

WORLD **AIDS** DAY

2018



SATURDAY
1 DECEMBER



Adj A/Prof Darryl O'Donnell

*Chief Executive Officer,
Australian Federation of
AIDS Organisations*

HIV feeds on the very worst human behaviour, encouraging prejudice, discrimination and isolation. But our response to HIV also showcases humanity at its best, emphasising determination, empathy and co-operation.

On World AIDS Day 2018, we remember those lost and those living with HIV. We also reaffirm our commitment to translate our best values into action.

The past year demonstrates our capability. Working together, we made access to PrEP equitable and affordable. Minister Hunt's historic decision to approve this medication for the Pharmaceutical Benefits Scheme puts it in reach of almost 40,000 people who will benefit from this highly effective HIV prevention strategy.

Already we are seeing the benefit of a sharp decline in HIV transmission. There will also be a powerful financial dividend, as each averted HIV transmission saves the Commonwealth approximately \$1 million in lifetime costs.

While these advances are welcome there is no neutral gear with HIV – if we take our foot off the accelerator we will surely go into reverse.

This insight informs AFAO's *HIV Blueprint*, a costed plan to avert more than 2,000 HIV transmissions by the end of the decade. We must capitalise on early reductions in transmission among gay and bisexual men.

Progress among people who are Medicare ineligible and Aboriginal and Torres Strait Islander communities is urgently needed.

We can reach these people with tools and messages of HIV prevention and treatment. However, it requires additional investment in nationally coordinated health and education programs, approval of a HIV self-test, and a boost to the skills of the HIV workforce. With a relentless focus on access to health, we can ensure no one is left behind.

We must also maintain focus on the awesome challenge that confronts us in our region. Approximately 5.2 million adults and children are living with HIV in Asia and the Pacific, with 280,000 new infections in 2017. Only a little over half of these people are receiving treatment. Even fewer have a suppressed viral load. Just as concerning, an estimated 1.4 million people in Asia are HIV positive but are not aware of their status. Too many people are still dying from AIDS in the region, with 170,000 AIDS-related deaths in 2017.

The challenge of fighting stigma, encouraging testing and making treatment available in Asia and the Pacific should occupy the effort and intellect of everyone interested in a healthy prosperous region.

The community-led HIV response in Australia and in our region is delicately poised. A combination of scientific advance, political will and growing public momentum for our mission puts us in a promising position. The challenge is turning the opportunity we have before us into action.

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Cover photo: Both Mr. and Mrs. Nilar are HIV-positive and receive antiretroviral treatment with support from a peer outreach worker, who visits them at their farm in Shan State, Myanmar. Mrs. Nilar received treatment to protect her baby from HIV during her pregnancy. Photo credit: The Global Fund/John Rae



Photos from
the top: Senator
Dean Smith and
Senator the Hon
Lisa Singh

Senator Dean Smith and Senator the 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 is an opportunity to commemorate those we have lost and a time for us to be mindful that those in our community living with HIV and AIDS still face real challenges.

With our scientific advances and decades of experience, Australia has much to be proud of in the treatment and prevention of HIV and AIDS.

**One of the most significant
advancements in recent times
is the listing of pre-exposure
prophylaxis (PrEP) on the
Pharmaceutical Benefits
Schedule (PBS) earlier this
year. This is a major step
forward and puts Australia
in reach of being one of the
first countries in the world to
end the transmission of HIV.**

Importantly, the listing of PrEP on the PBS will not only benefit gay and bisexual men but will importantly help to drive down rates of HIV in Aboriginal and Torres Strait Islander Peoples and other population groups which have, unfortunately, seen increased transmission rates over recent years.

While Australia should be proud of its achievements, now is not the time to be complacent.

Education and awareness of HIV prevention is vital, and we must continue to work together to support and encourage people to access testing, treatment and care.

In addition, more work is needed in addressing the everyday stigma and discrimination that can still limit opportunities and prevent those with HIV and AIDS from living full and happy lives.

Parliamentarians have a prominent role in addressing these issues – by showing national leadership and leading by example by calling out stigma and discrimination whenever it raises its head.

The Parliamentary Liaison Group for HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections continues to be a strong bipartisan advocate for a scientific approach to treatment and support and remains committed to continuing our work in the Australian Parliament and to keep listening and working together for those living with HIV and AIDS in Australia.



Senator the Hon Marise Payne

Minister for Foreign Affairs

World AIDS Day is an opportunity to take stock of achievements, and the work still ahead if we are to end the HIV/AIDS epidemic by 2030.

**Our progress in the fight
against HIV/AIDS is clear. HIV/
AIDS no longer features in the
World Health Organization's
top ten list of leading causes
of death, and global efforts
have resulted in progress
toward internationally agreed
targets. In 2017, UNAIDS
reports three out of four
people living with HIV knew
their status; four out of five
were accessing treatment;
and among those, four out of
five were virally suppressed.**

Despite recent achievements, the HIV/AIDS epidemic remains a threat. According to the World Health Organization, in 2017 there were 36.9 million people globally living with HIV. Additionally, the decline in new HIV infections has stalled, with our region experiencing rising incidences, and nine countries accounting for 96 per cent of total new infections in Asia and the Pacific.

Australia continues to contribute to and advance efforts in the global fight against HIV/AIDS. Australia's Strategic Partnership Framework with UNAIDS commits funding and sets out our shared

ambition to reduce the number of new HIV cases and support early diagnosis and treatment for those living with HIV/AIDS in our region. The Framework is complemented by Australia's work as a member of the governing body of UNAIDS, through which Australia advocates for action against this epidemic while bringing focus to the Indo-Pacific region.

Scaling up HIV prevention work in our region is critical to reverse the current trend in new infection rates. In recognition of this, Australia has supported UNAIDS to address gaps in the HIV prevention response in Papua New Guinea, Lao PDR, Cambodia, and Indonesia, and to support broader regional health security. UNAIDS is working to increase engagement of key populations and civil society; expand outreach to those at risk; and increase availability of prevention methods. Similarly, HIV/AIDS prevention, diagnostic and treatment services must be accessible to all without stigma or discrimination.

Australia also works with longstanding partners in the fight against HIV/AIDS, including through our pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria. In Papua New Guinea, the Global Fund supports HIV programs and is currently assisting 25,700 people to access antiretroviral therapy.

Australian aid works to build strong and resilient health systems to strengthen regional health security and support productive societies and economic growth, in keeping with the 2017 Foreign Policy White Paper. Combatting infectious diseases such as HIV/AIDS is key to a productive and prosperous Indo-Pacific region.





The Hon Greg Hunt MP

Minister for Health

Australia has made great progress in recent years to reduce new HIV infections, and World AIDS Day – 1 December 2018 – is a time for us to recommit to doing all we can to eliminate transmission of the virus.

Over the past year, the Australian Government has taken a very important step to help end HIV transmission by listing tenofovir with emtricitabine on the Pharmaceutical Benefits Schedule (PBS) for use as a preventative medicine, known as Pre-Exposure Prophylaxis (PrEP), for people at medium to high risk of HIV infection.

The \$180 million listing of PrEP on the PBS will benefit up to 32,000 patients each year and puts Australia in reach of being one of the first countries in the world to end transmission of HIV.

Although PrEP is a real game-changer, Australia had already been making great inroads in the fight against HIV infection.

This is reflected in the fact that in 2017, for the first time, Australia met the 2020 UNAIDS global treatment target – with 74 per cent of people living with HIV in Australia having an undetectable viral load (target 73 per cent).

In 2017, Australia recorded its lowest level of new HIV diagnoses (963) since 2010, with fewer diagnoses among gay and bisexual men.

Researchers at the Kirby Institute have attributed the decline to the success of Australia's testing and treatment initiatives, and the increased use of PrEP among gay and bisexual men.

Of concern, however, is that there has not been a corresponding decline in HIV diagnoses in people who acquired HIV from heterosexual sex – with instances increasing by 14 per cent between 2016 and 2017. This is a trend that needs to be carefully monitored.

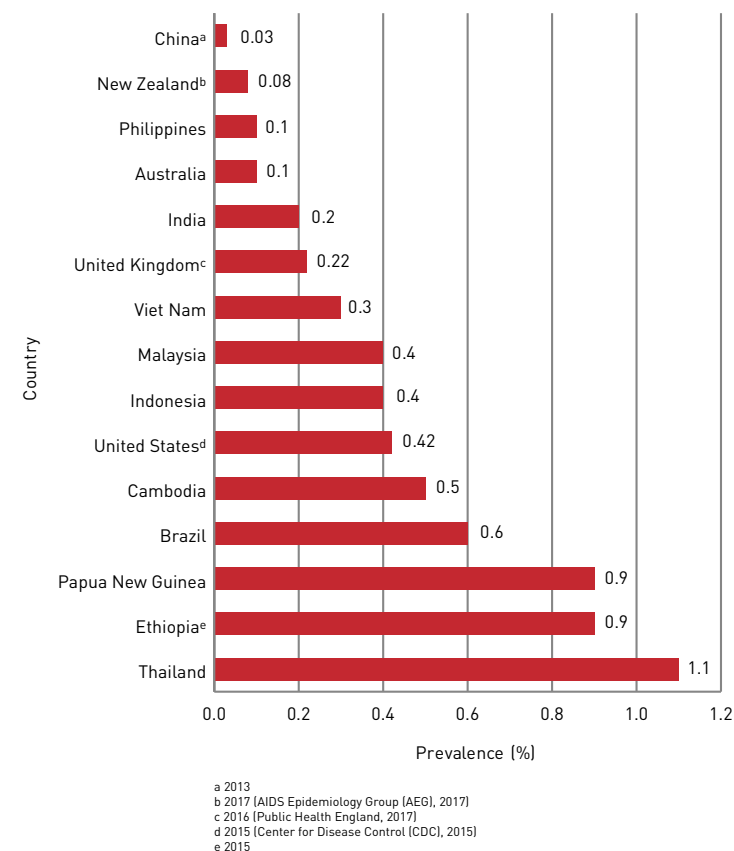
These individuals are also more likely to be diagnosed late, indicating the importance of initiatives to raise awareness about HIV prevention, testing and treatment.

Another area of major concern is that HIV notifications increased by 41 per cent among Aboriginal and Torres Strait Islander people between 2013 and 2016 compared to a 12 per cent decline in Australian-born non-Indigenous people – and in 2017 remained 1.6 times higher than the broader Australian population.

In other population groups – for instance among female sex workers – harm reduction strategies to minimise HIV transmission have been highly successful and must be maintained.

Australia's continued fight against HIV and AIDS has involved the hard work of countless dedicated Australians. I thank everyone involved for their determination to win this fight. We have a way to go yet, but I am confident we can win the battle.

Estimated HIV prevalence in selected countries, 2017



Globally, in 2017 there were:

36.9 million
people living
with HIV

21.7 million
people with HIV
had access to
treatment

1.8 million
people were
newly diagnosed
with HIV



Senator the Hon Penny Wong and the Hon Catherine King MP

*Leader of the Opposition in the Senate
Shadow Minister for Foreign Affairs;
Shadow Minister for Health
and Medicare*



Photos from the
top: Senator Hon
Penny Wong and
Hon Catherine
King MP

For nearly 40 years Australia has led the world in tackling HIV.

As a result of the great work of governments and health professionals working together with LGBTIQ community, sex workers, injecting drug users and others, we are now living in an age when HIV is no longer a death sentence, and we can dare to hope that it will soon be eliminated.

We have the knowledge to make HIV history – now we need the resources.

Labor strongly welcomes the listing of HIV Pre-Exposure Prophylaxis on the Pharmaceutical Benefits Scheme, which will enable affordable access to this potentially life-saving treatment for any Australian at risk of HIV acquisition.

But there is still much more to be done. That is why a Shorten Labor Government will renew the effort to end HIV transmissions in Australia with a major commitment to step up the fight against the condition.

Labor will invest in protecting at-risk groups from HIV, and supporting experts and community groups to reach hidden at-risk populations.

Labor's commitment includes:

- \$10 million a year to renew Australia's HIV response by restoring the funding and capacity that the current government have cut from national HIV

organisations, including the Australian Federation of AIDS Organisations, the National Association of People with HIV, Scarlet Alliance and the Australian Injecting and Illicit Drug Users League. Labor's investment in these groups and the National Aboriginal Community Controlled Health Organisation will allow them to undertake critical engagement and communications activity with at-risk populations.

- \$3 million a year to target 'hidden populations' – including people who aren't diagnosed with or treated for HIV, Aboriginal and Torres Strait Islanders, and people from culturally and linguistically diverse backgrounds. Labor's investment will improve prevention, testing and treatment for these groups through new health promotion campaigns, expanding access to testing, and partnering with primary health care providers to ensure that people who are diagnosed with HIV are treated.

Sadly, of course, the magnificent steps we have taken here in Australia are not replicated across the world, or even in some parts of our own community.

More than 1,000 Australians are still diagnosed with HIV every year, and in some areas we are going backwards.

Aboriginal and Torres Strait Islander Australians are still diagnosed with HIV at a rate 1.6 times that of the non-Indigenous Australian-born population.

In our own region, the Asia-Pacific, there are over 5 million people living today with HIV and AIDS and 300 000 new notifications every year.

Our nearest neighbour, Papua New Guinea has the highest prevalence of AIDS in the Pacific and AIDS-related deaths are increasing.

The fight to halt the transmission of HIV has been impacted by the massive cuts to Australia's international development assistance budget over the last five years.

A Shorten Labor Government will contribute more to international development assistance than the current Government. And we will ensure more of it gets to the people who it is meant to be assisting.

We are proud of the role played by the Australian Labor Party in tackling HIV, which has helped bring Australia to the brink of ending transmission.

We now have it within our grasp to make HIV history, and we must redouble our efforts to achieve this goal, not just for our fellow Australians, but for the world.



Photo: 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.
Photo credit: The Global Fund/John Rae



Senator Richard Di Natale

Leader, Australian Greens

Each year, World AIDS Day offers an opportunity to come together, put political differences aside, and redouble our commitment of progress against HIV.

This year we celebrate the listing of PrEP on the Pharmaceutical Benefits Scheme (PBS), a decision for which we commend the Government, and one for which we have long campaigned. This is a really exciting breakthrough that will have a tangible impact preventing HIV. With infections sitting stubbornly around 1000 per year, this is essential. The next step of course, is ensuring that all those at risk know they can now get affordable access to PrEP.

Getting PrEP on the PBS is the latest breakthrough in a string of measures that have been pivotal in driving down HIV in Australia over the last 30 years. It is essential that we recommit to our work in education, health promotion, law reform and treatment, in close partnership with affected communities. We have been a world leader in these efforts and to have success in ending HIV transmission we must ensure they continue.

Stigma and discrimination have always played a part in this challenge. A key objective in this fight against HIV is ending this stigma. These days, fewer people are aware of HIV. In turn, this creates an opportunity for stigma and fear to intensify, and infections to creep up. We must not allow this to happen.

Australia has a responsibility to get to the global target of zero new transmissions both at home and in the region. Our contributions to the Global Fund are a critical element in our arsenal against HIV in our region and it is essential they continue.

At home, it is our Indigenous communities in northern Australia that demand close attention and local solutions. HIV transmission in these communities is unacceptably high and rising. It is time we committed to working together with communities to stop this impending crisis in its tracks. That will require engagement and collaboration, and it will require genuine investment.

Having been a GP and worked in HIV prevention overseas, I take this issue personally. While I am always pleased to have the opportunity to raise the profile of this issue each year on World AIDS Day, the challenge for policy makers and for all of us, is to maintain focus throughout the year. I want to take the opportunity to congratulate and acknowledge the tireless work of the Australian Federation of AIDS Organisations (AFAO), the Pacific Friends of the Global Fund and the National Association of People With HIV Australia (NAPWHA), and other partner organisations, who carry on this fight year-round.

With continued support and attention, we can ensure we stay on the path to elimination.



Australian Government
Department of Health

Professor Brendan Murphy

*Chief Medical Officer,
Department of Health*

For three decades Australia has been at the forefront of the global response to HIV/AIDS, and our domestic actions are generally regarded as a world-leading model of best practice.

This World AIDS Day, while we acknowledge the progress we have made in fighting HIV/AIDS, we also reaffirm our commitment to work towards the elimination of HIV transmission in Australia.

The ongoing developments in HIV treatments have been critical to improving the lives of people with HIV. As more and more people with HIV are initiating the lifelong treatment, it is important that every new generation of treatment therapies provides people with HIV simpler regimens with fewer side effects.

The importance of Treatment as Prevention for HIV is also well understood, and will continue to be critical to efforts to eliminate transmission. For the first time, Australia has met the 2020 UNAIDS global treatment target in 2017, with 74% of Australians with HIV successfully achieving an undetectable viral load.

Innovative preventative therapies are also making an impact on the HIV epidemic. As of 1 April 2018, eligible Australians can access PrEP (HIV pre-exposure prophylaxis) through the Pharmaceutical Benefits Scheme. This important public health measure should see HIV transmission rates decrease significantly.

Advances in biomedical technology benefit both individuals and the community, and we need to foster such advancements by

supporting research and its translation into clinical settings. New HIV medications and treatments are being developed at a rapid pace; we must capitalise on these and maintain momentum.

In December 2017, the government announced the single largest investment in HIV research, ultimately leading to significant clinical benefits for people with HIV and people at risk of infection. The support we provide to Australia's health and medical researchers will help us find the next major medical breakthrough.

To support such advancements, our attention also needs to focus on community care to ensure people with HIV receive the attention they need. A well-trained HIV workforce is vital, as they are uniquely placed to guide individuals on prevention, testing and treatment options, and provide the ongoing, on-the-ground support needed to achieve and maintain viral suppression. Reaching priority populations with HIV will take a combined effort between governments, community organisations and clinicians.

Australia has adopted the target of virtually eliminating HIV transmissions by 2020, and, by ensuring we have a strong workforce, easily accessible prevention methods and testing options, effective treatments, ongoing community-based care and a robust research environment, we are within reach of this ambitious target.





Queensland Positive People's Peer Navigation

For 30 years, people living with HIV have worked alongside affected communities, clinicians, researchers and policy makers to support treatment, care and prevention.

Queensland Positive People's Peer Navigation program draws on this history to support HIV treatment, develop self-management skills and support improved quality of life.

Funded by Queensland Health, Peer Navigation provides education, emotional and social support for people newly diagnosed with HIV and those re-engaging or at risk of falling out of care.

Peer navigators come from diverse backgrounds, such as LGBTI communities, heterosexual people living with HIV,

culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities. A common request from people newly diagnosed is to speak with someone else living with HIV.

Peer navigators share their lived experience of HIV with clients and provide both HIV education and support. This includes practical support during medical appointments, guidance navigating the health system such as pharmacies for HIV medications, education to understand pathology markers, treatment options and side effects, and tips on disclosure and sharing strategies to cope with a new diagnosis.

Sharing the HIV experience alleviates stress. Peer navigators also provide the most up-to-date information and inform clients of their legal rights and responsibilities.

Peer navigators are also trained to work alongside people living with HIV who are ineligible for Medicare. Arriving in Australia with a new or existing HIV diagnosis can be extremely stressful, and expensive with the cost of medicine in the thousands of dollars. Peer navigators explore more affordable options for accessing treatment.

Achievements of peer navigation include:

- From July 2016 to June 2018, the peer navigation program has received referrals for 151 people living with HIV who were either newly diagnosed or wanted to re-engage with care.
- In the same period, peer navigation supported people living with HIV but ineligible for Medicare to access HIV treatment in Australia and

link them with other services that could address barriers to care and treatment. 100% of people ineligible for Medicare commenced HIV medications within three months.

- Drawing on peer navigation's experience with self-stigma and combined with compassionate based approach to stigma, Queensland Positive People was successfully funded by ViiV Healthcare to deliver peer-led stigma reduction workshops. The workshop assists participants to identify different types of stigma, coping strategies, and teaches skills to alleviate self-stigma. The collaboration in this workshop encourages the sharing of lived experience and supports the development of resilience.

Photo: Queensland Positive People's Peer Navigation Team.

Photo Credit: Cleo Gardiner, Queensland Positive People

963

New diagnoses
of HIV in Australia.

7%

Decline compared to
the average of the last
four years.

1.6>

HIV notification rates were
higher in **Aboriginal and
Torres Strait Islander**
people than that of
**Australian born non-
Indigenous** people.

87%

of people
diagnosed with HIV
were on treatment
in Australia in 2017



95%

of people on
treatment have
an undetectable
viral load in 2017

26% of people with HIV including people
living with undiagnosed HIV do not have an
undetectable viral load

Late diagnoses in **men
reporting sex with both men
and women** have fluctuated
in the last ten year period,
but remain high, at

49% in 2017

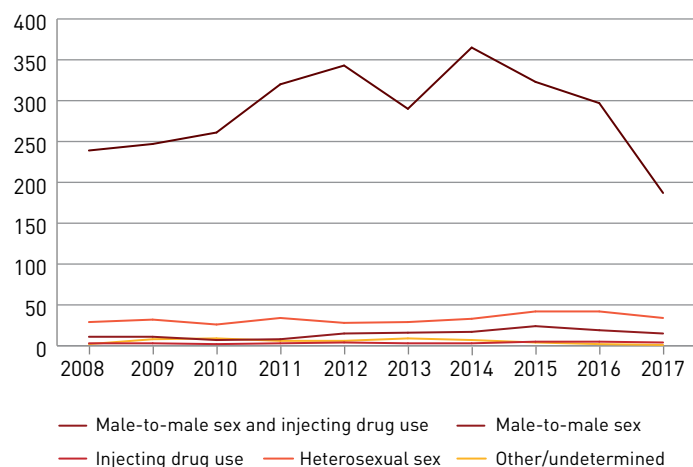
The proportion has been
relatively stable among
people with a **partner from a
high prevalence country**

46% to 40%

as well as people reporting only
**male to male sex, or male to
male sex and injecting drug use**

24% to 20%

Number of new HIV diagnoses classified as newly acquired, 2008–2017,
by exposure risk category



The Hon Michael Kirby AC CMG

The Global AIDS Conference of the International AIDS Society (IAS) met in Amsterdam, The Netherlands, in July 2018. It is a unique opportunity for experts in biological sciences to rub shoulders with experts in social sciences, leaders of civil society and occasional lawyers. I attended many of the earlier conferences. The 2018 conference was an opportunity to catch up on worldwide developments.

The opening ceremony afforded a memory of the tragedy that had accompanied the conference in Melbourne in 2014. So many delegates had perished in the downing of MH17, many of them leaders in the struggle against HIV in The Netherlands. Scientists gave rapid briefings on the latest advances in medical therapies and vaccines. Social scientists told of the challenges in securing outreach to vulnerable groups on every continent. International organisations described new perils such as the cut back in funding of antiretrovirals desperately needed to keep people in poorer countries in receipt of life-giving therapies. Amsterdam was teaming with delegates. There was the usual mixture of good and bad news.

My own engagements were typical of a delegate coming from civil society, working on the frontline:

- A conference session reviving the UNDP Global Commission on HIV and the Law. Tackling ongoing obstacles to healthcare from outdated, moralistic laws;
- A session with organisations representing people who use drugs. At last they were putting a face to their experience of the epidemic. Eloquent advocates demanded that governments get off their back in disproportionate laws against adult drug use;

- A meeting of LGBTIQ leaders from many countries, summoned by UNDP, examined what could be done to secure reform of laws and social policies;
- A session of the conference offered sobering insights into the acute difficulties presented in Russia, Arab countries, parts of Africa and the Caribbean;
- A moving session at the close paid tribute to Australia's own hero of HIV science, Professor David Cooper AC. He had been President of the IAS and was universally loved and admired. His leadership of the Kirby Institute has been instrumental in Australia's own response to HIV and AIDS.

Gradually, brilliant scientists like David Cooper are pushing forward the treatments that will one day conquer HIV. Their work has contributed to the optimistic objectives of the United Nations' Sustainable Development Goals 2015. Everyone, everywhere, should have access to essential medicines.

Wealthier countries, like Australia, must stay the course. They must continue financial support to neighbours and to the world. A message of World AIDS Day 2018 remains. AIDS cannot be conquered in a single country. Solidarity is our watchword. A mixture of science, civil society and activists is unique. But it carries messages for the future strategies in healthcare. Everywhere.





Mr Peter Sands

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

Australia has always been a strong supporter of global health and the fight against AIDS, tuberculosis and malaria, contributing a total \$A695 million to the Global Fund to date. Together, we have made tremendous progress, delivering HIV treatment to more than 21 million people globally and cutting the number of deaths from AIDS in half since the peak in 2005 – from 1.9 million to under 1 million in 2017. Across the three diseases, Australia has supported the Global Fund partnership to save more than 27 million lives.

The fight against HIV has now reached a critical moment. Having reduced sharply over the last several years, global HIV infection rates are now rising in certain communities in some countries. For instance, China recently reported 14 percent surge in new HIV cases. New HIV infections in Papua New Guinea also increased by four percent between 2014 and 2016. The spike in new infections has also been noted among key populations including sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men. To end the HIV epidemic and to deliver greater health security across Asia Pacific, we must do more to turn off the tap of new HIV infections.

The Asia Pacific region has the second highest number of people living with HIV in the world – an estimated 5.1 million in 2015. Key populations in the region continue to be the most affected by HIV. HIV prevention efforts undermined by criminalisation, violence and discrimination in some countries continue to fuel the spread of HIV. To end HIV, we must break this cycle of stigma and discrimination.

The current state of the fight against HIV calls us to focus on those left behind. If we stay the current course, we are not likely to reach the goal of reducing new infections to 500,000 globally by 2020. We need to double down on our commitments to reach the unreached, even though this urgent need comes at a time when global investments in health are dropping. To defeat HIV, we need to find a way to increase investments in the response against the virus, and to invest more purposefully among people disproportionately affected by the disease.

The Global Fund is doing more in this regard, increasing allocations in prevention for key and vulnerable populations by nearly 30 percent for 2017-2019 over the previous funding period. We are investing in partnerships that bring together communities, schools, law enforcement agencies, the private sector, health care workers, public health planners and technical partners to implement comprehensive strategies, which offer more protection to the vulnerable.

We are investing in community systems that deliver HIV prevention to hard-to-reach populations and bring diverse stakeholders directly into planning and decision making. For instance in the current funding period, US\$105 million of US\$200 million in catalytic funding has been allocated for prevention, including matching funds for key populations and adolescent girls and young women. US\$55 million in matching funds for prevention programs focusing on adolescent girls and young women will leverage more than US\$150 million to be invested in 13 high-burden countries.

As we strive to end HIV, TB, and malaria as epidemics, the global health community will continue to count on Australia's leadership in the effort to reach the most marginalized and most affected communities.

Professor Sharon Lewin

Director, The Peter Doherty Institute for Infection and Immunity

Last year saw the first decrease in new HIV diagnoses in Australia. Together with high rates of testing, uptake of treatment and care, I am immensely proud of Australia's response to HIV. However, not all Australians are enjoying this progress, with increasing diagnoses in heterosexuals and Asian born men who have sex with men, and continuing high rates of diagnosis and low uptake of HIV testing and treatment in Indigenous Australians. We must ensure no-one is left behind.

At the International AIDS Conference in Amsterdam in July this year, President Clinton declared there will be no Brexit for the HIV response. It was welcome reassurance many leaders remain committed to an effective, equitable and global HIV response. However, nationalism and human rights violations are on the rise. The HIV response is not immune, and there are clear signs the response is not on track. Globally, the annual number of new infections remains stable at 1.8 million, with one million AIDS-related deaths each year. International HIV assistance is declining and domestic spending on HIV is lagging.

I had the privilege to co-author a joint International AIDS Society (IAS) Lancet Commission with 40 HIV experts. We called for rejuvenating the HIV response as an urgent global priority, and also to change the way we worked. Immediate action is needed to link, integrate and synergize HIV services with other health services. Closer integration meets the diverse health needs of an aging population of people living with HIV. It offers a "win-win" scenario, benefitting both the HIV response and the broader global health agenda. Australia must

continue to lead and increase investment to HIV programming, domestically and internationally.

The Amsterdam conference was bittersweet. The vibrancy of an AIDS conference in a beautiful, progressive and inclusive city such as Amsterdam, was coupled with the memory of the six delegates we lost on their way to AIDS 2014 in Melbourne, along with many other lives tragically lost on MH17. Sadly, this year we also lost Professor David Cooper, one of Australia and the world's leading HIV researchers.

Along with global financing for the prevention, treatment and care of HIV, investment in science and its effective implementation, must remain a top priority. The evidence undetectable equals untransmissible (U=U) is clear and transformational for people living with HIV. Our public health campaigns and laws must be strongly aligned with this evidence. In 2018, we saw evidence that for some people, two antivirals for HIV is just as good as three. This has major implications for life long tolerability of antiretroviral therapy as well as cost. Injectable antivirals and even implants are likely to be a reality for either treatment or prevention.

Five major preventative vaccine studies were launched this past year in sub Saharan Africa. There are high hopes for the role of super powerful antibodies in delivering a successful vaccine. These antibodies, together with stimulation of the immune system, also look promising as a strategy to cure HIV infection, at least in monkey models. These approaches will soon move into clinical trials in people.

35 years after the discovery of HIV, there is still great sadness in remembering the millions lost, pride in what has been achieved, but I hope no complacency, as there remains much work to be done.





Professor Andrew Grulich

Head, HIV Epidemiology and Prevention Program, Kirby Institute, UNSW Sydney.

As we approach the end of 2018, it is a time to reflect upon the significant gains, and significant losses, in the HIV space during the past year. In March this year, the world lost a great leader in the fight against HIV, Professor David Cooper, Director of the Kirby Institute.

David was a brilliant scientist and the story of how he came to be the first to recognise HIV seroconversion illness is a great tale of medical discovery. It has been acknowledged many times over that David was involved in the development of every HIV treatment, playing an integral role in what is now a life-saving combination treatment of HIV. He created the Kirby Institute in 1986 with only a handful of staff, in response to an appalling crisis that hit St Vincent's hospital, where he was a young immunologist at the time.

David's loss is felt immensely by people from all facets of his life and work, but we will continue his legacy with pride, ever inspired by his intellectual brilliance, and striving to emulate his collaborative and compassionate approach to improving the lives of people living with HIV around the world.

The day after David's memorial, the Australian Government listed PrEP on the PBS, and Minister Hunt acknowledged David's significant contributions to this momentous achievement in Australian HIV prevention. In 2017, we began to reveal the exciting results of the EPIC-NSW trial, which indicated the success of widespread access to PrEP, evidenced by significant reductions in HIV transmissions. Now that it is available nationally, we hope to see continued reductions, and for access to HIV prevention, testing and treatment to continue to improve for those who are most at risk. This vision seems to be a reality in Australia, and we must continue to work towards it becoming a global reality too.

David often commented how remarkable it was that in just over 30 years, HIV in Australia has evolved to a point where medical research is bringing it under control. But he always knew that more needed to be done, and in his honour, we must continue to work collaboratively at a local, national and global scale to build capacity, improve access to treatment, and ultimately find a way to prevent and cure HIV.



Professor Brendan Crabb AC

Director and CEO, Burnet Institute

In 2018, UNAIDS released an interim report on global progress towards the 2020 target aimed at achieving virtual elimination of HIV as a public health threat by 2030. While the Miles to Go report highlighted many successes, it also provided, as the title suggests, a sorrowful picture of populations still not reached by new prevention tools, and quality treatment in the context of global reductions in funding which threaten our HIV elimination goals. In Australia and our region, we have seen many success stories but like much of the world, we too have miles to go and must ensure we continue to invest and innovate to ensure we take long-term advantage of the gains we are making.

Australia has made many impressive steps towards HIV elimination. The listing of HIV pre-exposure prophylaxis (PrEP) on the PBS in April 2018 builds upon the significant state-funded jurisdictional level trials. The impact of PrEP can already be seen, with New South Wales reporting significant declines in HIV incidence following the large roll out of PrEP in that state, and similar reductions more recently being observed elsewhere.

Australia is on track to achieve UNAIDS targets of 90-90-90; 90% of people living with HIV knowing their status, 90% of people who are diagnosed on treatment and 90% of people on treatment virally suppressed. Researchers at Burnet Institute have recently shown that despite Melbourne exceeding targets for treatment and viral suppression, over the past five years there has been no gains made in reducing undiagnosed HIV and little change in HIV testing frequency among gay men. Increased testing is needed to see shifts in diagnosis, which is now recognised as the key driver

of HIV transmissions in Australia. Self-tests can increase coverage, reduce barriers to testing and facilitate diagnosis, yet no self-tests are approved for use in Australia. Following the responsiveness of government and regulatory agencies that delivered PrEP to tens of thousands of Australians, it is now crucial that similar leadership and innovation be applied to driving convenient and equitable access to HIV testing.

HIV PrEP and test and treat are prevention tools that require ongoing interaction with the healthcare system. With increases in HIV being seen among people born overseas, it is imperative that our efforts to scale up these highly effective prevention tools reach all Australians, including people who are not eligible for Medicare. Compassionate access schemes, assistance navigating self-importation, and free HIV testing regardless of Medicare eligibility are needed to provide equitable access to HIV prevention in Australia.

The Asia and the Pacific recorded a 14% decline in new HIV infections over the past eight years; sustained investment is needed to continue this trend. Biomedical prevention is hampered by limited funding and overburdened health systems. Papua New Guinea recently experienced a stockout of ART, drug resistance is rising, and PrEP is not widely available. With stagnated or reduced funding there is little advancement in primary prevention and community systems that engender strong community response to HIV. The most vulnerable, including the young, are being left behind and evidence suggests that a resurgence of transmission is likely.

As we commend ourselves for our efforts to increase access to HIV prevention locally and the gains we have made in reducing transmission, we must ensure that these successes are equitably distributed within Australia and the region. We have come a long way but still have miles to go to end HIV.





Professor Carla Treloar

Director, Centre for Social Research in Health

Australia has led the way in its response to HIV and we are the envy of many countries. We benefit from many important societal investments. The Australian response to HIV has been guided by successive national strategies which draw on best available evidence to prioritise action.

Prevention services, like needle and syringe programs, are provided in the community for no or low cost by government. Highly active treatments and Pre-exposure Prophylaxis are available as publicly funded medicines. And we enjoy a legal framework that makes it illegal to discriminate on the grounds of a person's HIV positive status. However, we know that the experience of stigma makes it less likely that these societal investments will achieve optimal results. Experiencing stigma directly affects physical and mental health and acts as a barrier to seeking health and social care.

The Australian National HIV Strategy has emphasised the importance of stigma in each iteration. Unlike surveillance of indicators such as number of HIV tests provided, and number of treatments prescribed, we have not until recently been able to track the experience of stigma among people living with HIV.

Australia has invested in a world-first national program to monitor the experience of stigma among people living with HIV. In the first wave of data collection participants were asked to reflect on the previous 12-month period. Close to three quarters (74%) of people living with HIV reported stigma related to their HIV status. More than half of respondents reported experiencing negative or different treatment by health workers (52%). Three out of five participants reported that people did not want to have sex or an intimate relationship with them (60%), with 29% stating this had 'often' or 'always' occurred. In a sample of the Australian general population, approximately half (52%) indicated that they would behave negatively toward people because of their HIV status.

Alexis Apostolellis

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

Each year, World AIDS Day presents an opportunity to reflect on the achievements of the global HIV response, as well as examine challenges and our next steps. It is an opportunity to take the time to look further than simply our own sector and community, and speak to a broader audience about the challenges faced in responding to the HIV epidemic both here in Australia and throughout the Asia-Pacific region.

Earlier this year, ASHM testified to the Commonwealth's Inquiry into the strategic effectiveness and outcomes of Australia's aid program in the Indo-Pacific and our role in supporting Australia's regional interests. As technical experts in clinical workforce development for HIV, viral hepatitis and sexual health within the region, we are in a position to understand what a difference Australia's investment in aid makes to the millions in our region at risk of or living with HIV. We work closely with local health systems and personnel to strengthen their capacity to respond to the epidemic.

While the history of HIV and AIDS in Australia is filled with trauma and loss, working in the region reminds us that in many ways we have also been extremely lucky. Over the 35 years of Australia's HIV epidemic we have seen the power of a coordinated response from community, clinicians, researchers and government to help bring us to where we are today.

But there is still much work to be done in the Indo-Pacific region to achieve the UNAIDS 90-90-90 targets. The withdrawal of government funding from HIV programs in Papua New Guinea during 2016-2017

created instability for individuals, organisations, programs and the national HIV agenda. The rapid rollout of cuts compromised patient welfare and placed immense burdens on remaining systems to service increased patient loads. Unless future budget amendments to Australia's aid programme are implemented strategically and with planning, the risk to individual and community health, especially for women and girls, will once again be significant.

Despite these setbacks, there is also hope. For example, the recent Undetectable = Untransmittable (or U=U) movement is a major advance in HIV management, based on findings from three key studies that demonstrate how effectively anti-retroviral therapy prevents sexual transmission of HIV. Support for the U=U approach by Australia's aid program has the potential to improve the health, wellbeing and productivity of people living with HIV, and to increase biomedical prevention of HIV transmission within the region.

This World AIDS Day, we should take the opportunity to harness our position within the region as committed leaders in the response to the HIV epidemic. Embracing the spirit of respectful collaboration that has characterised our movement in Australia from the beginning, we can make a real difference to the lives of our regional neighbours also grappling with the challenges of HIV.



Stigma – a persistent barrier to effective health care

Advances in medicine, technology and health promotion have powered strong progress against HIV. While stigma surrounding HIV has eased, it still generates misunderstanding, hindering the treatment and prevention effort.

Australian health strategy explicitly aims to “eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health” regarding HIV, blood-borne viruses and sexually transmitted infections, gay and bisexual men, people who inject drugs, people living with HIV, people living with viral hepatitis (B and C) and sex workers.

Injecting drug users bear the brunt of stigma

A survey of 1001 people indicated that

86% would behave negatively towards injecting drug use



28%

28% indicating this would often or always be the case.

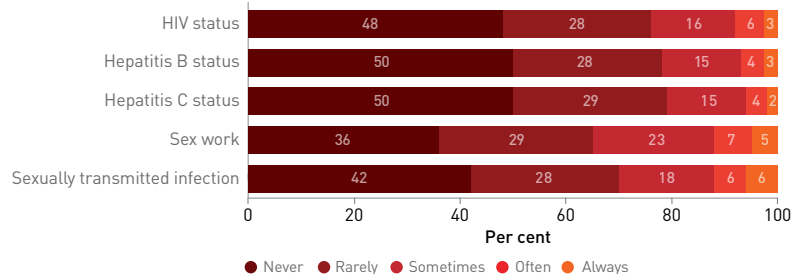
Sexual orientation was the least likely attribute to receive negative treatment



64%

64% was the overall level of stigma for sex workers

Participants reported they would behave negatively towards people with the below attributes in 50-58 per cent of cases.



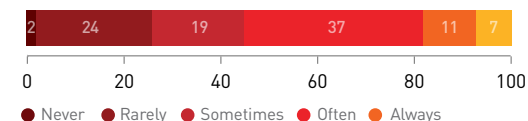
Source: The University of NSW Centre for Social Research in Health

Discrimination lingers for people living with HIV

The survey was completed by 181 people living with HIV, and 74 per cent reported some stigma. This did not happen regularly, however, with participants more likely to report experiencing it ‘rarely’ or ‘sometimes’ (56 per cent).

The vast majority of respondents were male (88 per cent) and acquired HIV from having sex with a man (86 per cent). 99 per cent were on HIV treatment and 94 per cent had an undetectable viral load.

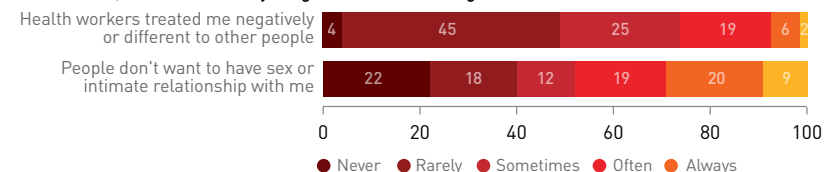
In the last 12 months, have you experienced any stigma or discrimination in relation to your HIV status?



Health workers and sexual partners compound stigma

More than half the respondents living with HIV reported negative or different treatment by health workers (52 per cent). Most indicated this happened ‘rarely’ or ‘sometimes’ (44 per cent). Three in five participants reported people did not want to have sex or an intimate relationship with them (60 per cent), with 29 per cent stating this had ‘often’ or ‘always’ occurred.

In the last 12 months, to what extent do you agree that the following occurred?



Gay and bisexual men still report stigma, though rarely

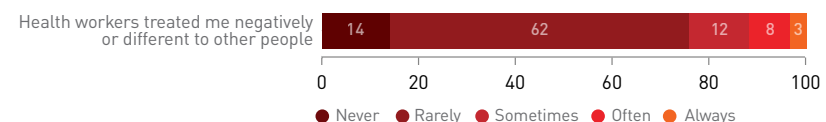
Stigma related to sexual orientation was relevant to the 339 gay and bisexual men who did the survey with 65 per cent of participants reporting it in the last 12 months, though this was generally experienced ‘rarely’ or ‘sometimes’ (56 per cent).

Fewer than one in four gay and bisexual men felt they had been treated negatively by health workers (23 per cent).

In the last 12 months, have you experienced any stigma or discrimination in relation to your sexual orientation?



In the last 12 months, to what extent do you agree that the following occurred?





Dr Graham Brown

Program Lead – HIV and Hepatitis C, Australian Research Centre in Sex, Health and Society, La Trobe University

HIV is a shared global epidemic but also a global movement. Advances in medical treatment and prevention options for HIV are driving major changes across our communities, health services and HIV policies. We have the knowledge to end the HIV epidemic, what we need is the commitment and investment to reach all affected communities.

In Australia we have seen reductions in new diagnosis among some communities of gay men but not among all. We have seen significant success with treatments for many people with HIV, but in some communities, we still see many diagnosed late, or experiencing increasing comorbidities. The opportunities of Undetectable=Untransmissible are still not understood across all communities. To increase the uptake of prevention options, timely testing, and engagement with treatment, we must clear the highest barrier, stigma.

To achieve the ambitious goals of ending HIV and its related stigma, we need to strengthen our commitment to a community and evidence-led, politically active, and rapidly adapting response. We need targeted and sustained investment working across multiple social, policy, behavioural, and health service levels. As a shared epidemic, we need to learn and share more with our neighbours in the Asia Pacific and globally.

We also need to invest in targeted collaborative research that guides and strengthens the response and the partnership. At the Australian Research Centre in Sex, Health and Society, our research programs have included working with community organisations to enhance peer-led programs and advocacy; sustaining a 20-year partnership of community, health services and government to study the health and wellbeing of people with HIV, and leading work in new and simpler ways to measure quality of life of people with HIV.

For more than three decades, Australia's response to HIV has required leadership from key affected communities, policy and legal reform, reorientation of health services, research investment, challenging personal and structural level stigma, and boldness in the face of sensitivities and legalities around sex, sexuality and drug use. All of these are still critical today.

On World AIDS day in 2018, Australia is well placed to lead in strengthening the partnership of community, research, medicine and government and combine this with ground breaking advances in medical science to bring an end to the HIV epidemic.

Mr Bill Bowtell AO

Executive Director, Pacific Friends of the Global Fund

At first glance, the graphs that outline the progress of the global response to HIV/AIDS in 2018 are reassuring. Compared to ten years ago, rates of new HIV infection and deaths from AIDS have fallen significantly in every region, but not, of course in every country within those regions.

Thanks to a reasonable level of funding being applied to back clever and innovative strategies to improve access to new treatments and prevention services, many millions have been saved from the miseries of untreated HIV infection and deaths from AIDS. Greatly improved access to HIV treatments, and in many countries to PrEP prevention, have transformed the lives of those living with HIV or at greatest risk of acquiring the disease. So far, so good.

But on closer inspection, the global graphs indicate a trend that should concern us all. The great declines in recent years are leveling out.

In the coming decade, the world is not on track to record the same impressive rates of decline in HIV cases and AIDS deaths that have marked the period 2007–17. It is a comforting but completely mistaken illusion to believe that we can engineer a stable level of new HIV infections at around the levels achieved in 2018.

In fact, an apparently “stable” level of HIV infection cannot last over the medium term. Not all of those who become HIV positive will have access to effective treatments. The virus itself can mutate to become more resistant to treatment, or to develop variants that might be more infectious.

In short, our choice is simple – either the global effort must continue to drive down the graphs of new HIV infections and AIDS deaths, or, in time, the trend lines will begin to reverse.

In those countries and regions that have been most set against sane and sensible HIV and AIDS policies – notably Russia and some central Asian states – HIV is being transmitted at concerning rates.

Harsh and repressive policies aimed at injecting drug users, LGBTI people and sex workers have created very bad public health outcomes.

In Australia, communities and governments know that universal access to treatments for those with HIV, and PrEP for those at risk of infection, has set us on the path to defeating the HIV epidemic, at least in this country.

We have a moral obligation to help to fund the global response to HIV/AIDS to ensure that great strides we have made in Australia are repeated in our region and around the world. At the 2019 Global Fund replenishment, I hope that Australia, working through members of Parliament of goodwill and commonsense, will persuade the Australian government to hasten the end of HIV and AIDS by significantly increasing our contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.





Mr Cipri Martinez

President, National Association of People with HIV Australia (NAPWHA)

This World AIDS Day is an opportunity to remind the wider community of what it means to live with HIV in 2018. In the era of undetectable equals untransmissible (U=U) and pre-exposure prophylaxis, we can all, positive and negative, contribute to ending the epidemic in Australia.

Statements from leading international HIV researchers are definitive: if people with HIV are on effective treatment and maintain an undetectable viral load, there is no risk of transmission to a sexual partner. This is backed by the findings of multiple studies, including the Australian-led Opposites Attract research. While science can never deliver absolute certainty, this evidence is as certain and reliable as science can get.

So, NAPWHA has joined more than 500 HIV organisations in 67 countries endorsing the U=U message, a message that has now become a core component of HIV prevention campaigns in Australia, and around the world. The universal endorsement of U=U has had a remarkable effect on the lives of people with HIV. To know that you are no longer infectious to a sexual partner is liberating.

In another exciting development, people at risk of HIV in Australia now have affordable access to a pill that will protect them against the virus, pre-exposure prophylaxis (PrEP). Through PrEP and U=U, we now have the tools available to end HIV in Australia. Not only that, such biomedical technologies have the potential to dissipate the stigma that has been so detrimental for so many years to the positive community.

It is important then, that we all keep talking about the modern reality of living with HIV. And not just on World AIDS Day, but every day. Only by spreading the message far and wide can we break down the sero-divide.

Ms Jules Kim

*Chief Executive Officer,
Scarlet Alliance*

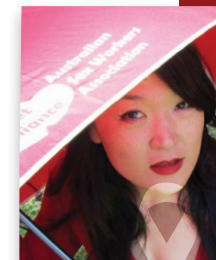
The successful response to HIV prevention by sex workers in Australia warrants celebrating. The success of sex worker-led peer education, health promotion and outreach has resulted in exceptional health outcomes. Rates of HIV for sex workers in Australia are among the lowest in the world.

The UNAIDS theme for this year's World AIDS Day, "Know your status", highlights the substantial issues that remain for sex workers. To know your status is crucially important to ending transmission of HIV and ensuring people with HIV are linked to quality services, prevention, treatment and care. Yet significant barriers still exist for sex workers to know their status. Unacceptable levels of stigma and discrimination remain a major issue for sex workers in our daily lives and we still do not have access to adequate anti-discrimination protections.

Criminalisation of sex work and blood borne viruses including HIV create further impediments to sex workers access to testing and services. Earlier this year, trans woman sex worker, CJ Palmer, was sentenced to six years in a male maximum security prison for a charge of "grievous bodily harm" for the transmission of HIV to her ex-partner. The insensitive and stigmatising media reporting around her case, the surrounding discriminatory public discourse and the perverse laws that still characterise a manageable chronic illness as "grievous bodily harm", strongly sends the wrong message that you are better off to not know your status.

In some states in Australia, sex workers can still have condoms used against us as evidence of a crime. We are subject to costly mandatory testing regimes and police entrapment is common practice. With mounting evidence clearly demonstrates the harmful impact of stigma, discrimination, mandatory testing and criminalisation, the question remains - why are sex workers still subject to these unjust laws and policies that are contrary to the evidence base, and against everything we know about achieving positive public health outcomes?

To end HIV transmission and to improve the lives and rights for sex workers and people with HIV, we must leave no one behind and call for the removal of all the barriers to accessing prevention, testing, treatment and care for everyone.





Ms Melanie Walker

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

We come together again on World AIDS Day to show our community's support for people living with HIV and to commemorate people who have died of AIDS-related illnesses and conditions associated with HIV.

There have been some big wins in Australia over the past year, especially the listing of PrEP on the PBS from April 1. Unfortunately, in the global context, millions of people who use and/or inject drugs continue to be criminalised and marginalised. Stigma and discrimination prevent their access to health care, harm reduction and legal services, while levels of drug use remain unchanged.

This year's UNAIDS theme for World AIDS Day – "Know your status" – has an important part to play in the management of HIV locally and globally. Within this context it must also be acknowledged that inaccessible regions, hostile environments and ignorance play a big part in the inability of many people to be in a position to know their status.

On the 30th anniversary of World AIDS Day, the status of injecting drug users as criminals in the global community has only become more entrenched and is impacting more severely on people's ability to safely present to any medical service to get their health status checked. Thirty years ago, drug users were not dying in the tens of thousands because of changes in the illicit opiate supply, blood-borne viruses were not left to be transmitted unchecked among millions, and thousands were not being sacrificed through extra-judicial killings.

The global environment has an impact on drug users in Australia. Locally they also live with being incarcerated at unacceptable levels, losing their jobs, their children and their health because their status as 'criminals' remains unchanged. Among people who inject globally, efforts to prevent, detect and treat both HIV and viral hepatitis will continue to be compromised until their legal status is modified and their treatment is compliant with human rights obligations.

In 2018, AIVL is excited by some new developments in the domestic context but emphasises that stigma, discrimination and criminalisation are issues that continue to present a challenge to our efforts going forward both in Australia and internationally.

Ms Michelle Tobin

*Chair, Anwernekenhe National
Aboriginal and Torres Strait
Islander HIV Alliance*

Australia needs a step-change in its efforts to prevent and treat HIV among Aboriginal and Torres Strait Islander communities. The latest Kirby Institute HIV surveillance figures show the rate of diagnosis is now 1.6 times the non-Indigenous community. This is unacceptable.

The demography of HIV among Aboriginal and Torres Strait Islander people differs from non-Indigenous Australians and provides different demands for prevention, testing and treatment of HIV. Indigenous Australians experience higher rates of transmission through heterosexual sex and injecting drug use than non-Indigenous Australians.

This greater variability demands culturally appropriate health promotion, education and health services. These particularly need to reach women and people who inject drugs.

Community members are engaged and ready to make change for Aboriginal and Torres Strait Islander people who are living with HIV or at risk of it. However, the funding environment does not allow for these much-needed services and programs to deliver work that could change lives. The South Australian

Health and Medical Research Institute is currently developing health promotion materials that are culturally appropriate and provide information about HIV and the newly available prevention drug PrEP. This health promotion initiative is sorely needed and will go a long way to fill a gap.

However, efforts like this need to be scaled up, and they need national investment. We need to increase the number of Aboriginal and Torres Strait Islander people working in sexual health services, particularly in primary care and specialist care services, management, and surveillance and research. Cultural understanding and capability need to be built into design and provision of services. This will also improve the knowledge and skills of non-Indigenous health workers. The additional workload and expectation this will place on Aboriginal and Torres Strait Islander staff should be considered and closely monitored.

The re-established Anwernekenhe National HIV Alliance (ANA) Committee is dedicated to ensuring that the needs of Indigenous Peoples are amplified and heard when it comes to those living with HIV and messages about prevention, testing and treatment.





Mr Eamonn Murphy

*Regional Director, UNAIDS
Asia and the Pacific*

As we commemorate the 30th anniversary of World AIDS Day, UNAIDS highlights the importance of knowing your HIV status. Since 1988, the AIDS response has made significant progress and today, as a result of testing and treatment advances, millions of people living with HIV are leading healthy and productive lives. But we still have miles to go and that includes reaching people living with HIV who do not know their status, and to link them to quality HIV services.

HIV testing services are an essential gateway to HIV prevention, treatment, care and support services. Increased access to and uptake of HIV testing is central to achieving the 90-90-90 targets endorsed in the 2016 United Nations Political Declaration on Ending AIDS.

However, in Asia and the Pacific, only one-in-three young people from key populations and about half of sex workers, men who have sex with men, people who inject drugs and transgender people are aware of their HIV status. Many barriers to HIV testing still remain. Stigma and discrimination deters people from taking an HIV test and, as a result, in too many places key populations are failing to access HIV services.

AIDS is not over yet in Asia and the Pacific and it is too early to be complacent. Prevention is lagging behind and HIV is expanding in five countries, including Pakistan and the Philippines, where new HIV infections have increased by 45% and 174%, respectively in the past 7 years.

In this region, a significant proportion of people who test HIV-positive are

diagnosed late, when they are already ill and symptomatic. This leads to HIV treatment starting late, undermining its benefits and increasing the risk of long-term complications.

To reverse this trend, novel testing approaches must be embraced. HIV self-testing, community-based testing services and multi-disease testing are offering proven and effective ways of sharply increasing the proportion of people living with HIV who know their status.

In Asia and the Pacific, some countries are innovating. In China, offering HIV testing through a smartphone dating application used by gay men coincided with a 78% increase in the number of people tested for HIV at the clinics promoted by the app. In Lao PDR, a pilot initiative supporting oral fluid screening increased the number of people tested from 17% to 82%.

Unfortunately, support for HIV testing remains far below what is needed to end the epidemic. We urgently need sustained political commitment and investment to expand proven testing programs and take them to scale.

Australia is a shining example in the AIDS response and should continue to share with the region its lessons and expertise. Broad access to PrEP has driven a 35% decline in state-wide HIV diagnoses among men who have sex with men in New South Wales. I count on Australia's leadership to be the engine that spur the region to revamp HIV prevention efforts and re-commit to ending AIDS as a public health threat by 2030.

On World AIDS Day, UNAIDS calls for everyone to have access to HIV testing, prevention and treatment services that are free from stigma and discrimination, as an urgent global health and human rights priority.

Ms Amelia Christie

*CEO RESULTS International
(Australia)*

World AIDS Day 2018 provides an opportunity to celebrate the progress we have made in HIV. However, the UNAIDS theme for this year 'know your status', also reminds us how interlinked HIV and tuberculosis are. Those with tuberculosis (or TB as it's more commonly known) also often don't receive a timely diagnosis, if indeed they receive one at all.

People living with HIV are 20 times more likely to get tuberculosis during their lifetime. Despite the leaps we have made in diagnosis and treatment, tuberculosis and HIV remain two of the world's leading infectious disease killers, causing 2.2 million deaths globally in 2017.

While TB deaths among people with HIV have fallen 44% since 2000, the deadly duo continue to claim 300,000 lives per year, meaning almost one third of HIV-related deaths are due to tuberculosis.

While rates of HIV in Australia are low compared to other parts of the world, it is important we remain vigilant to ensure rates of infection decline, that treatment for those living with HIV is effective, and that we do our bit to help other nations make significant headway in overcoming HIV.

2018 marks the centenary of Nelson Mandela's birth. Mandela once said, "we cannot win the battle against AIDS if we do not also fight TB". It is fitting that this year has seen incredible progress in the fight against TB and HIV. On 26 September world leaders made history at the first-ever United Nations High-Level Meeting on TB in New York, approving a Political Declaration to take urgent actions to fight tuberculosis. This includes a commitment to test six million people living with HIV for tuberculosis and to provide preventative treatment.

The coming year provides many opportunities to make strides in the fight against HIV. This Declaration is a strong starting point but will only remain a promise if it's not translated to action. Both the TB and HIV communities cannot be complacent and must work closely together to ensure the Declaration becomes a reality.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has saved 27 million lives since inception and is holding its sixth replenishment in 2019. This provides an important opportunity for our government to meaningfully invest in the global effort needed to end HIV.



Aditya Wardhana is a member of Indonesia AIDS Coalition



I live with HIV and pulmonary hypertension. I need constant treatment and medicine, so I know just how important affordable medicine is. As a law student, I have also witnessed how inaccurate HIV/AIDS response programs fail to respect the rights of key affected groups. These experiences helped inspire me and others to form the Indonesia AIDS Coalition (IAC) in 2011.

We have worked from a basic premise: those most impacted by HIV are best placed to build and guide the response.



Photo: Aditya providing the opening remarks at the Key Population National Meeting in Nusa Dua, Bali 12-15 November 2017.

IAC's aim is to be a guardian and supporter of the community in policy making. We work to promote policy that is beneficial and participative towards the community, especially those directly affected by HIV. Our vision is a world without stigma and discrimination in which the rights of people living with HIV or affected by AIDS are recognised, protected, and fulfilled. In this vision, we emphasise the right to health, education, work, and sufficient life, and also children's rights.

The community plays a central role supporting government services. IAC supports community-based monitoring, campaigning, and advocacy as our three main focuses of work. Among our key achievements, are increased domestic funding for HIV medicines, improved fiscal support for HIV and AIDS programs, higher quality and more affordable hepatitis C drugs, and greater community involvement in budget planning and the design of the Indonesia HIV/AIDS response program. These outcomes reflect excellent collaborative efforts of community in Indonesia.

Our intention is to keep fighting for improvement. IAC has evolved into an organisation advocating for people living with HIV and capable of mobilising the community. IAC believes a world without HIV and AIDS is only achievable by full community participation and involvement.

Sustainable HIV Financing in Transition (SHIFT)

Ms Joselyn Pang

Manager, International Programs, Australian Federation of AIDS Organisations

The *Sustainable HIV Financing in Transition* (SHIFT) program empowers civil society to advocate for sustainable HIV financing in Indonesia, Malaysia, Philippines and Thailand. SHIFT is financially supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and coordinated by AFAO as principal recipient. APCOM supports SHIFT at a regional level, with country level implementation from the Action for Health Initiative (ACHIEVE) in The Philippines, the Indonesian AIDS Coalition, the Malaysian AIDS Council and the Thai National AIDS Foundation.

SHIFT is driving tangible results. ACHIEVE successfully advocated for the Philippine HIV and AIDS bill, which dramatically increases domestic HIV funding from PHP ₱20m (Philippine pesos) to PHP ₱4.3b, including increased opportunity for civil society organisations to access funding. SHIFT also supported the Thailand National AIDS Foundation's push to give civil society organisations greater access to a THB₱200m HIV funding allocation.

More than 50 advocacy events have been conducted at regional and national levels, including with decision and policy makers. These activities included 801 people representing 403 organisations from the four program countries, including local non-government organisations, governments, multilateral organisations, academia, private sector and media.

A national assessment on HIV financing was conducted in the four program countries, focusing on budget cycles and

financing mechanisms. SHIFT also studied national funding mechanisms in Malaysia, those at the district level in Indonesia and HIV financing laws and civil society practices in Thailand. Key findings were used to promote and advocate for better HIV financing.

SHIFT has developed a monitoring and evaluation framework to measure its impact and outcomes. These include greater fiscal support for HIV prevention and treatment, efficient allocation of resources and sustainable financing for civil society organisations.

A number of HIV financing case studies have been developed by our country and regional partners to further highlight issues relating to the shift domestic HIV financing www.shifthivfinancing.org in addition to other relevant resources.

Building on its work with SHIFT, AFAO was selected by the Global Fund in April to lead a regional dialogue to guide a request for proposals process. AFAO engaged in a rigorous process of regional and in-country consultations and the development of the funding proposal.

The program begins January 2019 with AFAO selected as principal recipient for the grant. The grant aims to promote sustainable services for key populations at higher risk of HIV, including sex workers, men who have sex with men, transgender people and people who use drugs. The grant will build on existing Global Fund-supported programs in-country and multi-country grants by promoting the scale-up of interventions and their long-term financing. This grant will cover Papua New Guinea, Timor-Leste, Malaysia, Philippines, Laos PDR, Mongolia, Bhutan and Sri Lanka.



Dr Bridget Haire

*President, Australian Federation
of AIDS Organisations*

As we mark World AIDS Day 2018, we are closer than ever before to making the virtual elimination of HIV transmission a reality.

Knowing your HIV status and protecting yourself and your partners have always been mainstays of the HIV response. New technologies are now providing choice for people and making this easier than ever before, which is most important for a sustainable public health response. But new technologies alone are not enough – without an enabling environment, engaged, empowered communities and healthcare providers who are respectful and up-to-date, technologies alone won't deliver.

Here in Australia we finally have subsidised access to PrEP, a highly effective HIV prevention pill for those at risk of HIV acquisition. Even prior to PBS access, this medicine has driven substantial decreases in notifications. With more equitable access now around the country, we can expect further declines in new infections.

Exciting technological advances such as HIV self-testing are also within reach, which will make it easier for some people to test.

Most importantly, the validation that an undetectable viral load means that HIV cannot be transmitted reduces stigma and allows people with HIV to live without fear of transmitting the virus to others.

This is my last World AIDS Day as President of AFAO and I'd like to reflect on what we have gained over the last few years. We have marriage equality, a pill to prevent HIV on the PBS, and effective HIV treatments that keep people well and render them uninfected. This is tremendous progress, and it was

achieved by advocates, policy makers and scientists. However, HIV notifications are rising in Aboriginal and Torres Strait Islander communities, and for people ineligible for Medicare, access to the antiretrovirals that both save lives and prevent onward infection is tenuous. Transmission is also increasing in some heterosexual populations.

We also need to consider Australia's role in the region. In Asia and the Pacific, more than half the 5.2 million people living with HIV are now on treatment. This has increased substantially over the last five years. But the treatment gap is not closing fast enough, and in many nations, stigmatising laws impede HIV treatment and prevention. Sadly, Australia's investment in our region has been in decline at a time where we need to deliver pioneering work to continue to empower civil society advocacy and service delivery.

The last year has been a sad one for all involved in the community-led HIV response. We lost Professor David Cooper founding director of the Kirby Institute who was beloved for his commitment as a scientist, a doctor and a human being to our HIV affected communities.

Former AFAO board member, Neville Fazulla, who did so much to communicate the experience of Aboriginal and Torres Strait Islander people living with HIV, is dearly missed. We also mourn the death of Jenny Kelsall, executive officer of Harm Reduction Victoria, a former AFAO Director and a tireless advocate for harm reduction, Tony Maynard, who contributed greatly to community efforts including roles with the Victorian AIDS Council, ACON and NAPWHA, and Professor Jim Hyde, former CEO of the Victorian AIDS Council.

We recognise the achievements of those we have lost, and we recognise that to honour them, we need to continue to strive collectively and strategically to defeat HIV.

Credits

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