



THURSDAY
1 DECEMBER

WORLD
AIDS
DAY

2016



Adj A/Prof Darryl O'Donnell

*Chief Executive Officer
Australian Federation of
AIDS Organisations*

World AIDS Day is an important time for remembrance, reflection, and resolution. We remember the past; we reflect on the present; and we stand firm in our resolve to work for our communities' future, by seizing the opportunities new treatment and prevention tools provide to us.

This year marks almost 35 years since HIV/AIDS first appeared in Australia. These early years are not ancient history but remain a raw and present part of our collective consciousness. The people we lost remain in our hearts and in our minds.

On World AIDS Day we remember those who we lost. We remember their resolution, their spirit and their fight. We remember how our communities of gay men, lesbians, sex workers and people who use drugs came together to educate each other and the wider community about what was needed to protect the health and wellbeing of all Australians. We remember the nascent partnerships with doctors and researchers, which started out as small community meetings and grew into an enduring and essential part of Australia's world leading response that continues to this day.

At the same time, in 2016, HIV in Australia has changed dramatically. Thanks to effective HIV treatment, the incidence of AIDS in Australia today is rare, and new technologies – if supported and implemented nationally – have the potential to virtually end HIV transmissions by 2020. However, while we celebrate the

fact that people with HIV in Australia have unprecedented opportunities to live long and fulfilling lives, we must not lose sight of the fact that some still struggle with managing HIV, along with a range of other chronic health conditions associated with living with HIV.

World AIDS Day is a time to reflect on the work that still needs to be done. Working to improve our right to health. Working for the tools we know that work. Working to end the stigma and discrimination that are barriers to accessing testing, care and support. We know what works – PrEP, Treatment as Prevention and rapid and self-testing are proven innovations.

Urgent action remains. PrEP and rapid and self-testing are tools that can support an end to HIV transmissions, yet, the availability of each is complex and multiple barriers exist. This year we received the disappointing news that PrEP will not be reimbursed on the Pharmaceutical Benefits Scheme. AFAO is working with the manufacturer of Truvada to support a fresh application for PrEP to be listed on the PBS. In the meantime, people are needlessly diagnosed with HIV each year.

We need our community organisations to drive effective access to health care, treatment and prevention and we need government to continue to support this work.

Successive Australian governments have invested in the response since the early 1980s. It is vitally important that we do not back down from our funding commitments at this critical time. Governments need to work with community organisations to end new HIV transmission in Australia – for good.

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Senator Dean Smith and Senator Hon Lisa Singh

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

World AIDS Day 2016 is an opportunity for us to be grateful for the progress that has been made in eliminating AIDS and HIV infection in Australia since the introduction of combination therapies two decades ago.



There is no doubt that Australia had benefited from a long-standing bipartisan approach to dealing with this challenge. The experience of many other nations around the globe has not been so fortunate.

However, we can't avoid the fact that there remains much more to be done. Those in

our community living with HIV and AIDS still need a strong voice to advocate on their behalf.

Australia's policy-makers must adhere to those principles which have underpinned our efforts to date; ensuring science is at the heart of our policy approach, maintaining a cooperative attitude across the partisan divide and encouraging initiatives that allow people to test, conveniently and regularly.

All the Members of the Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections are committed to playing an active role in supporting Australia's bipartisan and scientific approach to treatment, providing support to those living with HIV/AIDS and to continuing to break down the myths and stigma surrounding HIV/AIDS.

afao AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS



Dr Bridget Haire
*National President,
Australian Federation of AIDS
Organisations (AFAO)*

On World AIDS Day, we commemorate those we have lost, celebrate the strength of those who live with HIV and recognise the potent challenge HIV presents for Australia and the world.

Today, there are some 25,000 people living with HIV in Australia, many with chronic conditions in addition to HIV. Thankfully for most, the story of HIV has changed dramatically.

In 2016, HIV-positive people on treatment can live rich and fulfilling lives. Yet, for all of the advances in improving health, prejudice and stigma continues to surround HIV.

We also now know that we virtually eliminate HIV transmission if the right actions are taken. We must make HIV pre-exposure prophylaxis to prevent HIV widely available and affordable, make HIV testing easier and available in new ways, and educate the community that HIV-positive people on effective treatment cannot transmit the virus. This also means updating the meaning of safe sex by educating people that in addition to condoms, we have new, safe and powerfully effective ways to prevent HIV. Today there are many ways to stay safe.

So on this important day, I join with you in reflection and celebration, and I encourage you to stand with us on the bold journey we've begun to end HIV.



Australian Government

Department of Foreign Affairs and Trade

Hon Julie Bishop MP Minister for Foreign Affairs

It has been an important year for the fight against HIV/AIDS as we reflect on our achievements internationally in 2016.

The 21st International AIDS Conference returned to Durban this year demonstrating how far we have come in 16 years, and that the eradication of AIDS is still very distant. Since 2000, antiretroviral treatment has expanded to 17 million people globally (from 1 million in 2000), however new infections are increasing in at-risk populations, and rates of infection have ceased falling in young people.

In June, the UN hosted a High Level Meeting on Ending AIDS. Civil society representatives joined the Australian delegation through DFAT sponsorship. Together, we actively advocated for the political declaration to recognise indigenous peoples, sex workers, transgender people,

migrants, women and adolescent girls, including in emergency settings, which is important in addressing this disease.

In September, I announced Australia's pledge of \$220 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2017-19, a 10 per cent increase on Australia's previous pledge. This commitment demonstrates Australia's significant and ongoing commitment to fight the epidemic of HIV/AIDS, particularly in the Indo-Pacific. The Government's decision to increase its contribution reflects the Global Fund's strong performance and the significant impact of Global-Fund supported programs.

Australia will continue to advocate for a human-rights based approach to health in our region; for genuinely universal access to health care services, sexual and reproductive health services, comprehensive sexuality education, and the needs of key populations in our region.



Australian Government

Department of Health

Hon Sussan Ley MP Minister for Health and Aged Care

The world's first international Health Awareness Day was World AIDS Day. Nearly three decades on, World AIDS Day allows us to pause and reflect on why it's important that, as a nation, we continue to raise awareness of HIV/AIDS.

It's equally important that we take a moment and think about the precious lives lost and the loved ones left behind because of HIV/AIDS.

We need to remember that a person living with HIV does not necessarily have AIDS, but all people with AIDS are HIV positive. With remarkable progress in science, research and medicine, people living with

HIV are able to take daily medications to prevent the virus from advancing into AIDS.

Australia will continue to fight HIV/AIDS as we pursue the goals of virtually eliminating HIV transmission in Australia by 2020, and reaching the '90-90-90' targets.

We want to see 90 per cent of people living with HIV diagnosed, 90 per cent of people diagnosed on treatment and 90 per cent of people on treatment having an undetectable viral load.

On this World AIDS Day, it is time to capitalise on the work that has been done and to prepare ourselves for future challenges.

The work is not over, but neither is our commitment to succeed in the name of the people we have lost and we will continue to work with, and for, those living with HIV.





Life-saving HIV treatment for all in Cambodia.
For a mother living in this poverty-stricken neighbourhood of Phnom Penh, Cambodia, paying for antiretroviral treatment would be impossible. Thanks to support through the Global Fund, not only does she, and other community members in need, have access to free HIV medicine that allows her to remain in good health; she also received treatment to prevent transmission of the virus to her one-year-old daughter. Hopefully, a final test will confirm that she is free of HIV in coming months.
Photo: John Rae, Global Fund



Senator Hon Penny Wong
*Opposition Leader in the Senate
Shadow Minister for Foreign Affairs*

Senator Claire Moore
*Shadow Minister for International
Development and the Pacific*

World AIDS Day is a time to remember, to share and to plan.

Our history and our struggles for justice have made us stronger and more determined to continue the fight in the future.

The world commitment to the Sustainable Development Goals, Agenda 2030, reaffirms the importance of the ongoing work to end the epidemic of HIV, to fund effective

research, to provide access to medication and support for people, families and communities impacted by the horror of this illness and to ensure that any remaining stigma or discrimination is rejected.

Leave no one behind must not be a goal, it must be a shared reality.

We have a good history, created by the dedication, sacrifice and skills of many people united by the passion to remove the scourge of AIDS.

The Sustainable Development Goals' challenge to us in 2016 is to build on the achievements of the Millennium Development Goals, the reductions in new infections and the investments in the Global Fund. We have the opportunity and we have no option but to succeed.



Hon Catherine King MP
*Shadow Minister for
Health and Medicare*

This World Aids Day 2016, while we mark the progress we have made in fighting HIV/AIDS in Australia, more than ever, we cannot afford to be complacent.

According to the most recent statistics, there are approximately 27,150 people living with HIV in Australia. It is estimated that 12 per cent of these people are unaware of their HIV positive status. While the rate of notifications per 100 people diagnosed and living with HIV has declined by 25 per cent in the past ten years in Australia, progress has flat lined over the past three years. Significantly, the HIV diagnosis rate in Aboriginal and Torres Strait Islander people has increased in the past five years.

These trends show that we need to reaffirm our commitment to fighting HIV/

AIDS on two fronts – putting in place continued measures to protect against new transmissions of the virus, and reducing stigma in the community. At the heart of this is awareness. Firstly, awareness of how at-risk groups can minimise their risk of acquisition, and secondly, awareness of how to support individuals living with, or affected by, HIV/AIDS.

One factor which will play a significant role in the fight against HIV is pre-exposure prophylaxis medicine (PrEP) – which experts have called a 'game changer'. Trials of PrEP have shown it is highly effective at stopping the transmission of HIV, and that it will play an important part in supporting Australia to reach the goal of virtually eliminating HIV transmissions by 2020.

World AIDS Day is a chance to mark the progress we have made, and recommit to the challenge ahead.





Senator Richard Di Natale

Leader, Australian Greens

Worlds AIDS Day serves as a yearly reminder of how far we have come, as well as how far we still must go, to eliminate HIV and AIDS and reach our global target of zero new HIV infections.

Here in Australia we have made huge strides over the last 30 years towards eliminating HIV/AIDS. But there is still much to do to eradicate it from our community.

Through education, health promotion, law reform and treatment, and by working closely with affected communities, we have drastically reduced the threat of AIDS-related deaths in this country and been a world leader in these efforts. We must ensure that we continue to lead on sexual health and drug and alcohol policy.

As a doctor and public health specialist who has worked in HIV prevention, I have watched the success of anti-retroviral treatment and

public health education campaigns closely, but I am concerned that the rate of new HIV infections has remained at approximately 1000 per year since 2012.

We must remain vigilant and committed to ending HIV, and not allow complacency to take hold amongst our policy and law makers. In Indigenous communities in particular, there are disturbing signs that HIV may be on the rise.

We must work to ensure that all Australians who are at risk from HIV have swift, affordable access to pre and post exposure medications, as well maintaining our promotion of condom use and needle and syringe exchanges which are all critical in preventing further infections.

Australia also has a strong role to play in global efforts to eliminate HIV/AIDS, particularly in our region, through maintaining our contribution to the global fund.

Together, these approaches will ensure we stay on the path to success so that next World AIDS Day we are closer still to our goal.



Australian Government

Department of Foreign Affairs and Trade

Natasha Stott Despoja AM

Ambassador for Women and Girls

The evidence is clear: the AIDS epidemic has a disproportionate, devastating impact on women and girls.

We know that globally, AIDS is the leading cause of death among women and adolescent girls of reproductive age, and that women and adolescent girls, in particular in sub-Saharan Africa, are more than twice as likely to become HIV positive than boys of the same age.

Worryingly, only 28 per cent of young women possess accurate knowledge of HIV. Gender inequality, including discriminatory social norms and unequal power relations between men and women, boys and girls, unequal status, and a lack of access to information and quality and responsive health services

all compromise women and girls' ability to protect themselves from infection. Moreover, a further layer of discrimination means that women and girls living with disabilities face an even greater chance of infection.

We also know that women and girls bear a disproportionate share of the caregiving burden associated with the epidemic.

We can do more, and together, we must do more. Renewed commitment and urgent action are required to curb the devastating effects of this epidemic, particularly on women and adolescent girls. In the 2030 Agenda for Sustainable Development, the international community has pledged to achieve gender equality and empower all women and girls, including eliminating all forms of violence against women and girls. We cannot end the epidemic of AIDS without ending the epidemic of gender inequality.



Scientia Professor David Cooper AO

Director, Kirby Institute for Infection and Immunity University of New South Wales

Almost exactly 20 years ago, a multi-drug treatment for HIV was confirmed as the way forward. Today the millions of people worldwide who can access combination therapy (which is only about half of those who need it) are leading productive, symptom-free lives, living with HIV and not dying of the infection which leads to AIDS.

However, we have not yet developed the golden bullets to prevent or cure HIV infection and millions more remain at risk, right on our doorstep. Regionally, we are active in our two nearest neighbour countries. In Indonesia, I am part of the leadership team for a Kirby project called HATI, a large implementation research study to increase treatment uptake among four high-risk population groups. In Papua New Guinea, which has the highest HIV prevalence in the Pacific, better evidence for action and strengthened implementation capacity are the most urgent priorities.

Despite antenatal data on HIV and growing behavioural data related to HIV, there is still a need for more understanding of the biological, behavioural and social aspects of the epidemic, including the size of key populations and the major behavioural factors for transmission in PNG. KI researchers are working in

partnership with the PNG Institute of Medical Research, to implement a Key Population Integrated Bio-behavioural Survey (IBBS) to provide critical insights into the nature of the epidemic. The IBBS is an initiative of the Government of Papua New Guinea and funded by a consortium including the Australian government, the Global Fund for HIV, TB and Malaria and the US Centres for Disease Control and Prevention.

At home, we have launched EPIC-NSW, a world-first trial of prevention of transmission among groups of people at risk of HIV infection in NSW. We have a ground-breaking program of treatment for viral hepatitis persons who are co-infected with both HIV and hepatitis C. We are rolling out an effective point of care testing program for sexually-transmitted diseases among remote Aboriginal communities. Reducing STDs has the added benefit of reducing HIV transmission.

We cannot – yet – eradicate HIV infection; we need an effective preventive vaccine or a cure by discovering and treating hiding places in which HIV is out of reach of current antiretroviral therapies. A vaccine would almost certainly be the best way to prevent HIV globally. We are pedalling as hard as we can to achieve these outcomes.

In the same way that we chipped away throughout the early years at these questions, we are also digging for the secrets that might eventually allow us to achieve HIV eradication. So watch this space.



Professor Sharon Lewin

*Director, Peter Doherty Institute for
Infection and Immunity
University of Melbourne
Chair, Commonwealth Ministerial
Advisory Committee on
Blood-Borne Viruses*

2016 marks two years since Melbourne hosted the International AIDS Conference and this year the world confirmed its commitment to the UN Political Declaration on Ending AIDS. On World AIDS Day, both occasions give us pause to reflect on where we have come and what we now need to do in our response to HIV both in Australia and globally.

In Australia, we are well on track to reach the UNAIDS goals of 90–90–90 but have much work to do to see the virtual elimination of HIV by 2020. We urgently need to implement new tools that we know work, such as pre-exposure prophylaxis (PrEP) and to evaluate new approaches such as home or self testing. We also need to eliminate stigma and discrimination which stops people accessing the services they require to remain HIV-negative or virally suppressed, and to meet their full potential. It is everyone's responsibility to ensure no-one is excluded and to obtain zero levels of HIV-related stigma and discrimination.

The last year has been an exciting year for science and innovation with significant advances in drug development, vaccine and cure research. The development of long acting or injectable antivirals

for prevention and treatment will allow for greater choice for people living with and at risk of HIV infection. Multiple pharmaceutical companies are actively developing these new approaches which are potentially transformative. The dramatic advances in our understanding of how to generate super powerful antibodies to protect against HIV infection over the last 12 months, gives me hope for an effective vaccine. We are also beginning to see some successful strategies to induce a functional cure, at least in animal models of HIV infection. Investment in basic and translational science is the only way we will achieve an effective vaccine and cure and there is no doubt, that we still need both. Australia must continue to lead and collaborate globally in these scientific efforts. With our track record of outstanding research in virology, immunology, clinical research and community participation and engagement, we have much to offer.

Finally, I am proud that Melbourne, and the state of Victoria, have made a serious commitment to the UNAIDS Fast-Track Cities initiative. Success in this initiative will require an enduring strong partnership between political leaders, scientists, clinicians and the community. We will focus on strengthening these links, enhancing cooperation between all levels of government and services, and driving innovation to ensure that across our State and in all our diverse communities, we achieve zero stigma and discrimination and the virtual elimination of HIV by 2020.

Left: *Growing up healthy in Thailand.* Kaew, seven years old, was born HIV-positive. To maintain her health, she must take antiretrovirals every day. A health worker taught her when and how to take her medication using sugar pills, and she receives regular support visits. Her mother, Prigan, a seamstress, is also on ARV therapy. Thailand has implemented a program specifically focusing on prevention, care and support of children under the age of 18 living with HIV, funded by a US\$13 million grant from the Global Fund.

Photo: John Rae, Global Fund





Mr Bill Whittaker AM

Chair, Implementation Committee, New South Wales HIV & STI Strategies

The past 365 days have seen important milestones in the global response to HIV. In June, the United Nations adopted a new Political Declaration on HIV which included a 90-90-90 target within which all countries pledged to maximise HIV testing; to provide HIV treatment so people with HIV can start antiviral treatment as early as possible; to support HIV positive people to help ensure their treatment and care is successful; and to eliminate HIV related stigma and discrimination.

During the past year we have seen that the promise of using HIV treatment to help end the HIV epidemic has never been stronger nor has the evidence of its effectiveness been more compelling. Now HIV treatment guidelines recommend all people diagnosed with HIV start treatment immediately. This helps maximise the health and wellbeing of people with HIV and successful treatment also means that the risk of transmitting HIV is dramatically reduced.

A major feature of the past 12 months and into the future will be maximising early treatment uptake by people with HIV, as well as providing access to pre-exposure prophylaxis (PrEP) for people who are not infected but at high risk [PrEP is the use of a currently available HIV treatment (Truvada) by HIV uninfected people at high risk of HIV]. If we are successful in doing

this, this will be a major advance towards achieving Australia's goal of virtually eliminating HIV transmission by 2020.

As of this World AIDS Day, we will have around 7000 Australians at high risk to HIV infection taking PrEP. This has been achieved in a very short timeframe through the initiative of NSW, Victoria and Queensland, working with community based organisations, researchers and clinicians, to deliver PrEP through a temporary measure of a clinical trial framework.

While PrEP is being provided temporarily in the larger states of Australia through a clinical trial framework, the challenge now is to have the drug listed on the Commonwealth Pharmaceutical Benefits Scheme as soon as possible. This will maximise access, equity and impact around the country.

Over the next 12 months, the challenge for governments, clinicians and community is to respond effectively to critical advances like treatment as prevention, but at the same time continue our focus on already proven measures: for example our focus on harm reduction programs and the partnerships we have with people with HIV and populations at higher risk to HIV, notably gay men, injecting drug users and sex workers. Maintaining the interconnectedness of prevention, care and treatment with societal and policy responses to HIV has been a cornerstone of Australia's response for more than 30 years and will need to continue to be so into the future.

Professor Brendan Crabb AC

Director and Chief Executive Officer Burnet Institute, Melbourne

We now have the medical and scientific technologies to help end the HIV epidemic. Combination prevention approaches that bring together structural, biomedical and behavioural interventions work. While the introduction of effective HIV therapies in the 1990s marked a paradigm shift in our response to HIV, we now know that HIV treatments offer highly effective options for HIV prevention. Treating people living with HIV works as a prevention strategy because people who have an undetectable viral load have negligible to non-existent risk of transmission to their partners. Pre-exposure prophylaxis, or PrEP, that involves HIV treatment medications being taken by people who are not infected but know they are at high risk also works as a prevention strategy. In Australia, Burnet Institute has pioneered innovative surveillance systems for HIV that are now being used in world-first studies to model the contribution of these biomedical prevention strategies to prevention. This work will inform national and international priority settings, guiding the relative investment in different HIV prevention approaches to maximise their benefit.

Biomedical HIV cure and vaccine research is searching for even better solutions. We know that the HIV virus hides in the body, including immune cells, and can return to the bloodstream if treatment ceases. Burnet's scientists made a major contribution to finding out how this happens, and we are continuing to work with our Australian and international colleagues to translate these discoveries into an effective cure for HIV. Drug resistance is a threat in resource-poor settings and a vaccine is critical for eradicating HIV.

HIV is a disease that disproportionately affects the poor, the vulnerable and the

marginalised. Adolescent girls and young women comprise 60 per cent of all young people living with HIV. Only 17 million out of the approximate 37 million of people living with HIV are now on treatment. In our region, in Indonesia only 12 per cent of people with HIV are on treatment, and in China only 18 per cent, despite much higher success with treatment access in other nearby countries. In our Indo-Pacific region most people with HIV are from key populations: men who have sex with men and people who inject drugs are 24 times more likely to be infected than other adults, sex workers 10 times, and transgender people are incredibly 49 times more likely to be infected.

We need improved operational and implementation research to find out why key populations are not accessing testing and why they are not on treatment. We need to find out how health systems can be improved to ensure people are enrolled and retained in treatment services. To offer effective solutions, Burnet is developing cost-effective diagnostic and disease monitoring technologies to improve access to prevention and care services. Rapid diagnostic test kits are now available and our researchers are continuing to improve these and similar tests to monitor HIV disease progression with the aim of optimising service models through our international programmes. These test kits allow models of care to include the close involvement of lay health workers and members of the affected community, breaking down both structural and psychosocial barriers to care. Burnet's HIV testing programmes in Myanmar, that include the active participation of men who have sex with men and people who inject drugs, are breaking down care barriers for affected populations and informing adaptive care models for the region.

Australia has long been a leader in responding to HIV. We should ensure that the most vulnerable people in our region have access to the prevention and treatment technologies.



I'M IN

Everything has changed. We can end HIV.

[TEST
OFTEN] + [TREAT
EARLY] + [STAY
SAFE] = [ENDING
HIV 2020]

ENDINGHIV.ORG.AU

U300

Hon Michael Kirby AC CMG

Member, United Nations Secretary-General's High Level Panel on Access to Essential Medicines Justice of the High Court of Australia (1996-2009)

AIDS is an ongoing challenge. Great strides have been made in providing access for Australians to the anti-retroviral drugs that have revolutionised the treatment of HIV and AIDS. Those drugs themselves contribute to reducing and preventing the spread of HIV. But there is still no cure and no vaccine. Maintaining the contributions from developed countries to sustain the ongoing treatment for millions in need is a challenge. The Global Fund is a remarkable body that has helped to convert the idea of global solidarity on HIV and AIDS into practical reality. What we have achieved on AIDS offers a template for the aspiration declared by the UN General Assembly in September 2015 in the Sustainable Development Goals. SDG3 commits the world to ensuring that by 2030 everyone, everywhere will have access to essential health care. A big aspiration.

These achievements and aspirations will not be sustained unless Australians maintain the vigilance and energy at home; and continue to be major contributors to the global efforts to treat and prevent HIV everywhere. Recent effective reductions in our foreign aid, especially to neighbours and in our region, represent short-term thinking in the context of a global epidemic.

The past year has seen important developments in combating the co-epidemic of prejudice and

discrimination that impedes the global struggle against HIV. In several countries of the Pacific (Palau, Niue and Nauru) the hated colonial laws against LGBTIQ people and their sexual expression have been repealed. Yet the widespread resistance to removing the criminal sanctions that help fuel this epidemic has remained log-jammed.

Indeed, in some countries near Australia, things have recently become worse. In Indonesia, violence against gays is on the increase. In Brunei, the death penalty has been reintroduced. In India and Malaysia, enlightened court decisions have been reversed on appeal. A ray of light appears occasionally, as in Belize. But in Africa, the Caribbean, Russia and Central Asia, the law stimulated discrimination has been moving in the wrong direction.

Unless these developments are reversed, the brave aspiration of the Sustainable Development Goals will not be achieved. Plenty of people will be "left behind". Lives will be made miserable and unsafe. Bullying and depression will spread.

In Australia, our federal government deserves praise for the decision to place on the Pharmaceutical Benefits Scheme the new drug to combat and cure Hepatitis C, sometimes a co-factor in HIV.

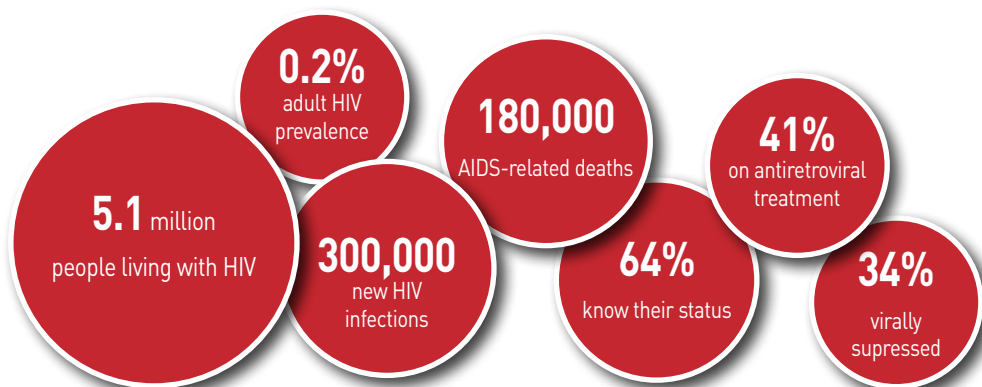
We must think and act locally and internationally on HIV. Using the tools of new therapies and sticking to the good Australian track record of preventing legal discrimination so as to reach the minorities who are at highest risk. AIDS is not over. Science is our essential tool. But so also is law reform, education and respect for universal human rights. On World AIDS Day 2016 we should all lift our voices and renew our commitment.





HIV/AIDS in Asia and the Pacific in 2015:

Source: UNAIDS Prevention Gap Report 2016



ashm

Supporting the HIV, Viral Hepatitis
and Sexual Health Workforce

Professor Mark Boyd

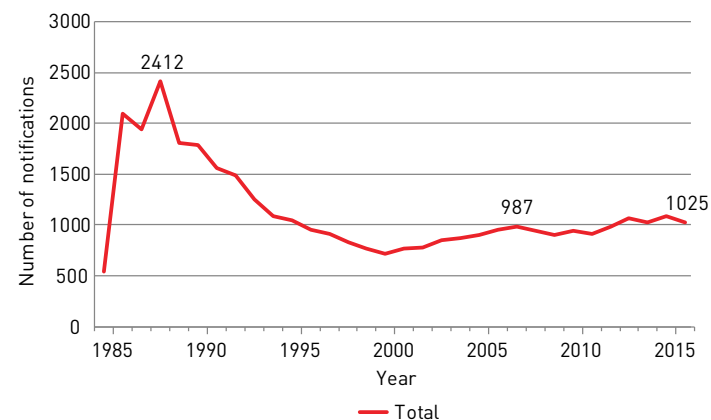
*President, Australasian Society
for HIV, Viral Hepatitis and Sexual
Health Medicine (ASHM)*

Australia is a global leader in achieving the 90/90/90 UNAIDS targets. Concerted efforts are driving down new HIV infections by increasing HIV testing, treating all people with HIV as soon as possible, providing PrEP to high-risk HIV-negative people and maintaining

safe sex messaging. There is however concern about Australia's and the world's commitment to the epidemic in low- and middle-income countries following the transition from the MDGs to the SDGs, in which HIV barely rates a mention. The fight to stop HIV needs political commitment and sustained investment. Australia has the tools, experience and expertise and the resources to contribute to supporting its neighbours in the region and must play its part.



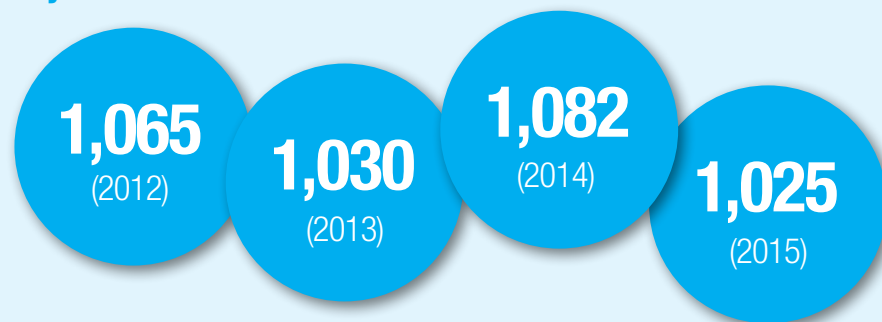
Professor Mark A Boyd BA, BM, BS, DCTH&H, MHID, MD, FRACP is the Chair of Medicine at Lyell McEwin Hospital, University of Adelaide; Senior NHMRC Research Fellow; Visiting Fellow at Kirby Institute, UNSW Australia; President, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM); and Co-Editor-in-Chief, AIDS Research and Therapy.



Source: State and Territory health authorities.

Figure 1: Newly diagnosed HIV notifications in Australia, 1984–2015

Key statistics



Following a rise in HIV in 2012, **new HIV diagnoses have stabilised** over the years 2012–2015.



Of the estimated **25,313 HIV-positive people** in Australia at the end of 2015, an estimated **2,619 (10%)** were unaware of their status.



The stabilisation of new diagnoses since 2012 comes after years of increased HIV testing alongside efforts to encourage **earlier access to HIV treatments**.

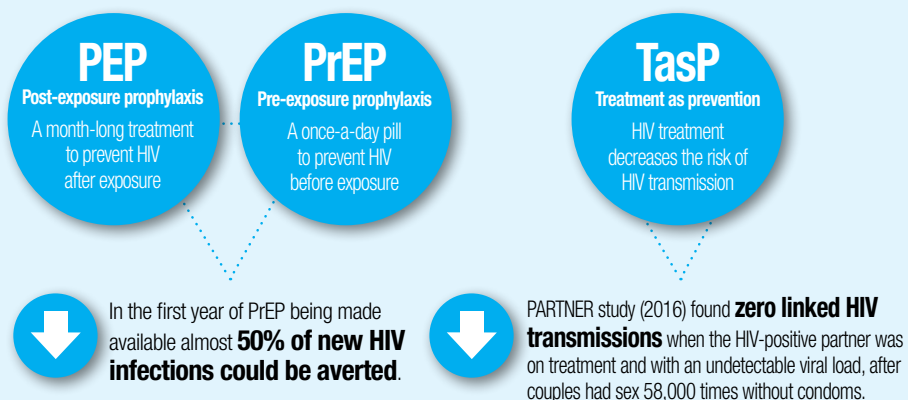


In 2015, 29% of new HIV diagnoses were **diagnosed late**, emphasising the ongoing importance of **regular HIV testing**.

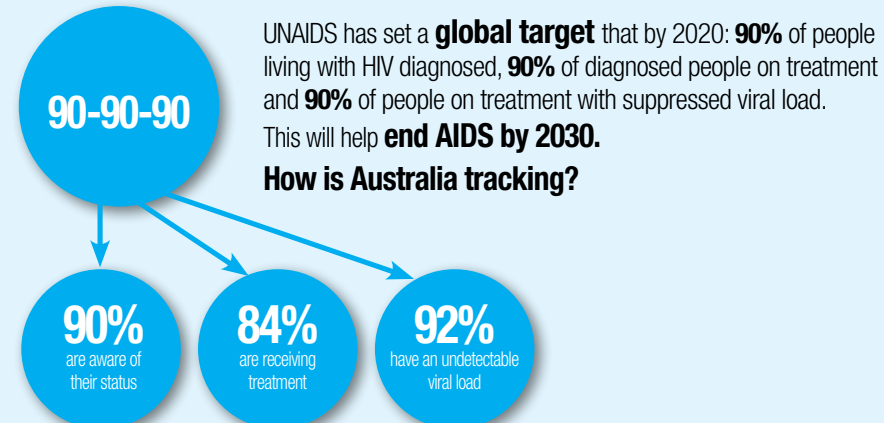


Highly effective HIV treatment means that AIDS deaths and **AIDS-related conditions in Australia are now rare among people on treatment**.

Recent innovations in HIV prevention



Global target





Mr Neville Fazulla

*President, Anwernekenhe
National HIV alliance (ANA)*

The Anwernekenhe National HIV Alliance (ANA) welcomes World AIDS Day 2016, against a backdrop of increasing HIV prevalence among Aboriginal and Torres Strait Islander Australians. In the context of already high rates of sexually

transmissible infections, this is of significant concern.

These increases highlight the need to restrengthen the focus on culturally appropriate prevention.

The ANA and Aboriginal and Torres Strait Islander HIV Awareness Week ATSIHAW work together to ensure HIV prevention and promotion in community.



Dr Angella Duvnjak

*Chief Executive Officer
Australian Injecting & Illicit
Drug Users League (AIVL)*

World AIDS Day provides an opportunity for the community to pause and reflect upon where we stand in relation to HIV. We can celebrate the successes but also must reflect on the continued unnecessary transmission of the virus and related impact upon loved ones and the community at large. Australia has a lot to be proud of, we have one of the lowest rates of HIV prevalence among people who inject drugs in the world. The early mobilisation of key populations such as people who inject drugs, gay men and sex workers was integral to the foundations of this success. The partnership approach

taken to the epidemic has embedded on-going collaborative, evidence-based, timely and relevant responses to changes in the epidemic over the years. Despite this, we cannot be complacent. Effective harm reduction and prevention must remain central to the response to HIV and AIDS. The partnership response that has been so successful must be maintained and strengthened and this includes on-going support for peer-based organisations. Finally, we must address issues of criminalisation, stigma and discrimination against people who use drugs as this fuels transmission of HIV and undermines the very real progress that we continue to make each year. AIVL stands in solidarity with our friends and partners working toward a future free of HIV.

Mr Cipri Martinez

*President of National Association
of People with HIV Australia*

Ending HIV in Australia can only happen with strategies such as treatment as prevention and its necessary focus on the wellbeing of people with HIV, their social determinants for health and their successful navigation of health services. We must maintain our strong focus on effective treatments, retention in care and wellbeing, building resilience in people with HIV, reducing stigma, discrimination and criminalisation, and the effective delivery of combination prevention

At the United Nations General Assembly High Level Meeting on Ending AIDS in June 2016, the Political Declaration on HIV

and AIDS called for urgent action over the next five years to ensure that no one is left behind as we continue concerted efforts to end HIV by 2030. Priority populations such as women and adolescent girls, Aboriginal and Torres Strait Islander people, migrants, people who inject drugs, sex workers, gay men and other men who have sex with men, transgender people, and prisoners must all be included.

World AIDS Day is an opportunity to commit to a holistic approach to the HIV epidemic in this country that is effective, equitable and empowering to all people with or affected by HIV. If Australia is to make any progress in getting to zero, then we must utilise every strategy available and adequately resource our communities to engage with this ultimate goal of ending HIV.



Ms Jules Kim

*Chief Executive Officer
The Scarlet Alliance*

Let us reflect with pride at the leadership of our communities that resulted in effective peer responses at a crucial time during the emergence of AIDS. It was this leadership that positioned Australia apart from the rest of the world, with sex workers maintaining consistently low

rates of HIV since the implementation of the response. Globally the situation is vastly different. The HIV prevalence amongst female sex workers is still estimated to be 12 times higher than the general population and for male sex workers, the HIV prevalence is 14 per cent. We must continue to build on what has worked for our communities because gains can very quickly be lost if we do not continue to move forward.





The 2015 candlelight vigil
in Brisbane.
Photo: Mr David Alexander

Mr David Menadue OAM

*Board Member
NAPWHA, AFAO*



This time twelve months ago I said goodbye to a dear friend Robert after he endured a gruelling six months with end-stage cancer. I met him at an HIV-positive peer support group in St Kilda in 1990. He had just been diagnosed with HIV, I had known for six years.

We got on so well that soon we were flatmates and remained solid friends ever since. Robert and I went through the ups and downs with our health so common of the period when we had no or few treatments. I would be visiting him as an inpatient at Fairfield Hospital or he would be visiting me.

We both counted ourselves lucky to have survived to the turn of the century. He had a full life with the new treatments but was not surprised when diagnosed with anal cancer which unfortunately spread too quickly to be contained with therapy.

After the funeral a friend was reported to have said, "Well at least he didn't die of AIDS". The truth is, as Robert and I discussed a number of times, that his chances of getting cancer were increased multiple times because he had an impaired immune system damaged early on by the virus and AIDS-defining illnesses. Many of us long term survivors are still living with the effects of AIDS, dealing with the many co-morbidities that complicate our lives.

The numbers of AIDS deaths in Australia is way down, which is great. Let's not forget that those numbers are obscured by the more hidden morbidity of illness in the community. We remember friends like Robert and so many others on this important day. He was only 51.





Dr Mark Dybul

*Executive Director, the
Global Fund to Fight AIDS,
Tuberculosis and Malaria*

In September 2016, the Global Fund's donors convened in Montreal, hosted by Prime Minister Justin Trudeau, to determine their support for the Global Fund for the three-year period starting in 2017.

Raising the necessary funds to bring life-saving treatments and therapies to millions of people in some 100 countries is never easy.

Donors scrutinise their funding for development support extremely closely.

In the lead-up to Montreal, the Global Fund could not simply rely on its record.

We had to convince existing and new donors that the Global Fund could continue to deliver outstanding results and squeeze more value out of every donor dollar entrusted to us.

The Global Fund's record of achievement and commitment to cost-efficiency, transparency and continued innovation and improvement in its internal management, processes and supply chains resulted in the international community pledging almost US\$13 billion for the fight against the three diseases for the three-year period starting in 2017.

We very much welcome the Australian government's increase in its contribution to the Global Fund by 10 per cent to A\$220 million.

Today, about 9.2 million people are on antiretroviral therapy through programs supported by the Global Fund.

We want to see this number substantially increase over the coming three years.

But if we are to achieve sustainable results, we must adapt to the realities of the HIV epidemic as they vary from region to region and country to country.

Ending HIV as an epidemic will require a focused approach – ensuring that investments go to interventions that are based on human rights and that are the most effective for each population, geographic setting, legal system and culture.

The Global Fund will increase its support for HIV prevention, treatment and education especially focused on women and girls, who in many countries are disproportionately affected by HIV.

Gender inequality is a substantial driver of the HIV epidemic.

If we can reduce gender inequality, we will also continue to reduce the number of new HIV infections and consequently create a better world.

Key populations – such as men who have sex with men, transgender people, sex workers, and people who inject drugs, among others – also remain at greater risk of being affected by HIV.

These are the populations least likely to access services, whether it is because they experience discrimination at the hands of health care providers or law enforcement or simply because services are not available.

New generations of political leaders in all countries must re-learn the lesson that laws or policies that impede access to health services, preventing these populations from receiving information, treatment and care, increase the spread of HIV infection and do not reduce it.

On World AIDS Day 2016, I salute Australia as one of the pioneers and leaders of the response to HIV and AIDS.

The Global Fund looks forward to working with Australian political leaders, researchers, clinicians, academics, activists, affected communities and philanthropists as we redouble our efforts to end AIDS as an epidemic. For good.

20
MILLION

LIVES SAVED
THROUGH
THE GLOBAL FUND
PARTNERSHIP

9.2
MILLION

PEOPLE ON
ANTIRETROVIRAL
THERAPY FOR HIV

15.1
MILLION

PEOPLE HAVE
RECEIVED
TB TREATMENT

659
MILLION

MOSQUITO NETS
DISTRIBUTED BY
PROGRAMS FOR MALARIA



Above: Dr Mark Dybul with the Prime Minister of Canada, Rt Hon Justin Trudeau PC MP; Co-founder of the Bill & Melinda Gates Foundation, Ms Melinda Gates; and Canadian Minister of International Development and La Francophonie, Mme Marie-Claude Bibeau PC MP at the Global Fund's Fifth Replenishment in Montreal, September 2016



Ms Stephanie Copus-Campbell

*Executive Director
Oil Search Foundation*

Oil Search was established in Papua New Guinea (PNG) in 1929. Its assets are predominantly located in PNG, where it operates all of the country's producing oil fields and has a 29 per cent interest in the PNG LNG Project, a world scale liquefied natural gas project operated by Exxon Mobil Corporation. The Company also has a 23 per cent interest in the proposed next LNG development in PNG, Papua LNG Project, and an extensive exploration and appraisal portfolio. It is one of the country's largest companies and non-government employers, with more than 85 per cent of the Company's workforce PNG citizens.

A large proportion of Oil Search oil and gas exploration and production interests are located in the PNG Highlands, where HIV has had a significant impact on the local community. Oil Search has been responding to HIV within its project areas for over a decade, recognising that the burden of disease can seriously undermine workforce productivity. HIV also places visible stress on the entire health system, especially in remote locations. Communities in the Company's project impact areas have consistently highlighted HIV as a key health priority. Since 2005, Oil Search has supported them by increasing awareness about HIV prevention, decreasing stigma and fear of the disease, and providing better access to testing, treatment and support.

In 2011, Oil Search broadened its focus to a national scale, accepting the PNG Government's invitation to manage grants received from the Global Fund to Fight

AIDS, Tuberculosis and Malaria. Around the same time, the Company established the Oil Search Foundation, demonstrating Oil Search's genuine commitment to the social and economic development of PNG.

The Oil Search Foundation now manages a US\$14.2 million HIV grant from the Global Fund to support national capacity building in PNG. Part of the grant contributes to essential surveillance and research, including the national Integrated Bio-Behavioural Survey, which will help inform a new national HIV strategy for PNG. In partnership with civil society and local communities, the Foundation also delivers culturally acceptable HIV prevention programmes.

In July 2016, the Chairman of the Oil Search Board, Mr Rick Lee, announced a new five year grant of US\$56.2 million to support the Oil Search Foundation, which has expanded its focus to deliver tangible development results not only in health but also in Leadership and Education as well as in Women's Protection and Empowerment.

The Oil Search Foundation's expanded mandate recognises that achieving sustainable benefits for the people of PNG is only possible if a range of elements are addressed simultaneously. This includes forming strong partnerships with government and non-government stakeholders, working through systems as opposed to delivering isolated programmes, ensuring effective performance measurement, and tackling interconnected development issues. With regard to HIV, this approach recognises that the disease cannot be addressed through a focus only on the health sector.

Women are often at greater risk of contracting HIV in environments where sexual violence is high. The Foundation

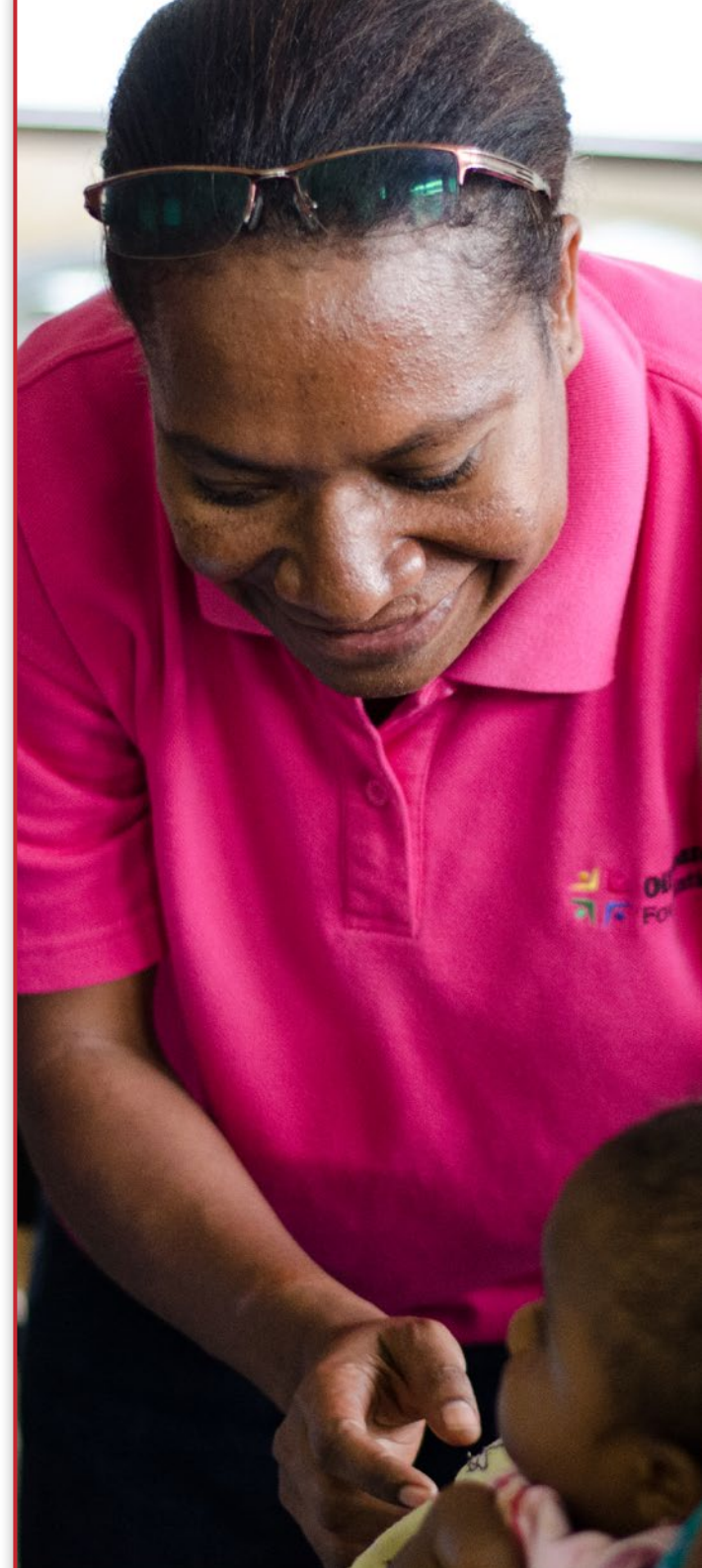
is committed to supporting activities that empower women and minimise harm. The Foundation also assists survivors of sexual violence to access immediate medical treatment that is essential for preventing HIV.

Education and literacy are also priorities for the Foundation. A literate individual is better equipped to acquire the knowledge and skills necessary to prevent HIV transmission or acquisition. Literacy also enables better access to treatment and support, and it enhances the ability to deal with other mental and physical aspects of the disease.

The Oil Search Foundation is proud that its contribution to the national HIV response in PNG is making a real difference. Together with government, development partners and civil society, the Foundation seeks to end the HIV epidemic as a public health threat by 2030.

For more information on the work of the Oil Search Foundation:
www.oilsearchfoundation.org

Right: Ruby Kenny, Oil Search Foundation Public Health Supervisor, provides support for HIV testing at Hela Provincial Hospital Antenatal Clinic and for mothers and babies as part of the HIV prevention of mother to child transmission program.





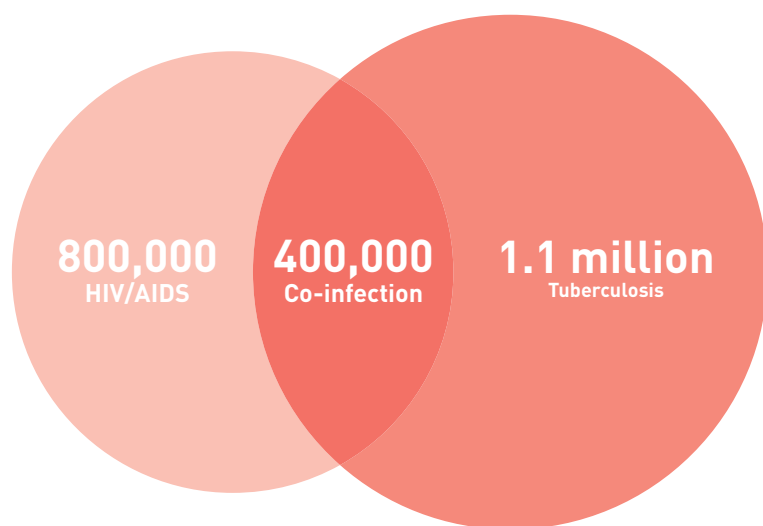
Ms Maree Nutt
*Chief Executive Officer
RESULTS International Australia*

This World AIDS Day is an important opportunity to highlight the deadly link between HIV and tuberculosis. Tuberculosis remains the leading killer of people with HIV, causing one in three AIDS-related deaths. These deaths are entirely preventable.

Governments, donors and high-burden countries can save thousands of lives every year by implementing and funding integrated programmes for the two diseases.

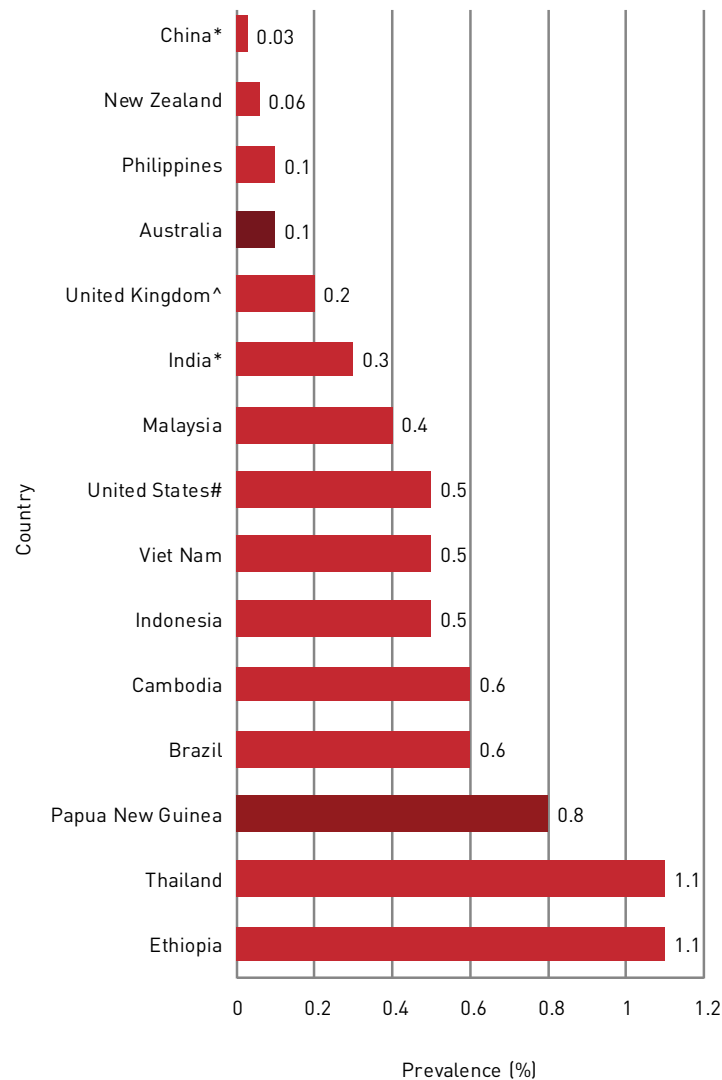
Just as the diseases are themselves, treatments for TB and HIV are inextricably linked. When programs fail to appropriately integrate or link TB and HIV services, crucial opportunities are missed to find people in need of HIV and TB treatment and save lives. While antiretroviral treatment (ART) reduces the risk of TB infection among people living with HIV by 65 per cent, undiagnosed and untreated TB has been shown to worsen or accelerate HIV progression.

Addressing TB-HIV is crucial to achieving UNAIDS 90-90-90 targets including HIV viral suppression, increasing access to HIV treatment, and ending stigma and discrimination. This is the time for us, a global community, to work together to help stop these preventable deaths.



Source: Number of deaths worldwide in 2014, according to the 2015 WHO Global TB Report

Figure 2: TB is now the world's leading infectious killer



* 2013 prevalence, #2012 prevalence, ^2014 prevalence

Source: UNAIDS, HIV in the United Kingdom: 2014 Report

Figure 3: Estimated HIV prevalence in selected countries, 2015



Ms Charlize Theron

South African actress Charlize Theron spoke at the official opening of the 21st International AIDS Conference (AIDS2016) in Durban, South Africa on 18 July 2016. This is a transcript of her speech.

Good evening ladies and gentlemen. It is typical, when invited to speak at a conference, to begin by saying, 'I am honored and grateful to be here.'

And I am grateful to be given a chance to speak, and to be here with such an esteemed group.

But if I'm being honest with myself, and with you, I am also sad to be here at the 21st International AIDS Conference. This is the second time my home country of South Africa has hosted.

That's not an honor. That's not something we should be proud of. We shouldn't have had to host this conference again.

Please understand, I don't mean to insult anyone here or to belittle the extraordinary work that has been done by this amazing community over the years.

I have seen the impact of your work firsthand. I have been personally inspired by your commitment to this fight. Countless millions would have died without your dedication and your compassion.

But I think it's time we acknowledge that something is terribly wrong.

I think it's time we face the truth about the unjust world we live in. The truth is, we have every tool we need to prevent the spread of HIV. Every tool we need.

Condoms. PrEP. PEP. ART. Awareness. Education.

And yet, 2.1 million people, 150,000 of them children, were infected with HIV last

year. In South Africa alone, 180,000 people died of AIDS last year. 2.1 million children and counting have been orphaned by this disease. I could go on for an hour with the horrifying statistics we all know so well.

But instead, let's ask ourselves... Why haven't we beaten this epidemic?

Could it be that we don't want to? And by 'we,' I don't mean just the people in this room. I mean humanity – all of us.

Because when you ask why, you get the same answers again and again and again. Ending AIDS is too expensive. Too daunting. Too complicated. Too stigmatized. Too politicized. I'll stop there, because these aren't really answers. They're excuses.

The real reason we haven't beaten the epidemic boils down to one simple fact: We value some lives more than others. We value men more than women. Straight love more than gay love. White skin more than black skin. The rich more than the poor. Adults more than adolescents.

I know this because AIDS does not discriminate on its own. It has no biological preference for black bodies, for women's bodies, for gay bodies, for youth or for the poor.

It doesn't single out the vulnerable, the oppressed, or the abused.

WE single out the vulnerable, the oppressed, and the abused. WE ignore them. WE let them suffer. And then, WE leave them to die.

My foundation, CTAOP, and a number of our colleagues, are calling on today's young people to be the generation that ends this epidemic – to be 'GenEndIt.'

But let's be clear about what the 'it' in that sentence is. It is not just AIDS.

It is the culture that condones rape, and shames victims into silence.

It is the cycle of poverty and violence that traps girls in teen marriages and forces them to sell their bodies to provide for their families. It is the racism that allows the white and wealthy to exploit the black and poor, then blame them for their own suffering.

It is the homophobia that shames and isolates LGBT youth and keeps them from life-saving healthcare and education.

HIV isn't just transmitted by sex – it's transmitted by sexism, and racism, poverty, and homophobia.

If we are going to end AIDS, we must cure the disease in our hearts and minds first. And I believe young people are the ones to do it. Young people have always been drivers of social change. And this generation holds unique promise.

After all, this is the generation of Malala Yousafzai and Anoyara Khatun.

This is the generation that is shattering taboos and redefining old notions of gender, sexuality, and racial justice.

Not long ago, right here in South Africa, I watched a young LGBT activist challenge a bishop to accept ALL people into the church. Her courage and conviction was so inspiring to me.

And I know, her confidence comes from caring adults who create safe spaces to talk about tough issues without judgment; who educate and empower young people to take control of their bodies and ownership of their futures.

You are the world's leading researchers, grant-makers, medical professionals, and program implementers.

The work you do is vital. It has changed the course of this epidemic. But it will not end it – at least, not on its own.

Yes, we have to all play our parts. We have to work harder, and faster, and smarter

than ever before. But... it will not be our generation that ends AIDS. It will be the next generation.

I believe the single most important thing each of us can do after we leave here is to connect with a young person. Listen, truly listen, to what she has to say. Give her a seat at the table. Let her be part of the conversation. And let's make sure our work reflects her input and her voice.

The solution to this epidemic isn't just in our laboratories, offices, or conference centers like this one. It's in our communities, in our schools, and streets – where a smart choice or a helping hand can mean the difference between life and death.

Nelson Mandela said: 'Young people are capable, when aroused, of bringing down the towers of oppression and raising the banners of freedom.'

If we support our young people, if we give them the confidence and the space to speak out against bigotry and injustice, and if we take the time to listen and empower them... they will end this epidemic.

In closing, I would like to thank you – all of you – for your amazing work and your commitment to this extraordinary movement. This assembly is truly inspiring. And I will say it again, I am incredibly grateful to be here.

But with all due respect, I hope we won't keep meeting like this.

Since the first International AIDS Conference in 1985, we have been counting up, all the way to 21. Now it's time for us to start counting down. We have set a goal to end the AIDS epidemic by 2030.

There are four more International AIDS Conferences between now and then. They must be our last.



DNA interview with Françoise Barré-Sinoussi

Mr Andrew Creagh, Editor, DNA

DNA is one of the world's leading lifestyle magazines for gay men. Editor



In 1983, Françoise Barré-Sinoussi became the first scientist to identify the HIV virus, and it came at great personal cost. Then, when she was awarded the Nobel Prize for medicine in 2008, voices from the past delivered a unique gift. Interview by Andrew Creagh.

"The truth... it was terrible."

DNA: When you first identified the HIV virus in 1983, did you have any idea of the enormous impact the disease would have on the world?

Françoise Barré-Sinoussi: We had no idea of the magnitude of the virus. In my country, France, we had around 50 cases of people with symptoms associated with AIDS, so we were in the very early years of the epidemic. It was only later on – 1984–85 – when we realised what was going on in Africa.

Was it at that point you could see the broad impact it would have on a lot of people over a long period of time?

Yes, we identified the virus in 1983 and it took us two years to see that.

Were you frustrated at how slow governments and NGOs were to respond?

Not only, we were frustrated about our own response because, for us, it was an emergency. That was the first time in my life, as a scientist, I was in direct

relationship with people affected by the disease that I was working on. To be in front of people dying from the virus that I isolated, asking me when I will have a solution, when will I have a treatment? And I was saying to myself, "This is very far off." I knew that it would take time, and I knew these people did not have time. So what can I say? I don't want to lie, but I don't want to say the truth... so, it was terrible. It was the worst period in my life.

Because people were looking to you to provide the answer?

Yes, we were the hope for them. And it's terrible to realise that you are the hope for people when you are not able to respond in the very short amount of time that was needed. It was depressing.

By 1996 I had depression. I was sick. I was not well for three months. I had time away and I came back to meetings with friends and they said, "Françoise, we did not see you for some time," and I said, "Depression," and they said, "You too?" I realised I was not the only one.

At that time we were very close to each other – not just as scientists and the clinicians – we became true friends, and I lost a lot of my friends. A lot of stress and pain.

How are you today?

Now, I'm fine. But I was not the only one.

Did you ever imagine antiretroviral treatments, or such a thing as undetectable HIV levels?

Yes! We hoped for that but we could not see it. Of course, later on, at the end of the 1990s, we decided that we would make a lot of pressure on the politicians and decision makers to take action... the Global Fund was created... that was a

"We started to work, we waited for the treatments, we are doing well, we are alive, thank you."

collective decision to put pressure on the politicians because we were convinced already that that was the way to go. So, of course, it's wonderful to see...

And they both said they did that. "We started to work for the organisations, we waited for the treatments, we are doing well, we are alive, thank you."

with HIV. One in the UK one in the USA. They more or less said the same thing: I don't know if you remember me but in the early 1980s I came to your office in Paris. I was totally dispirited because I thought that I would die. You just told me that I have to do all that is possible to wait for the treatment. Please do that and, maybe, one way to help you waiting for researchers to make progress, is to work for organisations of people working with HIV because you will understand that you are not the only one, and that there are other people like you."

My God, that is the best gift for me, knowing that they are alive.



Françoise Barré-Sinoussi today: greatly admired for her continuing work in the field of HIV/AIDS. Photo: DNA.



Emeritus Professor Janice Reid AC

*Chair, Pacific Friends
of the Global Fund*

Many who gather to mark World AIDS Day remember the fear and stigma surrounding the unnamed illness that began stalking our community over thirty years ago and the moral panic that enveloped the nation. As this devastating affliction acquired a name and spread beyond the early sufferers there was a credible threat of a global pandemic.

In Australia the collective efforts of HIV/AIDS activists, enlightened politicians and public health leaders working through a health system geared to universal access, and a country with the resources and political will to act, began to slow and reverse the rates of infection.

With antiretroviral drugs becoming widely available from the mid-90s, a life free from debilitating sickness became a reality and the stigma and the fear of HIV/AIDS began to retreat.

But for many millions globally, the spectres of ostracism, suffering and death from HIV/AIDS are still stark realities.

Over the last two decades, national governments and philanthropic, civil society and faith-based organisations

have combined forces to deliver HIV treatments and education to the poorest communities in Africa, Asia, the Pacific and Latin America.

But despite these impressive advances, in 2015 over two million people were newly infected with HIV, and over one million people died from AIDS-related illnesses.

In our own region – Asia and the Pacific – there are still three million people who do not have access to antiretroviral therapy. And AIDS-related illnesses are the leading cause of death for women and girls of reproductive age in low and middle income countries. At the same time countries are confronting a growing threat of drug-resistant tuberculosis, a devastating companion of untreated HIV infection.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, funded largely by donations from wealthy countries such as our own, has invested in HIV/AIDS treatment and prevention programs in the areas of greatest need around the world.

Australia has been an important donor to the Global Fund. But the road is long. For those of us who have the good fortune to live in the global 'north' the challenge of advocacy and action is as urgent as ever. Our goal is that every nation, however poor, will be able to say 'we are living with HIV', not 'we are dying of AIDS'.

Mr Bill Bowtell AO

*Executive Director
Pacific Friends of the Global Fund*

Australia's bold and determined response to the emergence of HIV/AIDS saved tens of thousands of Australians from infection by HIV and, in the 1980s and 1990s, death from AIDS caused by HIV infection.

Over the three decades of HIV/AIDS in Australia, there has been an astonishingly sustained effort to contain and prevent the spread of HIV infection, to care and treat those living with HIV and to undertake vital research that has resulted in better treatments and greater insight into the nature of the disease.

Australia's mobilisation against HIV/AIDS has involved, in one way or another, untold thousands of clinicians, volunteers, carers, scientists, activists and people affected by the various manifestations of the disease.

Every year, new people step forward to take up the fight, to adjust policy and priorities in the light of new scientific and treatment developments, and to ensure that the gains of earlier years are not lost or reversed.

Thanks to the constant vigilance and dedication of this vast network, Australia

has kept control of HIV/AIDS within our borders, and global indicators are, broadly but with notable exceptions, headed in the right direction.

We now look to this generation of Australian political leaders to continue to provide united and generous support to the fight against HIV infection in Australia, and to ensure that global gains continue until the eradication of the HIV epidemic.

Our system of government does not make it easy to sustain long-term public health measures.

Since the first reported case of AIDS in Australia in October 1982, there have been 13 Australian federal elections, 4 changes of government, a long list of Ministers and Shadow Ministers for Health and Foreign Affairs and several complete turnovers of Senators and Members.

We owe it to each new government, Minister and intake of Federal Parliamentarians to brief them on the achievements and objectives of Australian and global HIV policy.

But, equally, it is the responsibility of each new Parliament and government to reach out to those whose tremendous wisdom and unflagging commitment has achieved such great results.



Credits

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ACON turns Sydney pink from the city to the sea, Ending HIV #StaySafe activation on North Bondi Beach, February 2016

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