



**MONDAY
1 DECEMBER**

WORLD AIDS DAY

2014





Professor Sharon Lewin

Director, Peter Doherty Institute for Infection and Immunity and Local Co-Chair 2014 International AIDS Conference, Melbourne

AIDS 2014 highlighted to the world that we are at a critical time in our response to HIV and that now is the time to “step up the pace”. The conference brought over 14,000 participants to Melbourne to share their collective knowledge and ongoing commitment to see an end to HIV. The Melbourne Declaration highlighted the significant challenges of stigma and discrimination that still remain in many parts of the world and the devastating impact this has on people’s lives and health.

We heard of the many great advances in the response to HIV, such as increased uptake in treatment, advances in prevention including PREP, advancements in ‘cure’ research and the elements which make for successful public health programming. The conference also stressed that many barriers remain and prevent the application of evidence based responses. We saw that in places where responses to HIV are not based on evidence and local epidemiology, resources are wasted and, again, lives are lost.

Reflecting on AIDS 2014, I am of course reminded of the tragic loss of friends and colleagues on MH 17. Our global interconnectedness creates not only global risks but significant responsibilities for all of us. With the current outbreak of Ebola in West Africa, we are, again, reminded of our collective responsibility in eliminating disease and suffering.

World AIDS Day is a time to remember those we have lost to HIV but it is also a time to remind us that the battle against HIV is not over. We need to continue to implement rapidly what we know works and continue to work together, innovate and advocate to see an end to HIV.

AIDS 2014

The International AIDS Conference (AIDS 2014) was held in Melbourne in July this year. It brought 14,000 national and international delegates to Australia.

These conferences are characterised by the diversity of issues which they canvas, looking at the epidemic in a holistic manner and within a global context covering themes from: medical and scientific advances to human rights; gender equality to social; cultural and political issues.

AIDS 2014 was no exception to this, with key speakers coming from all walks of life, such as representatives from key communities affected by HIV, world leading scientists and world leaders, like President Bill Clinton.

AIDS 2014 was also characterised by the stance we took to ‘Ending HIV’. It clearly highlighted that it was possible to end HIV, if we focused on evidence-based programming, such as increasing access to HIV testing and treatment, improving treatment options, and implementing prevention tools like Harm Reduction.

Australia led the way in this discussion, with all Health Ministers releasing a ‘Legacy Statement’ on the eve of the conference. This statement committed Australia to the bold and ambitious target of the virtual elimination of new transmission of HIV by 2020. Australia is the first country to sign up to such a target

and remains a global leader in the response to HIV.

We also heard of the great scientific advances in new treatments and new approaches aimed at one day finding a cure for HIV and eliminating the need for life long treatment. New effective treatments for hepatitis C and tuberculosis – infections that occur commonly in people living with HIV – were also presented.

AIDS 2014 will also be remembered for the stance we took, as an international community, against stigma and discrimination. To the horror of many, in relation to laws which criminalise homosexual behaviour the situation has actually worsened since the last International AIDS Conference, with countries like Nigeria, Uganda and Russia introducing new discriminatory laws.

Data was presented which confirmed that such laws prevent men from seeking healthcare. In addition, we were reminded that harsh laws against people who inject drugs and sex workers continue to have negative effects on HIV prevention efforts and treatment adherence rates are affected a person’s ability to disclose their status without fear of stigma and discrimination.

AIDS 2014 reinforced that with knowledge, leadership, community partnerships and adequate resourcing we can end HIV.



Australian Government

Department of Foreign Affairs and Trade

The Hon Julie Bishop MP

Minister for Foreign Affairs



World AIDS Day is a time to reflect on the achievements of the past year and the challenges for the next.

Australia has chaired the UNAIDS Program Coordinating Board throughout 2014 as well as hosted AIDS 2014 – the 20th International AIDS Conference – in July. The tragic downing of MH17 which killed Dr Joep Lange, Jacqueline von Tongeren, Dr Lucie van Mens, Pim de Kuijer, Martine de Schutter and Glenn Thomas impacted on Australia and the HIV/AIDS community in a devastating way. However, it also galvanised our commitment to continue to fight the disease.

These forums enabled us to showcase Australia’s leadership on HIV in our region.

Globally HIV infections have declined by 33 per cent since 2001; AIDS deaths have declined by 30 per cent since 2005; and 1.25 million people in our region are on antiretroviral medicine, including over 11,000 people in Papua New Guinea, our closest neighbour.

The progress in combatting HIV is encouraging, but we cannot be complacent. In particular, there is a need for flexible and sustainable health systems – and for services that are accessible to the poorest and most vulnerable.

Australia is committed to raising the profile of the different epidemics in our region where a focus on key populations is required. We are also working internationally to strengthen laws and policies to ensure people at risk of HIV have access to services without discrimination, and for sustainable domestic financing for in-country responses.

Australia will continue to advocate for a post-2015 development agenda to complete the unfinished business of the MDGs.



The Hon Peter Dutton MP

*Minister for Health
Minister for Sport*

World AIDS Day is one of the most globally recognised events of the year and continues to raise awareness both domestically and abroad, of the ongoing issues surrounding HIV/AIDS.

It allows us to reflect on not only the successes of Australia's public health response to HIV over the past three decades, but the ongoing challenges we face as well.

Our domestic response is well regarded internationally, and the overall low prevalence of HIV in Australia today is testament to the fact that our approach to date has been effective.

Through advances in treatments, people living with HIV can now expect to live long and productive lives, with HIV managed as a chronic condition, but despite this, we must keep supporting the efforts of Australia's

world class medical research sector to find a cure.

Whilst much has already been achieved, the challenge to combat HIV/AIDS remains.

It is concerning that while we have the means to reduce the rate of infection, the reality is that new HIV infections are at their highest rates in 20 years.

The 7th National HIV Strategy, launched by the Government in July this year, sets the direction for Australia to not only reverse the trend of increasing infection rates, but to work towards the virtual elimination of HIV transmission in this country.

Our challenge is to ensure Australia's domestic response to HIV/AIDS remains innovative, adaptive and responsive to achieve these goals.

I believe our country is well placed to meet that challenge, exhibiting the same commitment and dedication as we have over the past 30 years.



The Hon Tanya Plibersek MP

*Deputy Leader of the Opposition
Shadow Minister for Foreign Affairs
and International Development*

World AIDS Day is a great opportunity to raise awareness of AIDS. The message of 'getting to zero' is tremendously important: zero new HIV infections; zero discrimination; zero AIDS related deaths.

Australia has an outstanding record in tackling the AIDS epidemic. For example, the prevalence of HIV in the USA is around four times as high as in Australia.

Remember that three decades ago, the discovery of HIV represented one of the most significant threats to public health in our lifetimes.

A great deal has been achieved since then in understanding and responding to AIDS. But the task is far from complete, and

it's vital that we maintain the effort in the entirely achievable goal of eliminating HIV infections and deaths from AIDS. After all, in Australia we have virtually eliminated other diseases such as polio.

Prevention activities such as needle and syringe programs have helped Australia achieve the lowest rates of HIV among injecting drug users in the world. But we need to do more.

We need to support health service providers and tailor our safe sex and prevention messages so that they connect with the people most at risk.

And we need to maintain our support for efforts to fight AIDS in developing countries, including through the excellent work of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

World AIDS Day is a chance to reinforce the message about persisting with those efforts, in Australia and globally, until we 'get to zero'.



The Hon Catherine King MP

Shadow Minister for Health

World AIDS Day 2014 is a sad reminder that the battle to eradicate one of the most terrible epidemics of recent times is far from over, with an estimated 35 million people living with HIV in the world today.

Alarming, there are worrying signs that Australia, which for so long has been a world leader with our education and

information campaigns is losing ground. In 2013 there were 1235 new HIV cases diagnosed, only slightly down on the 2012 figure which was our worst figure in 20 years.

This is a deeply worrying sign complacency has set in, with many Australians obviously believing the great success we had in previous decades dramatically reducing the numbers of Australians with HIV meant HIV AIDS was

no longer the threat it had once been and precautions could be abandoned.

In 2015 we must redouble our efforts to educate all Australians about the risk of HIV AIDS, and work together to eradicate this terrible disease, while supporting those who live with HIV.

Our aim must remain the Global World AIDS Day theme Zero new HIV infections. Zero discrimination. Zero AIDS related deaths.

All Australians must continue to be made aware that HIV remains a serious threat to everyone, regardless of age, gender and sexual identity, and that safe sex practices are essential for halting the spread of HIV.

But while reinforcing this message we must continue to offer our support to all those with living with HIV and ensure they live their lives free from discrimination and prejudice.



Professor Michael Kidd AM
Chair of the Australian Government's Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS)

In 2014 Australia released our Seventh National HIV Strategy. Our successive national strategies have been an important part of shaping Australia's response to HIV/AIDS.

Despite a successful response to HIV – built on partnership and community mobilization and resulting in low rates of infection – Australia is now at a crossroads. We are witnessing the highest rates of new infections in 20 years.

The Seventh National HIV Strategy sets the direction for Australia to reverse the increasing trend of new HIV diagnoses. The goals of the Seventh National HIV Strategy are to:

- Work towards achieving the virtual elimination of HIV transmission in Australia
- Reduce the morbidity and mortality caused by HIV
- Minimise the personal and social impact of HIV.

For the first time, our national HIV strategy includes discrete targets, informed by the 2011 United Nations Political Declaration on HIV and AIDS, and adapted to the Australian context.

To achieve these targets, we need to address the range of individual, social and structural barriers that we know impact negatively on prevention, testing, treatment, care and support for people living with and at risk of HIV.

The strong partnership approach that produced such an effective response in the 1980s is required now more than ever, but in the face of increasing rates of HIV infection a business as usual approach will not be enough. Partners need to review and refresh existing approaches to ensure that the impact of traditional prevention messages, and new testing and treatment options, reach the population groups where surveillance shows that rates of HIV are high or rising.

Scientific advances in preventing and treating HIV provide us with the knowledge and the means to make dramatic reductions in new HIV infections, HIV-related illnesses and deaths. People living with HIV can now expect to live long and productive lives, with HIV managed as a chronic condition. Yet there is a risk that complacency about the seriousness of this disease can continue to undermine the significant progress already made.

After three decades of responding to HIV in Australia, now is the time for all Australian governments, clinicians and

We must harness the success of the past to meet the challenges we face in 2014 and beyond.

researchers, community and professional organisations, and individuals to step up the pace to create a future without HIV.

We must harness the success of the past – the early response to HIV that has been held up internationally as a success – to meet the challenges we face in 2014 and beyond.



Senator Dean Smith and Senator Lisa Singh

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

There is much to applaud as we continue to work towards eliminating HIV infection and AIDS.

With science and education, knowledge over myth and prejudice, and human kindness in place of stigma and discrimination, we have built a strong foundation to eliminate HIV transmissions in Australia by 2020.

We have all bore witness to the advances against HIV made with the introduction of combination therapies nearly 20 years ago.

Today, we are witnessing initiatives allowing for an uptake in voluntary testing in Australia enabling HIV positive people to quickly access therapy.

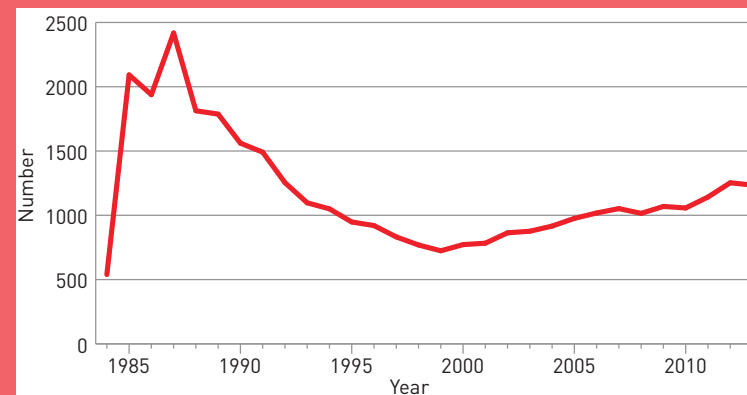
Of course, there is much more to be done, and to be done quickly. Importantly we must adhere to the recipe that has made Australia's HIV response so effective – putting science at the forefront, giving a strong voice to people living with HIV and AIDS, protecting our bipartisan approach and most importantly, encouraging people to test.

The role of Australia's Parliaments is a simple and important one: to work every day to progress the AIDS 2014 Legacy Statement and its commitment to "remove barriers to testing, treatment, prevention, care and support, across legal, regulatory, policy, social, political and economic domains".

Members of the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections, with other Parliamentarians across Australia's parliaments, commit ourselves to this important task.



Newly diagnosed HIV infection in Australia, by year 1984–2013



Source: Kirby Institute 2014 Annual Surveillance Report.



Professor Brendan Crabb
Director and CEO, Burnet Institute

Over the past 30 years Australia has shown enormous leadership in HIV prevention. Although a cure for HIV remains elusive, Australian scientists have made important contributions to understanding HIV and the body's response to infection. This work has helped in the development of effective HIV therapies and the pursuit of therapeutic cures or preventive vaccines. Australian researchers continue to play an integral role, including in a new global scientific strategy, Towards a Cure, which sets a clear, global strategy for research towards HIV cure.

We continue to provide important lessons for the world to follow. To facilitate primary prevention, address structural barriers to prevention and expedite universal access to effective therapies, HIV strategies must adopt human rights approaches to prevention and must also address issues such as stigma and discrimination. This was a strong message that pervaded the AIDS 2014 conference – reducing stigma and discrimination must be tackled across the world in order to effectively reduce the spread of HIV. We need to confront and challenge those who openly discriminate against those people living with HIV and AIDS, and those communities most at risk.

Another feature of AIDS 2014 was the increased focus on hepatitis C infection, which often affects the same populations that are vulnerable to HIV. The recent development of effective short regimens offers exciting new promise for treating this potentially lethal disease. However, as was the case when HAART emerged in the mid-1990s, these new regimens are not affordable in most low and middle-income countries. Australia can play a leading role in advocacy to ensure universal access to these life-saving drugs.

One of the best things Australia can do to support global HIV prevention and achieve the bold new targets is to lead by example and champion what we have done and what we continue to do. Australia's The Seventh National HIV Strategy 2014–2017

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was developed with the active involvement of affected communities, researchers, the medical community and agreed and implemented by all Australian governments. Australia's experience shows that taking such a partnership approach to HIV that is underpinned by basic human rights can curtail the spread of HIV among most at-risk populations both in Australia and overseas.

Professor David Cooper AO
Director, Kirby Institute for Infection and Immunity

As we prepare to celebrate World AIDS day 2014, an AIDS-free generation is closer than ever before.

UNAIDS has just launched a new report, which contains a proposal to end the AIDS epidemic as a global health threat by 2030. It is to be achieved by a massive increase in the scale-up of antiretrovirals. The new Fast Track targets hope to achieve, by 2020, 90 percent of people with HIV to know their HIV status, 90 percent of them to be receiving drug therapy and 90 percent of people on drug therapy to have an undetectable viral load. For 2030, the aspiration is 95 percent in each category. This would reverse the pandemic by 2020 and effectively bring transmission under control by 2030.

One in seven Australians with HIV do not know they have the virus, and about 30% are diagnosed well after they should have started treatment.

But what is needed to ensure these goals are attainable for all?

The national HIV surveillance data collected by the Kirby Institute this year contained the grim news that one in seven Australians with HIV do not

know they have the virus, and about 30% are diagnosed well after they should have started treatment. Despite heavily subsidised antiretroviral therapy, treatment uptake is estimated to be around 54–70% of the 30 000 people living with HIV in Australia. A different approach is now needed to identify and engage these vulnerable populations at the earlier end of the spectrum.

Internationally, the rate of new HIV infections and related deaths has slowed. The rollout of ART in the developing world has ensured that 13.6 million people now have access to treatment, but the other almost two-thirds of people living with HIV world-wide are still not treated and cuts to important international funding bodies have left some of the least-developed countries to carry more of the costs of the roll-out of therapy. Increased investment in those countries most affected by the epidemic will be critical to achieving the UNAIDS targets.

As we consider scaling up global efforts to support a fast-track approach, we must also remain mindful that chronic HIV disease management is not

the end goal and so it is imperative that research into behavioural prevention, therapeutic vaccines and a cure continue to be well supported, and that Australian expertise and research excellence continue to be part of the solution.





Mr Willie Rowe

President, Australian Federation of AIDS Organisations Inc (AFAO)

2014 – a tumultuous year which saw AFAO and its members simultaneously focus its attention on developing Australia's new suite of BBV national strategies, while working with members to host stimulating AIDS2014 activities that gave the conference its strong community heart.

As the first IAC to be held Australia, this was a once in a generation opportunity to get HIV onto the mainstream political agenda. The result was that all Australian Governments committed to end new HIV infections in Australia by 2020, issuing a Legacy Statement which committed to rejuvenating Australia's HIV response – including by assuring that jurisdictional responses would reflect scientific advances, legal protections and new technologies. Importantly, the Legacy Statement refers to working with key affected communities and partners to 'remove barriers to testing, treatment, prevention, care and support, across legal, regulatory, policy, social, political and economic domains.'

Community input into the development and implementation of each of Australia's HIV strategies has been pivotal to Australia's bipartisan HIV response. The strength of community engagement has ensured that Australia's Seventh National HIV Strategy 2014–2017 sets domestic targets that pay heed to international

commitments made under the UNPD 2011, namely to:

- end new HIV infections in Australia by 2020 – with a 50% reduction by 201; and
- increase treatment uptake by people with HIV to 90 per cent.

To meet these commitments we must act to address stigma and discrimination experienced by our communities – the National Strategy priority populations. Federal leadership is required to facilitate efforts to reform laws that criminalise people with HIV, sex workers and people who use drugs.

Australia's HIV partnership must be valued and respected if it is to remain strong and meaningful, with the principle of centrality of community at its core.

Community engagement is also fundamental to AFAO's International Program, which has continued to support community capacity building and development of platforms for national advocacy on issues of HIV financing.

Australia's HIV partnership must be valued and respected if it is to remain strong and meaningful, with the principle of centrality of community at its core. Without such a commitment regulatory barriers to enhancing testing and treatment will remain in place, and HIV-related stigma will flourish. AFAO will remain vigilant in its efforts to foster and sustain Australia's long-standing and effective HIV partnership.

Mr Bill Whittaker AM

Chair, NSW HIV Strategy Implementation Committee

Member, Pacific Friends of the Global Fund Advisory Board

365 days and counting!

Last July, all Australian Health Ministers agreed to a bold new vision for Australia's HIV response – to be the first country to achieve the virtual elimination of HIV transmission by 2020. To support this goal, our Health Ministers set a series of targets to be reached along the way, notably to reduce sexual transmission of HIV by 50 per cent by end 2015 and to have 90 per cent of people with HIV on antiretroviral treatment.

We have just 365 days to achieve the first of these targets. I strongly believe we can get there, but it will not be easy – nothing has been in the fight against AIDS. However, we should be encouraged by the indisputable fact that if we take full advantage of scientific advances in HIV prevention and treatment, every step of progress along the way means better health outcomes for people living with HIV and less new HIV infections.

All of us involved in HIV need to challenge what we are doing to ensure our efforts and resources are fully directed to achieving the HIV targets set by our Health Ministers (and which are now the centrepiece of Australia's new National HIV Strategy). In practical terms, this

means making HIV testing as easy as possible; empowering people with HIV and those at high risk with the latest information about HIV; and by supporting early HIV treatment for individual health benefits and preventing new HIV infections.

Once again, Australia will need to call on our HIV partnership – that remarkable coalition of people with HIV, communities at high risk, political leaders, scientists, clinicians, health workers and health officials – to unite under the banner of ending HIV to get the job done. This mobilisation is already happening in parts of Australia, but all Australian jurisdictions really need to pick up the pace now.

We should be encouraged by the indisputable fact that if we take full advantage of scientific advances in HIV prevention and treatment, every step of progress along the way means better health outcomes for people living with HIV and less new HIV infections.

The next 365 days will also see the United Nations reach agreement on a new post-2015 global development agenda. These negotiations will be crucial in deciding how the global HIV response will be supported into the future. I believe that Australia's contribution to these negotiations – drawing on our record as a global leader on HIV – will be very important in ensuring that global action on HIV is accelerated so every country is able to achieve the vision of ending HIV.





Mr Robert Mitchell
*President, National Association
of People with HIV Australia*

World AIDS Day is an opportunity to reflect on how HIV affects us all.

In July this year the World AIDS Conference was held in Melbourne, and while there were few ground breaking or new discoveries announced, our knowledge and understanding of the HIV epidemic continues to advance.

We know that HIV treatments are effective in reducing the impacts of HIV disease and progression, as well as protecting others and preventing further transmission of HIV.

There is no longer any doubt about the depth of evidence before us showing that we can put in place measures to contain and control HIV transmission, and defeat progression to AIDS with effective treatments.

This year the Commonwealth and every State and Territory has signed on to the 7th National HIV Strategy, a strategy which sets a firm goal to achieve the virtual elimination of transmission of HIV by 2020.

Every person and partner in the response to HIV in Australia must accept the challenges and opportunities behind this goal and its specific targets aimed at reducing infections, preventing progression of disease, and minimising the personal and social impacts of HIV in our communities, and across Australia more broadly.

Every individual must take responsibility for protecting themselves from HIV and

to know their HIV status. To support this we are all supporting efforts to see that testing and prevention initiatives are easier to access, faster to deliver, and simpler to understand and use.

Universal access to treatment for all infected individuals both globally and nationally is critical.

Every person with HIV must consider treatment at the earliest possible opportunity, and be able to access this treatment in an equitable manner.

We know that HIV treatments are effective in reducing the impacts of HIV disease and progression, as well as protecting others and preventing further transmission of HIV.

If Australia wants to lead in the global response to HIV we must adopt the most advanced and robust technologies, treatments and models of care earlier and faster. The Australian community, clinical, research and government response must be reinvigorated as a partnership that is meaningful and effective, and our actions must be transparent and accountable.

Finally, the HIV response has never been just a health issue but a human rights issue. The response to HIV and AIDS has always been impacted by behaviours and prejudice.

The success of a national response to HIV also rests on eliminating any laws, policies or practices that are an impediment to the successful roll out of new interventions or maintaining successful programs. There can be no more barriers in place which impede us from achieving our goal of being the first country to eliminate HIV transmission.

Let's make this happen and lead by example. The NAPWHA membership and networks are committed to this outcome with a sense of urgency that cannot be underestimated.

Mr Bill Bowtell AO
*Executive Director,
Pacific Friends of the Global Fund*

We hold World AIDS Day because the 35 million people who have perished from AIDS deserve to be remembered, and those who mourn their deaths honoured and respected.

The great catastrophe of HIV/AIDS is all the more regrettable because the pandemic was a result of a disastrous failure of global, regional and national health policy-making in the 1980s and 1990s.

In the early years of the emergence of HIV, its spread could have reasonably easily been contained.

But, in far too many countries, fear and prejudice, rather than science and evidence, drove HIV policy-making with the lamentable result that HIV infection spread far wider than it should have done.

So after three decades, the lessons of HIV are completely clear.

When confronted with HIV, or the next viral pathogen that must inevitably come our way, panic and hysteria only makes matters worse.

Only by forging the strongest possible links with affected communities, and by trusting and engaging with them

respectfully, can such risks to global public health be averted or reduced.

We can be proud of Australia's record of commitment to dealing with HIV/AIDS at home, in our region and around the world.

I am pleased that successive Australian governments have generously supported the Global Fund to Fight AIDS, Tuberculosis and Malaria, most recently at the 2013 Global Fund replenishment conference held in Washington DC.

Only by forging the strongest possible links with affected communities, and by trusting and engaging with them respectfully, can such risks to global public health be averted or reduced.

Leading up to the next Global Fund replenishment in mid-2016, the Global Fund will again be approaching donors, including Australia, for help in supporting the provision of life-saving antiretroviral treatments for HIV and other critical prevention, care and support programs.

Many of these programs will be delivered in our region, notably in Papua New Guinea, Timor Leste and Indonesia.

Supporting a fully-funded Global Fund is a wise and effective investment for Australia, our region and the world.



Mr Peter Botten CBE

Managing Director, Oil Search

On World AIDS Day we reinforce our support for people living with HIV; we commemorate the lives of people who have died; and we celebrate the achievements and progress made towards a world free of HIV.

As Papua New Guinea's (PNG) largest company, Oil Search is committed to taking the lead in bringing business and society together. The Oil Search Health Foundation was established as a way to reconceive the intersection between society and corporate performance, with the purpose of improving the lives of the people of Papua New Guinea.

Societal needs, not just conventional economic fundamentals, define our operating environment. HIV is a threat to society that requires unwavering leadership and commitment. The proactive participation of the corporate sector is not only needed, but is a social obligation.

Oil Search is working towards a vision in which every adult and child in Papua New Guinea has access to functional and effective health services. We contribute to building capacity and strengthening HIV service delivery in Papua New Guinea's isolated and hard to reach regions; places where the need is greatest.

I am proud that Oil Search was a major sponsor of AIDS 2014 and contributed private sector insights to a unique and diverse global assembly, determined to step up the pace to change the face of HIV.

In Melbourne we explored how public-private partnerships are leveraged in the response to HIV, highlighting, in particular, the role of the private sector in building innovative partnerships that form the foundation for successful public health interventions.



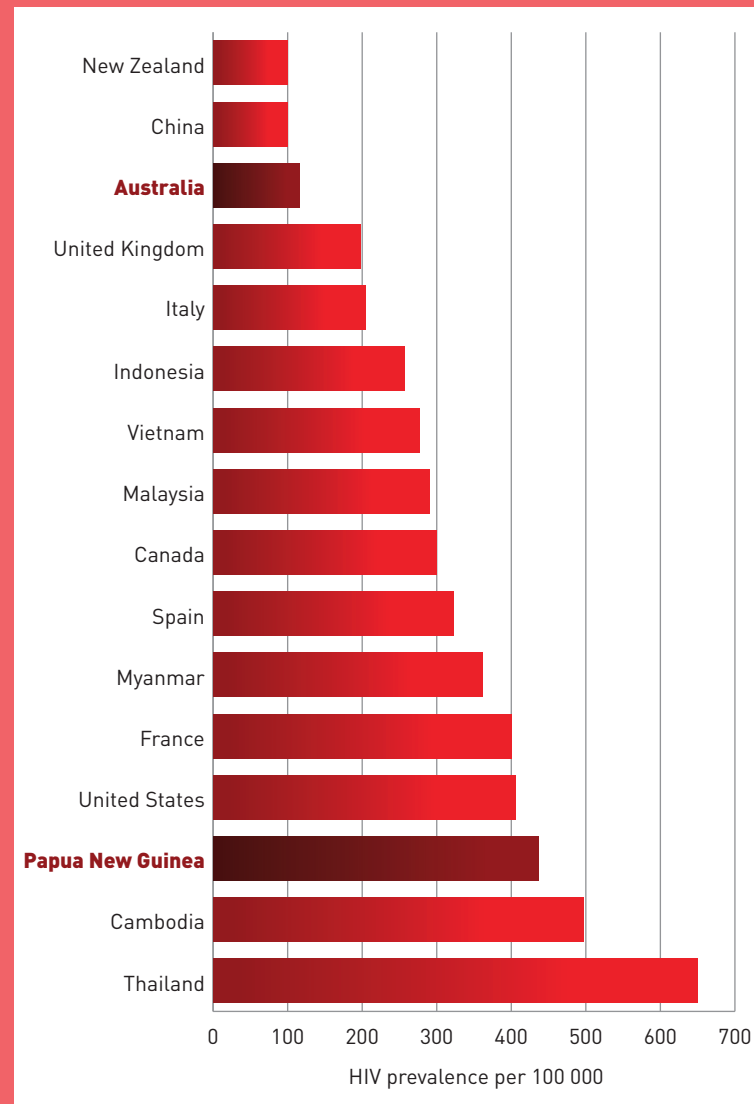
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We work closely with the PNG National Department of Health and Provincial Governments, and partner with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Australian Government's aid program.

Together we leverage Oil Search's operational and logistical capacity to strengthen health systems, scale-up HIV services, and reach the unreachable.

I believe that building partnerships is at the core of high-impact health interventions. Only in partnership we can unleash a wave of innovation, growth, and shared value.

HIV prevalence in selected countries



Source: Kirby Institute 2014 Annual Surveillance Report.

Credits

Front cover:

A Papua New Guinea baby born to HIV-positive parents. Thanks to effective HIV treatments taken by his parents, the baby was born free of HIV.

Back cover:

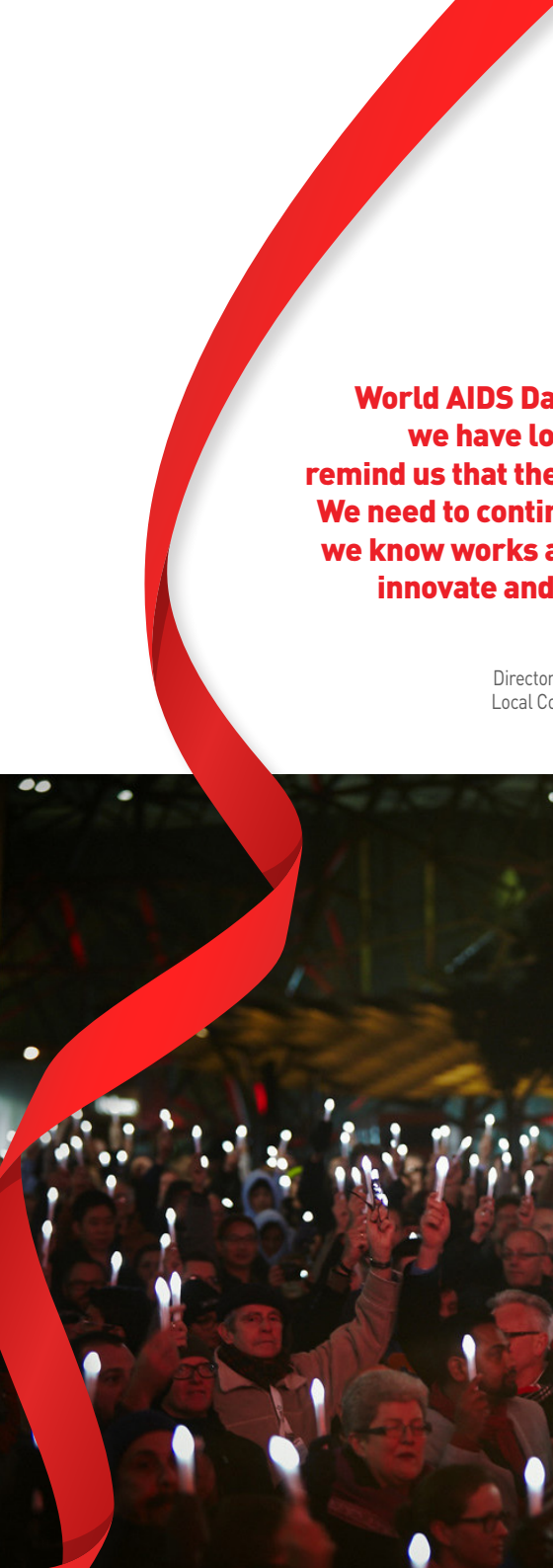
Candlelight vigil for AIDS 2014 in Melbourne.

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innovate and advocate to see an end to HIV.**

Professor Sharon Lewin

Director, Peter Doherty Institute for Infection and Immunity and
Local Co-Chair 2014 International AIDS Conference, Melbourne

