th World AIDS Day, let us do more than ever to reaffirm our efforts into the future, particularly as we approach 2014 when Melbourne will host the 20th International AIDS Conference.

THE HON JILLIAN SKINNER
NEW SOUTH WALES MINISTER FOR HEALTH AND MEDICAL RESEARCH

World AIDS Day is a valuable time to reflect on the impact HIV has had on our state, Australia and indeed the world.

Since HIV was first documented over three decades ago, health experts have had great success in managing its symptoms and transforming the way in which people live with HIV. In many cases, quality of life has been enhanced. For this, we can be very grateful. We can also be pleased that so many people have embraced the prevention message, though vigilance remains as vital as ever.

When HIV first emerged in NSW in the early 1980s, no treatments were available to reduce its spread or its progression to AIDS. Today, NSW is recognised globally for its success in prevention, treatment and care.

To mark World AIDS Day, I am pleased to announce a new HIV Strategy for NSW, which will guide our work in HIV prevention, treatment, care and support through to 2015. Our primary goal is to reduce the current number of HIV infections. We will do this by making testing more available, with the delivery of results at the time of testing. We will also ensure that people living with HIV have better access to treatment and support to maintain their treatment.

We are determined to sustain the virtual elimination of HIV transmission through mother-to-child transmission, via the sex industry and through injecting drug use. And we are committed to pursuing opportunities afforded by new HIV testing technology, such as a NSW Ministry of Health trial of technology in four of our publicly funded sexual health centres.

Last year on World AIDS Day, I announced the NSW HIV Treatment Taskforce, which has led to the establishment of the Enhanced Medication Access Scheme. Under this scheme, HIV medicines can be delivered to a person's home or local pharmacy, overcoming some of the difficulties people experience when medicines can only be dispensed by hospital pharmacies. This is just one of the ways in which are supporting those living with HIV, as are many other charitable and community organisations.

While there is currently no cure for HIV, it is heartening that so many people are experiencing unprecedented wellness and longevity. NSW has a proud history of treating and preventing HIV and providing support for those living with it. On World AIDS Day, I reaffirm our commitment to delivering a public health system that delivers the best possible outcomes for those people – and the hope for an even brighter future.



THE HON DAVID DAVIS
MINISTER FOR HEALTH AND THE MINISTER FOR AGEING

As the Victorian Minister for Health and Ageing it is an honour to support World AIDS Day, an internationally recognised event.

We are now at a critical moment in the fight against HIV/AIDS. The international community has made incredible progress in its efforts to understand, prevent and treat this disease, and progress has been rapid over the last ten years. The next ten years represents an opportunity to truly alter the course of HIV and AIDS.

The aim of all Australian government is to end the AIDS pandemic. Achieving this aim requires a concerted effort across all Australian jurisdictions and a recognition of our role in supporting others in the region and further afield. As with the rest of Australia, Victoria has a proud history of an inclusive, progressive and sustained response to the HIV/AIDS treatment, care and prevention.

As part of this sustained response, the Victorian Government has established long-standing partnerships to support and invest in health and biotechnology research, education, hospitals and other innovation institutions.

We continue to improve our treatment and prevention efforts by streamlining testing services, removing barriers to treatment access and frequent testing, by working together to ensure that people and communities affected by HIV and AIDS are not subjected to stigma and discrimination.

The impact of stigma and discrimination on the lives of people affected by or living with HIV is significant and cannot be underestimated. Stigma can limit our public health responses, counter our efforts to improve testing and screening, delay people commencing treatments to improve their health and also diminish a sense social connectedness.

World AIDS Day represents an opportunity where each of us can challenge HIV stigma and discrimination by wearing a red ribbon.



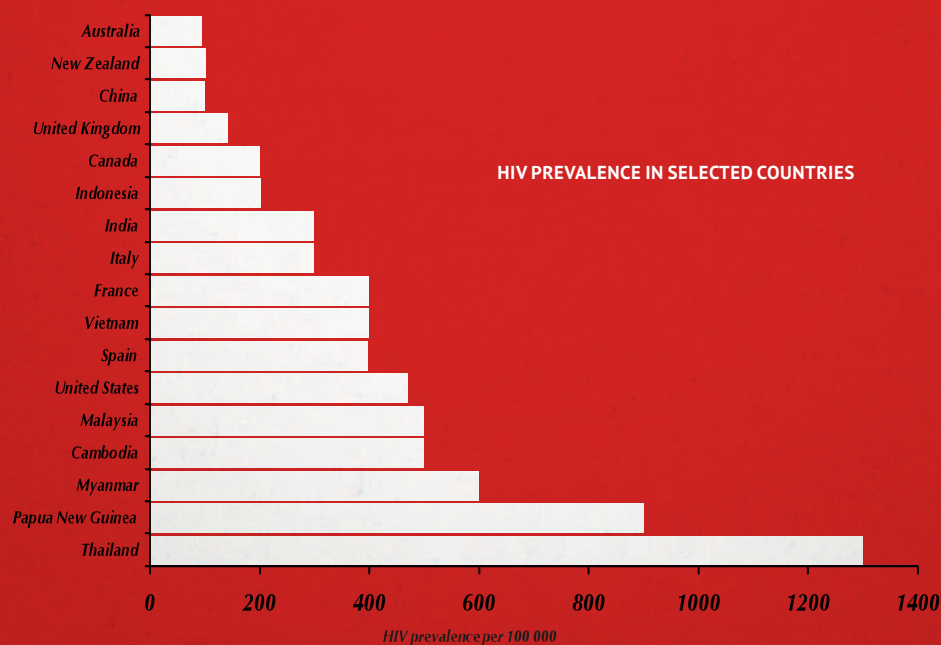
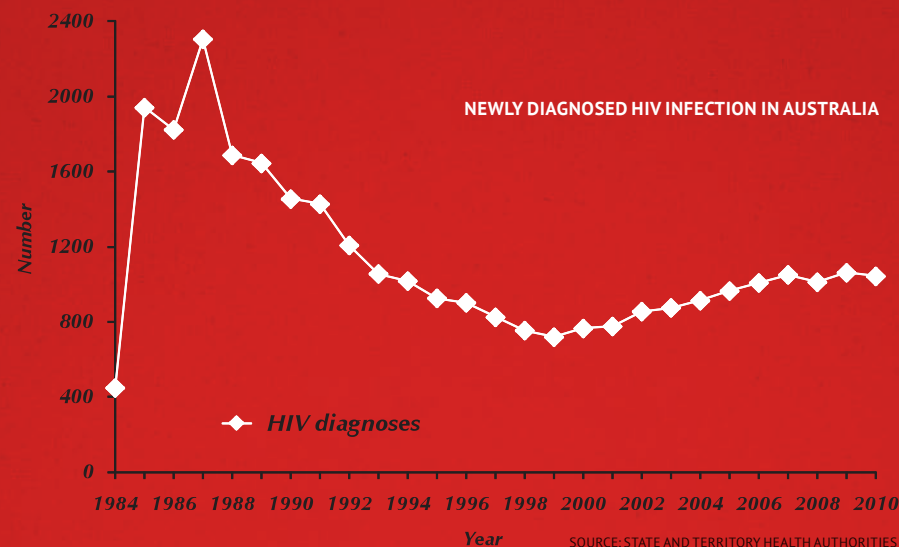
Australia can be proud of its record of achievement in the fight against HIV/AIDS, but recent national and international data reminds us there is no room for complacency. It is clear that we must have an unwavering commitment if we are to continue to make progress.



The *Access to Life* exhibition should remind us that Australia is incredibly fortunate to have the resources and strong institutions that developing nations lack. Developing nations need the support of countries like Australia, both for direct assistance and as a compassionate example for other developed nations. The inclusion of images from Papua New Guinea should remind us that the HIV/AIDS challenge of developing nations is on our doorstep. Australia's close relationship with Papua New Guinea should strengthen our resolve to understand and help developing countries.

The Pacific Friends of The Global Fund makes an enormous difference in our region's fight against HIV/AIDS and is deserving of Australia's continued support. Programs for prevention, treatment, care and support by the fund are testament to the benefits of international co-operation and generous philanthropy.

World AIDS Day 2012 is an opportunity for us all to reflect on three decades of the HIV/AIDS pandemic, the progress, the setbacks, the determination and the hope for the future.



GABRIEL JARAMILLO
GENERAL MANAGER OF THE GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA

On this World AIDS Day, 2012, I would first like to recognise the milestone that the day represents in the context of Australia, as we mark the third decade since HIV was first diagnosed in this country.

It is a moment where we should acknowledge the vigorous and unwavering effort that the Australian government and its people have made to combat AIDS, both at home and abroad during these 30 years. Australia has shown true leadership in this regard.

Australia's government was among those who first showed confidence in the Global Fund's mission, and became a donor to the Global Fund as early as 2002. Since then Australia has been a steadfast supporter of the Fund, and to date has provided more than \$A200 million in support of the programs receiving funding through Global Fund grants – and this is just one component of Australia's continued investment in multilateral and bilateral overseas development aid.

The results are tangible, globally as well as in the Pacific region. Worldwide, the Global Fund is supporting treatment for more than 3.6 million people, amounting to nearly half of all ARVs provided through international donor support. In East Asia and the Pacific, more than 140,000 people are receiving antiretroviral treatment through Global Fund support. More than 4.4 million people in the region have been diagnosed and treated for tuberculosis; a significant group among the 9.3 million TB sufferers successfully treated around the world. As of mid-2012, 31 million insecticide-treated bed nets had been distributed in the East Asia and Pacific region to prevent malaria.

All these achievements have contributed to enormous advances against the three pandemics. AIDS deaths have decreased worldwide from 2.1 million per year in 2001 to 1.8 million in 2009.

Effective disease treatment and prevention in the next few years can mean significant victories that may sharply reduce the need for funding in the future. We count on the support of our donors to make this smart investment now.

We also want to express gratitude for the continuous and strong support of Pacific Friends of the Global Fund, both as an advocate for the Fund and as a partner in efforts to combat AIDS in the Pacific region.



The Global Fund
To Fight AIDS, Tuberculosis and Malaria

GEORGE SAVVIDES,
MANAGING DIRECTOR, MEDIBANK



medibank
For Better Health

World AIDS Day is a fantastic and worthy cause which Medibank is extremely proud to be associated with.

The work of all the organisations involved in World AIDS Day has led to great progress in bringing the AIDS pandemic under control after it was first identified 31 years' ago.

Between 2011 – 2015, the focus of World AIDS Day is “Zero AIDS related deaths”. We are all united under the theme of “Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths”.

This concept represents the push towards greater access to treatment for all and a call for governments to act now, so that one day we can live in a world free from HIV/AIDS.

But there is still a long way to go before this can become a reality.

Sadly, in spite of the wonderful efforts of World AIDS Day and all the other tireless supporters of this cause, HIV is on the increase. We need to talk about HIV/AIDS issues to improve support for people living with HIV and to prevent further infections. That's why World AIDS Day is so important, as we work together to create awareness and encourage progress in prevention, treatment and care.

Here at Medibank, we stand For Better Health.

Better health for our members and better health for all Australians.

And on 26 November 2012, we stand For Better Health of all those across the world who are affected or touched in some way by HIV/AIDS.

Because Medibank is committed to working towards the eradication of it.

It's important that we take the time on this World AIDS Day to celebrate the many achievements that have been made around the world in responding to HIV. New HIV infections have declined by nearly 20 per cent since 2001 and more than eight million people living in resource-poor countries are now receiving antiretroviral treatment.

Political commitment is stronger than ever. We now have achievable and quantifiable targets in place thanks to the leadership shown by Member States at the UN High Level Meeting in 2011, which I'm proud to say Australia played a key role in facilitating. This has set us firmly on the path to achieving zero infections, deaths and discrimination.

But, of course, it is also an occasion to consider what more we can do, and ensure we have a clear and decisive plan for how we are going to get there. As we reflect on the 30 years that have passed since HIV was first diagnosed in Australia, it is sobering to note that despite the impressive efforts that have been made, there are still more than five million people living with HIV in the Asia Pacific region alone.

This figure would be much worse if it wasn't for the \$48 billion in foreign aid that has been spent on HIV since 2002, particularly through the good work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Through AusAID, the Australian Government has invested \$250 million in the Global Fund since 2004 and a further \$170 million has been committed over the next year. Australia's contribution to the Global Fund means that we not only helped provide life-saving antiretroviral therapy to 3.6 million people living with HIV since 2002, but also contributed to detecting and treating 9.3 million cases of tuberculosis and providing 270 million insecticide-treated nets to prevent malaria.

HIV, tuberculosis and malaria are all treatable and preventable diseases. They penalise poor communities because the poor do not have access to the drugs and services needed for prevention or cure. They perpetuate poverty through sickness, inability to work, school absences and social instability.

Australia is now focusing on tackling these important diseases together, rather than as three distinct diseases. The overlaps are obvious—they



Australia's aid program has contributed \$1 billion to the fight against HIV over the past decade.

each disproportionately affect the poor, infection with one can increase a person's biological susceptibility to the others, and each requires basic infrastructure and systems to be functioning well to provide lifesaving diagnostic, prevention and treatment services.

These messages underpinned discussions in October and November when Ministers and experts met in Sydney for Malaria 2012: Saving Lives in the Asia-Pacific, co-hosted by Australia.

Australia has experience and expertise to share with the region and we are working with partner countries to help them take on the challenge of delivering better life-saving health services for their citizens. In October, Foreign Minister Bob Carr announced the appointment of James Gilling as Australia's Ambassador for HIV/AIDS, Tuberculosis and Malaria; he will play a key role in championing the cause.

Australia's aid program has contributed \$1 billion to the fight against HIV over the past decade. In addition, Australia is working with partner countries to build well-functioning health systems by ensuring more reliable drug distribution, training health workforces and building fit-for-purpose financial systems. This will benefit the response to all three diseases.

In Indonesia, for example, AusAID is helping to diagnose, prevent and treat HIV, including among people who inject drugs. In 2011, more than 650,000 needles and almost 500,000 condoms were distributed, and 1,000 people were referred to methadone clinics. AusAID is supporting the Government of Papua New Guinea's comprehensive national HIV program and helped more than 72,000 Papua New Guineans find out their HIV status in 2011. Australia's contribution also helped increase the number of tuberculosis patients tested for HIV by two-thirds to 3350 in 2010 over the preceding year. In Myanmar, AusAID funding supported HIV testing for more than 9000 tuberculosis patients in 2011.

The Australian Government was pleased to support the successful bid to host the next International HIV Conference (AIDS 2014), to be held in Melbourne in July 2014. Through AusAID, the Australian Government has committed half a million dollars to support the conference and is working with our colleagues in the international and regional community to ensure its success. Our region has a lot to offer the international community and AIDS 2014 will provide an opportunity to showcase our many successes in the Asia Pacific region.

As we pause to reflect on our achievements this World AIDS Day we must continue to have our focus firmly set on the future. If we are to tackle global poverty, we must win the war against HIV.

WENDY MCCARTHY AO
CHAIR, PACIFIC FRIENDS OF THE GLOBAL FUND



This year has been a strong one for Pacific Friends of the Global Fund and I want to acknowledge the many people who support our endeavours to bring about an AIDS-free generation. To the members of our Advisory Council, our small secretariat and the community organisations - who are always available to share their experience and wisdom - I offer my thanks and appreciation.

Our new hosts at the University of New South Wales have provided us with a stable operational base and, combined with the financial support of the Bill & Melinda Gates Foundation, we are able to effectively support the work of the Global Fund to eliminate AIDS.

Our track record on hosting visitors and arranging World AIDS Day events is now widely recognised and this year we will expand those events to include Melbourne. Our indefatigable executive director Bill Bowtell ensures these events are inclusive, creative and clever.



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

BILL BOWTELL AO
EXECUTIVE DIRECTOR, PACIFIC FRIENDS
OF THE GLOBAL FUND



HIV and AIDS still pose one of the most formidable challenges to the development, progress and stability of societies across the world.

Innovative financing mechanisms like the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief have enabled us to significantly scale up global efforts towards providing universal access to comprehensive prevention programmes, treatment, care and support to all who need it by 2015.

With that 2015 goal in sight, there is no time for complacency or funding cutbacks. Indeed, this is the time to invest in the fight against AIDS, given the exciting scientific advances in HIV prevention and treatment that we have seen over the past few years.

Most importantly, we need to use World AIDS Day to firmly remind ourselves that HIV is still an enormous threat. Only with resilient leadership and unyielding funding commitments will we attain zero new HIV infections, zero discrimination, and zero AIDS-related deaths. This goal is within reach. Together, we will end AIDS.



PETER BOTTEN CBE
MANAGING DIRECTOR, OIL SEARCH LIMITED



Oil Search is the major operator of Papua New Guinea's oil and gas fields and aims to be a leader in delivering sustainable development. Driven by integrity, innovation and partnership with the Papua New Guinea Government and the communities with whom we work, the development of the Oil Search Health Foundation in 2011 has been a natural step towards achieving this vision.

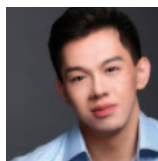
The Oil Search Health Foundation brings to bear the experience of a private sector company – financial discipline, procurement and supply management, human resources, technical expertise and program management – to implement programs set by Papua New Guinea's national and provincial health authorities. This public-private partnership model maximises our input along with that of other donor and development partners to deliver targeted public health programs that focus on community mobilisation and health systems strengthening across the country.

Our commitment to Papua New Guinea's national HIV response continues to evolve through our engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2012 we were appointed as Papua New Guinea's Principal Recipient for the Global Fund Round 10 HIV program. Our role in administering the considerable grant of US\$46 million over five years will involve managing nine sub-recipients and working closely with the National Department of Health.

The Global Fund's performance-based funding approach will determine our success over time and it is this success that we hope will encourage other corporate partners to fully engage in the global response to HIV.

Where national health systems are overburdened, we believe that the proactive participation of the corporate sector is not only needed, but an obligation. The HIV epidemic demands exceptional endeavours to scale-up HIV testing, treatment and support, and through our partnership with the Global Fund, we are confident that our efforts will realise wide-ranging benefits for the people of Papua New Guinea, particularly those living with and affected by HIV.

JAMES CHAU
UNAIDS GOODWILL AMBASSADOR
CCTV NEWS ANCHOR



Both literally and symbolically, World AIDS Day 2012 represents a critical crossroads for Australia and the Asia Pacific. We have just passed 30 years since

the first AIDS case globally, and we have also reached the eve of Melbourne's own hosting of the International AIDS conference one year from now. Thank you for again choosing to illuminate the Sydney Opera House and, in so doing, reminding us all of your fresh commitment nationally, regionally and globally. From civil society to every level of political leadership, the compassion, openness and kindness with which you are prepared to push forward is an inspiration to people everywhere.

But, perhaps most urgently, it is of strategic importance to your closest neighbors. The *Access to Life* exhibition this week, featuring photographs just taken, puts into pictures the everyday impact being achieved by health programs in Papua New Guinea. Indeed, it is also proof that access to 'treatment' equates directly to access to 'life'.

World AIDS Day is not December 1st, but every day of the year on which a brother or sister of ours gets infected, gets discriminated against and whenever one of us is denied the right to live our best lives. Let's create a new beginning.

MARK ORR
PRESIDENT, ACON



HIV/AIDS affects my friends, my family, my community – and has for thirty years. For close to twenty years I have been involved with HIV/AIDS advocacy, prevention

and service delivery. Whilst we have come a long way since the dark early days of the epidemic, there is much still to do. One contribution I make is as President of ACON, leading a volunteer board of 15 directors, an organisation of over 100 talented people and 600 dedicated volunteers.

Since the beginning of the HIV/AIDS epidemic, ACON has been serving people, families and communities affected by HIV. As we enter a new era in the local and global response to HIV, we look forward to working with our local and regional partners to ensure the new opportunities presented by combination HIV prevention activities - including medical and technological advances - translate into a sustained decline in HIV transmissions in our region and, in the not too distant future, an end to the epidemic here and throughout the world.

On World AIDS Day, we honour the memory of all those who have died from an AIDS-related illness and pay tribute to all those who are living with HIV for their courage, strength and resilience.



CHARLES CHAUVEL MP
NEW ZEALAND SHADOW ATTORNEY-GENERAL



The Global Fund understands the cardinal importance of healthy public policy in the fight against the diseases it targets. A number of opportunities have presented themselves to me in the past year to emphasise this message.

The Global Fund understands the cardinal importance of healthy public policy in the fight against the diseases it targets. A number of opportunities have presented themselves to me in the past year to emphasise this message.

In July 2012, I was glad to take part in the presentation of the UN Global Commission on HIV and the Law's report in New York. The culmination of a number of years' effort, the Commission's work demonstrates that the law has a useful role to play in helping to contain and eventually eliminate HIV. Combatting stigma against marginalised populations, empowering women and young people, and making treatment regimes more accessible and more responsive are all key recommendations.

In September 2012, it was a privilege to take part in an Australasian Parliamentary Delegation supported by the Global Fund to observe the work it is sponsoring in Timor Leste. Advocating the work of the Global Commission there, and gaining assent in principle from politicians to the desirability to enact protective laws to shield marginalised populations from stigma were important. On the home front, as shadow Attorney-General in New Zealand, I have been proud to act as an advocate for the practical protection of human rights, by dismantling arbitrary travel restrictions, for example.

It is an honour to continue to support the work of the Global Fund as one of its Pacific Friends.

THE HON MICHAEL KIRBY AC CMG

LIFTING OUR VOICES AGAINST IRRATIONALITY



In our world, being MSM is usually a serious burden, at least so far as HIV is concerned. HIV falls on all sections of all communities, for it is simply a human virus. Yet in practical terms, it falls most heavily upon women and MSM.

Yet only an estimated two per cent of the global HIV prevention budget is directed at, or available to, MSM. MSM around the world face pervasive social and structural barriers to knowledge about prevention care and treatment because of stigma, discrimination and human rights violations.

Because of the epidemic, significant changes have happened in the last 30 years in the civic rights of MSM in many countries.

In the United Nations, there has never been a time when so many leaders have spoken up, loud and clear, for empowering MSM for their own dignity and for the success of the HIV response.

Secretary-General Ban Ki-moon recently described the violence and discrimination directed at people because of their sexual orientation or gender identity as a “stain on our collective conscience.”

“To those who are lesbian, gay, bisexual or transgender,” he declared, “you are not alone. Your struggle for an end to violence and discrimination is a shared struggle. Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold.”

Even in previously hostile places, the voices of true leaders are now acknowledging the urgent necessity to change old ways of thinking, repeal old laws and terminate discrimination.

The recently elected President of Malawi, H.E. Grace Banda, announced in recent months her proposal to end the criminal laws that target MSM. We must hope that this is the first of many changes, as age-old prejudice gives way to scientific truth, rationality and effective epidemiology.

Yet, for all these signs of hope we would be deceiving ourselves if we thought that recent years had brought a great turnaround in the attitudes of societies, leaders and nations. Sadly, it is not so.

In the middle of 2011, at the General Assembly of the United Nations, I witnessed, firsthand, the level of hostility still directed by the global community towards MSM.

Arab and African delegations, astonishingly led by Egypt then in the midst of its own revolution for equality and dignity, opposed the merest mention of MSM in the draft General Assembly resolution. They said that this would ‘legitimise’ a group, regarded by their religion and culture as illegitimate. Sadly, they were supported in their endeavours by the International Islamic Conference and by representatives of the Holy See of the Roman Catholic Church.

I watched how the joint chairs of the General Assembly meeting (Australia and Botswana) struggled to avoid an outcome by which a key population, critical for the HIV epidemic, would disappear entirely from mention in the resolution of the world community. They fought valiantly for truth.

In the end, MSM were mentioned in the text. But the opponents exacted a great price. As Australian academic and pioneering gay rights activist Dennis Altman described it:

“The 2011 General Assembly meeting on AIDS which mentioned MSM did not include them on the list of groups targeted for prevention. In the meeting, resources were demanded to pay particular attention to ‘women and girls, young people, orphans and vulnerable children, and migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities.’ But not MSM, nor sex workers, nor drug users. More importantly, the statement allowed any government to invoke its sovereignty to override any particular commitment to recognising rights it feels infringe national sovereignty or national laws.”

Such hostility, demanding silence and exceptionalism, would be bad enough in terms of universal human rights, individual dignity and equality. In the context of an epidemic, for which developing countries on the frontline were seeking funds from developed countries to target prevention effectively, this was an attitude of belligerent folly: insisting that the tap should be left running for distorted reasons of supposed culture and religion.

THE HON MICHAEL KIRBY AC CMG

LIFTING OUR VOICES AGAINST IRRATIONALITY

This is the real world in which we live in the midst of AIDS. It is as well that we know it and confront it. Starry-eyed optimism will not change things. Different strategies are needed.

It is clear, for example, that HIV is a particularly acute problem in Commonwealth countries, where the level of infection is twice that of the rest of the world.

All Commonwealth countries inherited from Britain criminal laws that impose severe punishments on sexual activities, even those that are conducted by consenting adults in private. The criminal laws specifically targeted MSM, sex workers and drug users. This is a serious impediment to a successful Commonwealth-wide initiative to address the HIV pandemic.

The Commonwealth Secretariat's Eminent Persons Group report on the subject called for leadership by the heads of government of the Commonwealth nations.

The EPG recommended that the heads of government should take steps to encourage the repeal of discriminatory laws that impede the effective response of Commonwealth countries to the HIV/AIDS epidemic, and commit to programs of education that would help a process of repeal of such laws.

This recommendation and others were considered at the Perth meeting. They will not go away.

Still the forces of hostility, antipathy and apathy remain strong. This is why MSM and bodies concerned in the epidemic must redouble their attention to strategic approaches to convert words into action. Words are not enough.

When I am on the opposite side of the world to my partner Johan, we have kept in touch. He is a source of love and common sense in a sometimes discouraging world. I telephone him to wake him. He returns the favour, from the far side of the globe. "What are you doing there?" he asks. "You will not be able to change much, if anything." But then I tell him of my visit to Jamaica and the dangers and disadvantages faced there by MSM and others. Then the practical sense of his Netherlands forebears kicks in. "Raise your voice," he says. "Lift your voice against irrationality. It is all that we can do." We all must do that in the face of this epidemic.

I have been involved in the HIV epidemic since 1984. Progress, of course, has been made in bioscience. Yet this is a peculiar, complex epidemic. We need the insights as well of social scientists, lawyers and civil society, including the MSMGF, as well.

When there is so much hate in the world, it is easy to give way to despair. When we witness a nation rising against autocracy, but demanding silence about a love that must still not speak its name, it is easy to give up. When we hear that the Holy See and Africa demand

silence about MSM when they are indisputably at the centre of this epidemic, we could weep. When we learn of prisoners in Jamaica who hated their fellow inmates so much that they could bind them, lock them in cells and burn them to death, we know the level of the fierce animosity that we confront.

Still, we also know that every human being is genetically programmed, in some way or other, to express their sexual reality. And that, if this is part of the hardwiring of humans and, if addressed to people of adult years in private, it is what nature (or God) intended it to be, we know that this is part of the universality of human identity and of basic human rights. We also know that it is a truth essential to successful responses to a dangerous epidemic that continues to afflict our world and millions of people in it.

We must never give up. We must never let the vulnerable down.

The great Australian Aboriginal poet, Kath Walker (Oogeroo of the Noonuccal) was speaking to her own people, sorely afflicted by laws and attitudes, when she wrote 'Song of Hope'. With a little adaptation it begins and ends in words from which we too can take encouragement and hope:

*"Look up my people.
The dawn is breaking.
The world is waking.
To a bright new day.
When none defame us.
No restrictions tame us.
No cause to shame us.
Nor sneer dismay.*

*To our fathers fathers, the pain the sorrow.
To those that follow, the bright tomorrow."*

**THE HON MICHAEL KIRBY AC CMG**

Michael Kirby was a Justice of the High Court of Australia 1996-2009. He is a Commissioner of the UNDP Global Commission on HIV and the Law and Australia's representative on the Commonwealth Secretariat's Eminent Persons Group. This is an excerpt from a speech presented at the International AIDS Conference in Washington D.C. this year.



PHOTOS: CHRIS STEELE-PERKINS, SHOT IN PNG SEP 2012 AS PART OF THE MAGNUM PHOTOS "ACCESS TO LIFE" EXHIBITION



As local co-chair for AIDS2014, the next International AIDS Conference that will be held in Melbourne in July 2014, I am delighted to join the Pacific Friends of the Global Fund to mark World AIDS Day 2012. Australia has much to be proud of in our response to the epidemic. Bold and decisive bipartisan leadership at the onset of the epidemic meant that Australia now has very low levels of HIV infection in the general population. We have an enduring model of partnership between all communities affected by HIV infection, researchers, clinicians and the federal, state and territorial governments of Australia.

But our AIDS response is not perfect and there is much to be done. Men who have sex with men still remain disproportionately affected and disappointingly the number of new infections each year in Australia has not declined for now over 10 years. Our indigenous communities remain at risk.

As a global community none of us can be complacent – whether we live in a high or low income country or have a generalised or localised epidemic. Every country must get to the three zeros - zero new infections, zero deaths and zero discrimination.

World AIDS Day is a time to honor the memory of all who have died of an AIDS-related illness and pay tribute to those living with HIV. World AIDS Day in 2012 should be a time of optimism and hope. We have access to spectacular advances in treatment and prevention. Eight million people received antiretrovirals in low and middle income countries in 2011 – more than ever before. Numbers of new infections and deaths from AIDS continue to decline in many countries. But there are many challenges ahead. We need to now implement what we know works. We must still fight stigma and discrimination which we know remains prevalent in far too many countries. As a scientist and clinician, I remain passionate about what science has done and what it still can and must do. As much as ever, we need a cure and we need a vaccine. We can't stop now.



World AIDS Day 2012 is a timely occasion to reflect on both our successes so far and the challenges that remain.

Australia's successful response to HIV among people who inject drugs is well documented and internationally recognised. In the early 1980s, the injecting drug-using community in Australia was becoming increasingly aware of the unfolding threat presented by HIV. We had little access to information about the epidemics already underway amongst our peers overseas, but we knew we needed to mobilise and take action.

Early drug user advocates had to struggle against entrenched prejudice and harmful stereotypes that painted people who inject drugs as uncaring about their health and a group unlikely to respond to HIV prevention efforts. As drug users, however, we knew differently. We knew that sharing information and looking out for each other was at the heart of the drug-using community. We knew we had unique and privileged access to a community that was highly marginalised and forced underground and away from services and support.

Yet governments remained cautious. They were concerned about appearing to condone injecting drug use, but eventually they realised that a partnership with the drug-using community and a reorientation of public health policy towards a harm reduction approach was necessary to prevent a widespread HIV epidemic. This realisation paved the way for the national rollout of needle and syringe programs (NSP) and funding for drug user-led HIV peer education.

More than 20 years on, and Australia's experience has clearly vindicated the personal and political bravery of those early partners in the HIV response. Over more than two decades, Australia has consistently maintained one of the lowest HIV infection rates among people who inject drugs in the world – a statistic that is really worth celebrating!

Without any doubt, our experience has demonstrated the effectiveness of responding to HIV early and with a comprehensive package of harm reduction and peer-based approaches.

US SECRETARY OF STATE HILLARY RODHAM CLINTON

STEPS DOWN THE PATH TO AN AIDS-FREE GENERATION



The United States is committed and will remain committed to achieving an AIDS-free generation. We will not back off, we will not back down, we will fight for the resources necessary to achieve this historic milestone.

What do we mean by an AIDS-free generation? It is a time when, first of all, virtually no child anywhere will be born with the virus. Secondly, as children and teenagers become adults, they will be at significantly lower risk of ever becoming infected than they would be today - no matter where they are living. And third, if someone does acquire HIV, they will have access to treatment that helps prevent them from developing AIDS and passing the virus on to others.

So yes, HIV may be with us into the future until we finally achieve a cure - a vaccine - but the disease that HIV causes need not be with us.

As of last fall, every agency in the United States Government involved in this effort is working together to get us on that path to an AIDS-free generation. We're focusing on what we call combination prevention. Our strategy includes condoms, counselling and testing, and places special emphasis on three other interventions: treatment as prevention, voluntary medical male circumcision, and stopping the transmission of HIV from mothers to children.

Since November, we have elevated combination prevention in all our HIV/AIDS work. Globally, we have supported our partner countries shifting their investments toward the specific mix of prevention tools that will have the greatest impact for their people. For example, Haiti is scaling up its efforts to prevent mother-to-child transmission, including full treatment for mothers with HIV, which will in turn, of course, prevent new infections.

And for the first time, the Haitian Ministry of Health is committing its own funding to provide antiretroviral treatment.

We're also making notable progress on the three pillars of our combination-prevention strategy. On treatment as prevention, the United States has added funding for nearly 600,000 more people since September, which means we are reaching nearly 4.5 million people now and closing in on our national goal of 6 million by the end of next year. That is our contribution to the global effort to reach universal coverage.

On male circumcision, we've supported more than 400,000 procedures since last December alone. We want the world to know that this procedure reduces the risk of female-to-male transmission by more than 60 percent and for the rest of the man's life, so the impact can be phenomenal.

In Kenya and Tanzania, mothers asked for circumcision campaigns during school vacations so their teenage sons could participate. In Zimbabwe, some male lawmakers wanted to show their constituents how safe and virtually painless the procedure is, so they went to a mobile clinic and got circumcised. That's the kind of leadership we welcome. And we are also seeing the development of new tools that would allow people to perform the procedure with less training and equipment than they need today without compromising safety.

On mother-to-child transmission, we are committed to eliminating it by 2015, getting the number to zero. Over the years we've invested more than \$1 billion for this effort. In the first half of this fiscal year, we reached more than 370,000 women globally, and we are on track to hit our target of reaching an additional 1.5 million women by next year.

But I know that creating an AIDS-free generation takes more than the right tools, as important as they are. Ultimately, it's about people - the people who have the most to contribute to this goal and the most to gain from it. That means embracing the essential role that communities play - especially people living with HIV - and the critical work of faith-based organisations. We need to make sure we're looking out for orphans and vulnerable children who are too often still overlooked in this epidemic.

And it will be no surprise to you to hear me say I want to highlight the particular role that women play. In Sub-Saharan Africa today, women account for 60 per cent of those living with HIV. Women want to protect themselves from HIV and they want access to adequate health care. We need to answer their call.

Every woman should be able to decide when and whether to have children. This is true whether she is HIV-positive or not. And I agree with the strong message that came out of the London Summit on Family Planning: there should be no controversy about this. None at all.

US SECRETARY OF STATE HILLARY RODHAM CLINTON
STEPS DOWN THE PATH TO AN AIDS-FREE GENERATION

If we're going to create an AIDS-free generation, we also must address the needs of the people who are at the highest risk of contracting HIV. One recent study of female sex workers and those trafficked into prostitution in low and middle income-countries found that, on average, 12 per cent of them were HIV-positive, far above the rates for women at large. And people who use injecting drugs account for about one third of all the people who acquire HIV outside of Sub-Saharan Africa. And in low and middle income countries, studies suggest that HIV prevalence among men who have sex with male partners could be up to 19 times higher than among the general population.

Now over the years, I have seen and experienced how difficult it can be to talk about a disease that is transmitted the way that AIDS is. But if we're going to beat AIDS, we can't afford to avoid sensitive conversations, and we can't fail to reach the people who are at the highest risk.

Unfortunately, today very few countries monitor the quality of services delivered to these high-risk key populations. Fewer still rigorously assess whether the services provided actually prevent transmission or do anything to ensure that HIV-positive people in these groups get the care and treatment they need. Even worse, some take actions that, rather than discouraging risky behaviour, actually drives more people into the shadows, where the epidemic is that much harder to fight.

And the consequences are devastating for the people themselves and for the fight against HIV, because when key groups are marginalised, the virus spreads rapidly within those groups and then also into the lower-risk general population. We are seeing this happen right now in Eastern Europe and Southeast Asia. Humans might discriminate, but viruses do not.

And there is an old saying that goes: "Why rob banks? Because that's where the money is." If we want to save more lives, we need to go where the virus is and get there as quickly as possible.

Reaching our goal is a shared responsibility. It begins with what we can all do to help break the chain of mother-to-child transmission. And this takes leadership at every level – from investing in health care workers to removing the registration fees that discourage women from seeking care. And we need community and family leaders from grandmothers to religious leaders to encourage women to get tested and to demand treatment if they need it.

We also all have a shared responsibility to support multilateral institutions like the Global Fund. In recent months, as the United States has stepped up our commitment, so have Saudi Arabia, Japan, Germany, the Gates Foundation, and others. I encourage other donors, especially in emerging economies, to increase their contributions to this essential organisation.

And then finally, we all have a shared responsibility to get serious about promoting country ownership – the end state where a nation's efforts are led, implemented, and eventually paid for by its government, its communities, its civil society, its private sector.

We are closer to our destination than we've ever been, and as we continue on this journey together, we should be encouraged and inspired by the knowledge of how far we've already come.

This is an excerpt of an address Secretary Clinton made in Washington D.C. at the 2012 International AIDS Conference.

PROFESSOR DAVID A COOPER AO FAA
DIRECTOR, THE KIRBY INSTITUTE



In the decades since the HIV pandemic began in Australia we have seen many remarkable scientific advances in the field of infectious diseases and blood-borne viruses. Yet for all our efforts - and for all the resources poured into the international research effort - we still face a world in which five new infections take place in the same time period that we can start three people on antiretroviral therapy.

Prevention remains our only sure way to achieve an HIV-free generation. Breaking the cycle of infection, and ensuring that people with HIV have the lowest possible viral load and therefore the lowest levels of infectivity, must remain our aim in the absence of a vaccine. I believe we can achieve these goals both at home and in our region, but it will require immense perseverance and continued research excellence.



TERRY CLOUT
CHIEF EXECUTIVE, SOUTH EASTERN SYDNEY
LOCAL HEALTH DISTRICT



In 2012, we have seen a revitalised response to the HIV/AIDS epidemic not seen for many years, which can be attributed to the 'Prevention Revolution'. South Eastern Sydney Local Health District, in partnership with the community, has always been at the forefront of the fight to eliminate HIV / AIDS. We continue to strive to deliver the best possible access and care for those requiring testing or treatment.

South Eastern Sydney is the Local Health District with the highest incidence of HIV in NSW and we are committed to ensuring access to a range of services that we hope will ultimately drive the number of new HIV infections down, such as faster and easier access to HIV testing and early access to treatment.

While NSW has set itself ambitious targets to reduce new HIV infections, I believe it is vital for us to commit to meeting them.

World AIDS Day is a wonderful opportunity to remind ourselves how well NSW has done in its fight against HIV/AIDS. It is also a very important reminder, however, not to become complacent.



JANELLE FAWKES,
CHIEF EXECUTIVE OFFICER, SCARLET ALLIANCE,
AUSTRALIAN SEX WORKERS ASSOCIATION



HIV amongst sex workers in Australia remains very low. This has taken considerable effort by many and while we commemorate the success, we must remain focused on the ongoing work necessary to maintain the achievement.

Sex worker communities engaged early and quickly with HIV in Australia, actively delivering peer education messages and safe sex equipment into sex industry workplaces and effectively implementing safe sex work practices. Sex workers accessed free anonymous sexual health services.

Policy makers recognised criminalisation of sex work as creating vulnerability to HIV. A human rights approach through laws and policy that enabled sex workers to be part of the solution to HIV, rather than part of the problem, was taken up. While not nationally consistent, moves were taken to lift the criminalisation of sex workers, with remarkable outcomes.

NSW decriminalised sex work, and we now globally recognise the approach as best practice for HIV and STI prevention, improved occupational health and safety for sex workers and strong public health outcomes.

Other countries and sex worker communities look to NSW as a model of success. This is the case for Papua New Guinea's sex worker organisation, Friends Frangipani, as they continue strong civil society advocacy to reverse the criminalisation of sex work.

Recent years have delivered difficult new policy pressures and significant backslides in Australia. Our task in 2012, in maintaining low rates of HIV amongst sex workers, is to stay focused on the evidence that demonstrates decriminalisation as best practice.

BILL BOWTELL AO
EXECUTIVE DIRECTOR, PACIFIC FRIENDS OF THE GLOBAL FUND

‘ROBIN HOOD’ TAX COULD SECURE GLOBAL FUND’S WORK



The push to create the Global Fund was led by the then Secretary-General of the United Nations, Kofi Annan, and endorsed by the United Nations in 2001.

His vision was endorsed and supported by an extraordinarily diverse and accomplished number of individuals and institutions – including such luminaries as Presidents George W Bush and Bill Clinton, Jacques Chirac, Tony Blair, Bono, Bill Gates and Nelson Mandela.

The purpose of the Global Fund - a public-private partnership established under Swiss law - was not to become a program deliverer, but a financing mechanism.

On one hand, the Fund would raise new money from donors, and on the other fund applications from implementing countries to support their national programs for control of HIV, tuberculosis and malaria.

The countries, and not the Fund, would own their national programs and, over time, be judged by the outcomes they delivered against funds received.

This approach sounds unexceptional but it was, at the time, a radical and bold innovation in international public health policy and architecture.

The creation of the Global Fund was complemented by the Bush Administration’s decision, supported by the Congress, to create the President’s Emergency Program for AIDS Relief (PEPFAR) which, since its inception in 2003, has been funded to the level of \$US50 billion. The Global Fund’s creation was also aided by the establishment of the Bill & Melinda Gates Foundation which has been by far the largest private sector donor to international HIV/AIDS programs. Meanwhile, a significant increase in bilateral HIV/AIDS programs by national governments and their development assistance agencies was also

complementary.

So from all these sources, in the first decade of the 21st century, for the first time in the history of the HIV/AIDS pandemic, funding levels began to dramatically rise to meet the unmet demand for treatment, care and prevention services.

Since its inception in 2002, the Global Fund has approved \$US22.9 billion in 151 countries. Of this amount, 54 per cent has gone to HIV, 17 per cent to TB and 28 per cent to malaria.

The Global Fund currently provides 21 per cent of all international HIV funding, 82 per cent of international TB funding and 51 per cent of international malaria funding.

As of June 2012, through Global Fund supported programs 3.6 million people were receiving ARV treatment - a 20 per cent increase since 2010.

Quite remarkably, an estimated 8.7 million lives have been saved by HIV treatments supported by the Global Fund and its co-supported partners.

From 2002 to the end of 2010, the Global Fund approved US\$2.4 billion for HIV grants in the Asia Region. In the Asia Pacific region, the Global Fund has provided 37 per cent of the international financing for HIV and 15 per cent of the overall HIV funding (both international and domestic in Asia Pacific Region).

This is, by any standards, a vast improvement over the situation a decade ago.

But, of course, the unmet demand for HIV treatment remains far greater than the numbers so far having gained access to treatment. Treatment coverage is still low in Asia (44%), Eastern Europe and Central Asia (23%) and North Africa and the Middle East (13%).

In 2013, the Global Fund again will approach donors, including Australia, for its triennial replenishment.

But the global financial crisis has hit hard the development assistance budgets of the largest traditional donors – the United States, Europe and Japan.

While the Gates Foundation remains a generous supporter of the Fund, even it does not have the resources to make up the shortfall should the European donors falter in their previously firm support for the Global Fund.

Between now and the 2013 Replenishment, all those who support and encourage the work of the Global Fund must do all that we can to stiffen the political resolve and will of the major donors, including Australia, to fully fund the Global Fund.

BILL BOWTELL AO**'ROBIN HOOD' TAX COULD SECURE GLOBAL FUND'S WORK**

In the past year or so, the knock-on effects of the constraints in donor funding have brought about considerable changes in the way in which the Global Fund itself conducts its business.

Over its first decade, the process for consideration of grant applications, and for their management, had become unwieldy.

In 2011, these pressures culminated in the Board adopting a consolidated transformation plan, which will prioritise funding to programs which will have the greatest impact in reducing HIV infections, and treating and supporting those already living with HIV.

Staff numbers have been reduced, grant application and management is being overhauled and simplified, reporting is becoming even more transparent, upgraded auditing and financial controls have been implemented and a new executive director is to be appointed by early 2013.

This reform program has already gained the support of donors and implementing countries.

I am confident that these reforms will bring the Global Fund into line with the prevailing economic and political realities, and ensure that scarce funds can go to where they can do the most good.

However, no matter how well the Global Fund is reformed to become leaner, its effectiveness will ultimately depend on the size of development assistance budgets in donor economies.

This, in turn, depends on the level of economic activity and buoyancy in these economies, and the revenues that flow into national budgets.

If prevailing international economic conditions continue into 2013 and beyond, these budgets are going to be less able to deliver for these causes and institutions.

That does not mean that we should not press as hard as we can for national governments, including Australia, to support the Global Fund. But it means that we must look more closely at innovative alternative means of raising revenue that can be directed into global public health.

One such innovation is the Financial Transaction Tax and its variants.

This year the European Union adopted the FTT initiative, where 11 Euro zone countries agreed to press ahead with a disputed tax on financial transactions aimed at making traders share the cost of fixing a crisis that has impacted the single currency area.

By mid-2013, countries of the 11 agreeing European states will have to set tax rates, and decide how this money will be allocated. Each country will be responsible for its own allocation, including financing for global health and development.

A 'Robin Hood' micro-tax of just 0.005 per cent on all financial transactions would raise some \$33 billion per year, worldwide.

There has been remarkably little debate in Australia about such alternative mechanisms. Perhaps it is time to more broadly consider these ideas in this country.

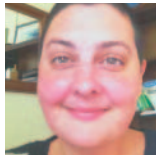
Bill Bowtell is the Executive Director of Pacific Friends of the Global Fund. This is an excerpt of a speech to the 24th ASHM Conference in Melbourne this year.

PENE MANOLAS
MANAGER, HETROSEXUAL HIV SERVICE (POZHET)

Did you know that an estimated one in five people with HIV in Australia identify as heterosexual?

Pozhet (the Heterosexual HIV Service) began in 1993 as a small peer led organisation with a volunteer facilitator running small support groups. By 1998, Pozhet had become a statewide service, funded by NSW Health, and by 2006 its membership had grown to hundreds of straight positive men and women across NSW. In Sydney, the word 'heterosexual' did not appear in the HIV press before 1996. Heterosexual people with HIV were grouped in phrases such as 'others living with HIV', 'non-gay identified', and 'other people with HIV'.

Today Pozhet, provides health education, peer support events and discussion workshops for people with HIV in NSW who identify as heterosexual, their partners and their families. We create and distribute online and written resources to inform HIV health workers, provide health education and capacity-build within the HIV sector. We have recently launched a new website for heterosexual people with HIV.

**REBECCA REYNOLDS**
MANAGING DIRECTOR, TWENTY10

Twenty10, incorporating the Gay and Lesbian Counselling Service of NSW, supports people of diverse genders, sexes and sexualities, their families and communities.

Twenty10 has expanded from its early days as a refuge to support young people through case management, counseling, groups and our popular drop-in program. In 2011, Twenty10 merged with the Gay and Lesbian Counselling Service of NSW following a long history of partnership.

On World AIDS Day and throughout the year we strive to connect our clients to appropriate support organisations and raise their awareness around health and wellbeing.

**ROBERT MITCHELL**
PRESIDENT, THE NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA

As the peak community-based People Living with HIV/AIDS body, NAPWA's work includes representation through the Asia Pacific Network of Positive People and with collaborations with our peer networks in PNG and other countries at a global level.

NAPWA delivers leadership within the national response and provides expert analysis and advocacy across PLHIV population trends – including policy, treatments and research issues, ensuring the meaningful participation of HIV positive representatives across the HIV partnership.

NAPWA's mission embraces the diverse needs of all people living with HIV in Australia. Our vision is for a world where HIV positive people live their lives to their full potential, in good health and free from discrimination. Here's to the day where we won't need a World AIDS Day.

**LEVINIA CROOKS**
CEO, AUSTRALASIAN SOCIETY FOR HIV MEDICINE

In Australia, where HIV is now a manageable chronic disease, it is all too easy to forget the reality that confronts individuals with HIV from countries on our doorstep.

ASHM's International Division empowers health professionals in neighbouring countries to develop sustainable HIV services that will endure beyond the life of individual projects.

Through partnerships and collaborations with professional societies of health care providers, governments and donors, ASHM supports the scale-up of care, support, treatment and prevention of HIV and related conditions. We do this in Timor Leste, Indonesia, Vietnam, Papua New Guinea and Pacific Island countries.

On World AIDS Day, ASHM would like to stress the importance of collaboration and building capacity at a local level. We would also like to personally thank all the health professionals out there whose tireless commitment means we are able to make a difference.

**MICHAEL KIDD AM**
CHAIR, AUSTRALIAN GOVERNMENT'S MINISTERIAL ADVISORY COMMITTEE ON BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS

In Australia the theme for World AIDS Day this year is "HIV is still here". This reminds us of those who have died from HIV/AIDS over the past 30 years. It reminds us of the continuing importance of prevention and education as well as the need to adopt new initiatives to keep HIV transmission rates low in this country. It reminds us of the treatment, health and well being needs of people living with HIV. And it reminds us of the need to continue to tackle issues of discrimination and stigma which affect many people affected by HIV or at risk of HIV.

BILL WHITTAKER AM

AUSTRALIA'S REPUTATION AT RISK



Australia has long been regarded as a world leader in responding to HIV and AIDS. That reputation is now at risk.

There has been a 50 per cent increase in HIV cases over the past decade in Australia. So what are we going to do about it?

The biggest bang for our buck will be getting people who have HIV on treatment. The data suggests only around 50 per cent of people with HIV in Australia are on HIV treatment, yet it is becoming increasingly clear that virtually all people with HIV should consider taking treatment to benefit their health and wellbeing. Untreated HIV is bad at all stages of the disease. Also, taking HIV treatment can significantly reduce the risk of passing on HIV to others.

Research is showing that people with HIV have higher rates of cardiovascular disease, cognitive impairment, kidney disease, cancers and lower bone density, than the general population. Being on HIV treatment can reduce the impact of some of these problems, so there are health advantages and well as prevention advantages in taking treatment.

To bring down rising rates of HIV infection, we need to change from a "business as usual" approach. Firstly, we need to make HIV testing easier and more widely available. Everyone at high risk to HIV should have access to testing, including rapid HIV testing, which is not yet available in Australia. With rapid testing people can know within an hour if they are HIV positive, rather than waiting anxiously for days for a result.

That wait is a disincentive to being tested; we need to make testing for HIV in Australia fast, easy and accessible.

In the US, one of the drugs used to treat HIV, called Truvada, has been approved for use to help stop HIV negative people from becoming infected. Truvada is a combination of two anti-HIV drugs taken as a once daily pill.

This is a major breakthrough for people at high risk of becoming HIV infected. While condoms need to remain the centrepiece of prevention efforts, Australia should move promptly to make Truvada available to people who are struggling to remain HIV free.

We want to give people information, and support them to make good decisions around sex, but if people are on HIV treatment and there's a slip up or a problem then they've got a buffer.

There is too much red tape preventing easy access to testing and treatment for people with HIV and those at high risk of becoming infected.

We are urging the Federal Health Minister to fast-track changes to Australia's National HIV Strategy to deal with these blockages - in the meanwhile the states and territories should be setting up their own measures for providing better access.

Some people have become complacent about HIV and that's often the case in public health challenges.

People are complacent about smoking and diet and keeping fit to prevent heart disease. Complacency is part and parcel of public health challenges.

What you have to do to is keep giving people information regularly and that's what we've not been doing enough of in the HIV field, particularly in last couple of years. There have been big changes in treating and preventing HIV – so much so that we may at last be on the track to achieving an AIDS-free generation.

We won't get there, however, without reform, innovation and leadership from governments, scientists, doctors, people with HIV and affected communities working together in a determined and productive fashion.

So these disturbing rises in HIV infection are also an opportunity for us to act decisively to show the rest of the world that we are determined to be leaders in ending the HIV epidemic.

Bill Whitaker is one of the architects of Australia's response to AIDS and has worked in HIV policy and strategy for more than 25 years. He is a commissioner with the UNAIDS High Level Commission on HIV Prevention and an Advisory Council Member of Pacific Friends of the Global Fund.

PROFESSOR JOHN DE WIT
DIRECTOR, NATIONAL CENTRE IN HIV SOCIAL RESEARCH



The National Centre in HIV Social Research at the University of New South Wales conducts multidisciplinary research regarding the social and behavioural aspects of HIV, viral hepatitis, and sexually transmissible infections. NCHSR was established in 1990, as part of the Australian Government's renowned response to HIV. Working collaboratively with affected communities, policy makers and academics, NCHSR aims to improve the health and wellbeing of affected individuals and communities by conducting internationally-leading research that is scholarly and thought-provoking.

NCHSR is known for incorporating a range of social science perspectives and this rich theoretical and methodological mix emphasises the social processes that influence the risk of HIV, STIs and viral hepatitis as well as the experiences of living with chronic infection. NCHSR also conducts a comprehensive program of activities to make research findings available to stakeholders, strengthen research partnerships, build research capacity and provide learning opportunities for new researchers.



SONNY WILLIAMS
CHIEF EXECUTIVE OFFICER, POSITIVE LIFE



Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigmatisation and discrimination. We provide information and targeted referrals, and advocate to change systems and practices that discriminate against people with HIV, their friends, family and carers in NSW.



DAVID RIDDELL
CHIEF EXECUTIVE OFFICER,
BOBBY GOLDSMITH FOUNDATION



After 30 years, HIV is still here. So is the Bobby Goldsmith Foundation.

We provide direct financial and practical assistance, financial counselling, housing and employment support, and provide programs which empower people living with HIV to rebuild their lives.

HIV has a face and it is likely one you know. Because there is still such a negative stigma connected to HIV, that person who urgently needs help is unlikely to tell anybody. That's why people living with HIV need the Bobby Goldsmith Foundation more than ever. No judgement. Just help.



NICKY BATH
CHIEF EXECUTIVE OFFICER, NSW USERS
& AIDS ASSOCIATION

As the State's peer based drug user organization, NUAA's participation in the partnership-based response means that community-controlled programs are implemented across NSW. We have achieved the virtual elimination of HIV in our community; each and every person with a history of injecting drug use in NSW can stand proud and own this achievement.

Yet now is not the time for complacency. Sustaining and scaling up prevention efforts are paramount. If we are to truly achieve the goal of an AIDS-free generation by 2015, the deregulation of the NSW Needle and Syringe Program and its implementation in our prisons, along with drug law reform and the removal of stigma and discrimination, are crucial.

This World AIDS Days we remember those no longer with us and salute those members of our community living with HIV – your courage is an inspiration to us all.



BROOKE SHEPHERD, MANAGER
HEALTH PROMOTION RESOURCES PROJECT
NSW STI PROGRAMS UNIT, NSW HEALTH



It is now 30 years since the first HIV diagnosis in Australia. Advances in treatment options have provided choice for people living with the virus and may offer a key to ending HIV. While Australia still maintains the lowest rate of infection in the world, there are almost 25,000 people diagnosed with HIV in our community.

To overcome HIV we need the support of the whole community. Not only do we need to combat HIV itself, but also cultural factors like stigma and discrimination in the workplace, in health care settings, schools, families and communities.

The World AIDS Campaign Interagency consists of a large number of organisations that work on a range of activities, events and programs in the lead up to World AIDS Day right across NSW.



ANNMAREE O'KEEFFE AM
RESEARCH FELLOW, LOWY INSTITUTE FOR INTERNATIONAL POLICY

GENDER EQUALITY THE KEY ACROSS THE PACIFIC



The statistics that reflect the depth of gender inequality across the Pacific are tragic, deplorable and breathtaking. This inequality is not just a human rights issue – it is also a matter of life and death.

The incidence of HIV among Pacific women is alarming. Papua New Guinea is home to the region's largest epidemic driven by heterosexual intercourse, often fuelled by sexual violence against women.

Amnesty International has described the level and frequency of violence against women in the Pacific as one of the gravest human rights violations in the region. According to UN Women, two out of every three Pacific women have experienced physical and/or sexual violence from their male partner. More disturbingly still, a number of studies indicate a prevailing belief that men are justified in perpetrating the violence against their partners.

At the political level, female representation in some of the region's parliaments is on a level with Saudi Arabia - i.e. zero - with other parliaments doing only marginally better.

PNG holds the dubious regional prize of highest female representation in parliament with a total of three women (out of 111 seats) after recent elections. There was only one in the previous parliament.

This poor ratio has also been reflected at August's Pacific Islands Forum. Of the 15 Pacific leaders attending the event in the Cook Islands, only one was a woman – Australia's Julia Gillard.

However, those same leaders must have been struck by the fact that this year's Forum attracted three of the world's most politically powerful women. Aside from Julia Gillard, US Secretary of State, Hillary Clinton attended the post-forum dialogue and Executive Director of UN Women and former President of Chile, Michelle Bachelet, was a guest speaker at the main forum meeting.

While Secretary Clinton's attendance had more to do with increasing the profile of US engagement in the Pacific than the equality of women, her presence and long-standing reputation for strongly supporting gender equality helped to reinforce the message which Gillard and Bachelet were giving about the need to address gender inequality across the region.

Gillard is backing her words with a major funding initiative to support Pacific women's efforts to improve their political, social and economic opportunities. Addressing the inequities that Pacific women face is the key to successfully overcoming a range of development and social challenges the region is confronting. High on this list is the presence of HIV in the Pacific.

Money aside, however, there is a potency for Pacific women in the image of these three very powerful women who themselves have dealt with sexism and anti-female behaviour in their successful careers

Annmaree O'Keeffe has worked in international relations and development for the past three decades. She is on the coordinating committee of the Pacific Friends of the Global Fund to Fight AIDS, Tuberculosis and Malaria and is a founding board member of the Asia Pacific Business Coalition for AIDS. Annmaree was Deputy Director General at AusAID from 2002 to 2009. During part of this time, she was also Australia's first Ambassador dedicated to working on HIV/AIDS. She was Australia's Ambassador to Nepal in the mid 1990s and subsequently headed AusAID's program in Papua New Guinea. Annmaree divides her time between Sydney where she is a fellow at the Lowy Institute for International Policy and north America where she works on Arctic issues for the Inuit.

DR KEVIN MILES
HIV TECHNICAL SPECIALIST, OIL SEARCH HEALTH FOUNDATION

A CORPORATE SECTOR RESPONSE TO HIV IN PAPUA NEW GUINEA



With around 800 indigenous languages, limited infrastructure and access difficulties created by the diverse terrain, Papua New Guinea is widely regarded as a challenging environment for the delivery of health services.

Close to 90 per cent of the country's population lives in rural areas and access to the widely scattered rural communities is often difficult, slow and expensive. Only three per cent of the roads are paved and many villages can only be reached on foot.

With 80 years of in-country experience, Oil Search is all too familiar with these challenges. With a vast range of experience and intelligence afforded by the unique relationship with the local communities around the company's operational footprint, Oil Search has set a clear direction for strengthening local healthcare systems.

In March 2012, we launched the Oil Search Health Foundation, a non-profit registered charity established to contribute to the long-term health and wellbeing of the people of PNG. Oil Search is confident that such investment in community development programmes will result in measurable and sustainable outcomes.

This investment is not a new concept for Oil Search – we have engaged with local community health services for over 20 years, gradually growing our own public health team to facilitate HIV, Malaria and Maternal and Child Health programmes.

The premise for our participation is a genuine care for our workforce, their families and the people of Papua New Guinea. As a PNG company that directly employs almost 800 PNG citizens (83 per cent of total PNG-based staff), Oil Search believes that in partnership with the PNG government, it can raise the bar on what it means to be a good corporate citizen.

Amongst other projects, the Oil Search Health Foundation is managing a \$US46 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund grant is the major funding stream for the scale-up of HIV prevention, treatment and support programmes in PNG over the next five years.

The Global Fund grant is important for PNG. In 2003, the country was declared as having a generalised HIV epidemic. In 2007, the prevalence rate was reported as 1.5 per cent, sparking an urgent response to action. A revised estimate of 0.9 per cent was reported for 2009 and the most recent estimate from 2010 surveillance data indicated a national prevalence of 0.8 per cent.

A comprehensive National HIV Strategy and Implementation Plan for 2011-2015 clearly defines the national response. A collection of development partners from international, regional and national organisations, particularly those from the faith-based sector, have engaged in the response with gusto. Yet, until recently, the broader private/corporate sector community has operated on the margins of this response. Oil Search believes that this needs to change, particularly given the global interest in PNG's natural resources and the growth in the country's resource industries over the past decade.

The Global Fund grant will support the implementation and expansion of HIV testing, treatment and support services in nine high burden provinces. There is a particular focus on the prevention of mother to child transmission and addressing the crosscutting agenda of gender-based violence, a major issue in many, but not all, communities in PNG.

The grant funds are dispersed to the nine 'sub-recipients' that will focus on the delivery of the planned activities. These sub-recipients include non-governmental, faith-based, academic and civil society organisations. They offer immeasurable expertise and insight into the problems and solutions required for the culturally and socially diverse response required in PNG.

As a corporate sector partner, the Oil Search Health Foundation has a good relationship with the PNG Government and National Department of Health. Whilst we have a high profile role as the Principal Recipient for managing the Global Fund grant, it is undoubtedly clear that the Department of Health, in collaboration with the National AIDS Council and development partners, retains the role and responsibility for setting the health policy, strategy and activities required for the national HIV response. Our role is to primarily manage the funds, ensuring that agreed programmes are delivered in a timely manner and that Global Fund processes are followed.

DR KEVIN MILES

A CORPORATE SECTOR RESPONSE TO HIV IN PAPUA NEW GUINEA

Oil Search has the ability to draw on a wide-range of resources from across the company delivering benefits beyond the reach of most public sector and civil society organisations in PNG. For example, Oil Search has extensive experience in project management, human resource administration, contracts oversight, the management of large amounts of funds and the delivery of cost-effective supply chain processes. As a highly successful commercial organisation, we are familiar with independent financial audit processes, and as such, can utilise this experience to manage the requirements of donor organisations.

Oil Search also has rigorous asset security interventions in place, supported by comprehensive asset insurance; fundamental factors that play a role in managing assets utilised within the Oil Search Health Foundation programmes.

Our other role in PNG's national HIV programme involves working at the 'coal face' of HIV testing, treatment and support. In 2007, Oil Search was a recipient of funds from the Asian Development Bank. By contributing our own additional funds and leveraging the public-private partnership attributes described above, we were able to support the implementation and scale-up of HIV services in the Southern Highlands.

We facilitated the renovation of seventeen government and faith-based community clinics, making them fit-for-purpose and ready for the provision of HIV services. We initiated training in accordance with national standards and continue to provide clinical mentorship for over 100 community nurses, health extension officers and community health workers.

To date, these services, in addition to our own seven workforce health clinics (most of which are accessible for the local community), have tested nearly 17,000 individuals, 215 who have been confirmed as HIV positive.

The Oil Search Health Foundation team, in partnership with Provincial Health Authorities, will be scaling up HIV clinical services in the Hela and Morobe provinces as part of the national programme.

Over the next year we plan to replicate the model developed in our project areas, with local adaptations, for a further 25 clinics. By the end of 2013, we will be providing ongoing support to 50 clinics across four provinces.

We have an ambitious work plan focusing on prevention, not only of HIV, but also for sexually transmitted infections and gender-based violence. We are also actively engaging people living with HIV in the community response, including their involvement in training, prevention interventions, stigma and discrimination mitigation and support of others living with HIV.

Driven by a dedicated team of public health, medical and nursing specialists, the ambitions of the Oil Search Health Foundation are high. While our participation as a corporate sector entity functioning at this level attracts some criticism, we believe that the Oil Search Health Foundation will play a fundamental and critical role in PNG's national HIV programme.

We are optimistic that our participation in the Global Fund HIV programme will lead to increased corporate sector involvement in the response to HIV, as well as in the broader health, social and economic issues faced in PNG.

Dr Kevin Miles is an HIV Technical Specialist with the Oil Search Health Foundation

ROB LAKE, EXECUTIVE DIRECTOR, AFAO

Community mobilisation and engagement has been vital to Australia's successes in responding to HIV and AIDS. The Australian Federation of AIDS

Organisations (AFAO) has, since its founding in 1985, led the national community-based response to HIV, in partnership with key affected communities, clinicians, researchers and government. In the Pacific and South East Asia, we advocate for a strong role for community-based and representative organisations.

AFAO salutes the Global Fund's leading role in supporting the global HIV response, and the role of Pacific Friends in highlighting and supporting this work in the Pacific and South East Asia.

This epidemic has demonstrated the necessity to engage with people at risk of HIV as peers, to respect their lived experience and to affirm their rights and

their central role. The lived-experience of HIV has evolved considerably. We have moved from high mortality and illness to the possibility of a 'generation free from AIDS' in Australia and beyond.

The coming period offers the possibility to significantly reduce the transmission of HIV and to dramatically increase access to and uptake of life saving anti-retroviral drugs.

Australia has shown leadership in its own response and provided models and support to countries in our region and to people with HIV, gay men and other men who have sex with men, sex workers, people who inject drugs and the organisations that support them. AFAO welcomes World AIDS Day 2012, acknowledges those we have lost, the ongoing strength of people with HIV and the enduring support of families, friends, allies and our community organisations.



GLYDE Health is an Australian owned and operated company which manufactures and distributes a complete range of sexual health products. Founded over 20 years ago, GLYDE Health has formed strategic alliances with many Australian organisations that perform invaluable services in the fight to prevent new incidences of HIV/AIDS as well as supporting people living with the disease.

GLYDE Health was proud to participate in the 20th anniversary of the landmark Grim Reaper campaign against HIV/AIDS. The company was also a sponsor of the recent ACON Honour Awards and annually supports World AIDS Day activities around Australia.

GLYDE recently developed and trademarked its distinctive Red Ribbon® condom especially for education and prevention organisations to use for fundraising purposes.



Wendy McCarthy AO – Chair
Bill Bowtell AO – Executive Director
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Tim Siegenbeek van Heukelom – Program Coordinator
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Shawn Clackett – Database Support



Theresa Famularo – Producer
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Farley Goodwin – Assistant Stage Manager

SPECIAL THANKS TO

Wayne Harrison – World AIDS Day Creative Director

POWERHOUSE MUSEUM

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GLOBAL FUND to fight AIDS, Tuberculosis and Malaria

Rosie Vanek – Access to Life Project Manager

Lucy Palmer – Writer

Illuminart – Projection artwork
Barton Design – Graphic Design

ENTERTAINMENT

George Telek, David Bridie, Ngairé



“When I spoke out my burden lifted. I realised that if I hide my illness and hide my shame, how will I get help and treatment?”

SELLINA CLEMENT, PAPUA NEW GUINEA, 2012

