A stylized map of Australia is rendered in orange with a hatched texture, set against a dark grey background. The map is positioned in the upper half of the page, with the title text overlaid on its lower portion.

CONSENSUS STATEMENT ON AUSTRALIA'S INTERNATIONAL LEADERSHIP ROLE ON HIV



AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS
Leading the community response to HIV

The possibility

Australia can play a significant role in assisting to dramatically reduce the health and economic burden of HIV in Asia and the Pacific, generating powerful results and recognition for its efforts. This would bolster security and prosperity among our near neighbours and significantly improve the lives of hundreds of thousands of people, particularly those from the marginalised and vulnerable communities who experience the greatest burden of HIV.

However, Australia's current policy settings are not sufficient to achieve this future.

This is a consensus statement by Australian organisations working internationally on HIV prevention and care. Building on the success of our national partnership approach to HIV, we are committed to working with the Australian Government and across the Parliament to ensure Australia continues to make a significant, effective and durable contribution to

HIV prevention, treatment, care and support globally and particularly in our region of Asia and the Pacific.

In view of the continuing and developing problems of HIV in our region, we have identified the following goals:

1. A National Strategy to guide Australia's international HIV priorities, approach and investment, developed and monitored by a multi-sectoral guidance group.
2. More attention on HIV and better targeting of our current investment in Asia and the Pacific, including specific attention to countries transitioning from other major donor HIV funding.
3. Stronger and sustainable civil society participation in ensuring accessible high-quality health services.
4. Better positioning of HIV within Universal Health Coverage (UHC) and other global and regional initiatives.
5. Innovations in intervention models, sustainable financing and private sector investment.

Background

Around five million people are living with HIV in Asia and the Pacific. Only about 75% know they have HIV. Only half the total estimated number are on treatment and, alarmingly, only around 15% of those on treatment have undetectable HIV viral load (a sign their treatment is effective and onward sexual transmission of HIV is not possible).¹

Sustained efforts across the region to reach key populations have led to significant reductions in HIV infections in Cambodia, India, Myanmar, Thailand and Vietnam.² However, epidemics are expanding in Pakistan, the Philippines and in parts of Indonesia. In 2018,

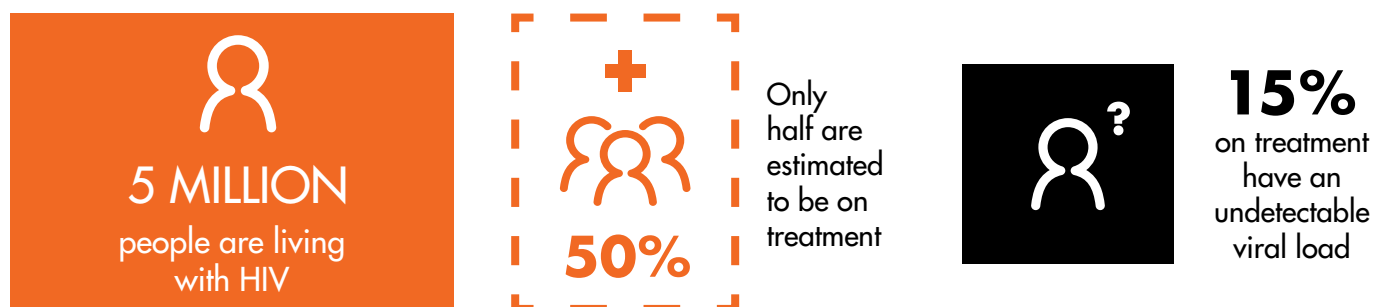
around 30 people per day were diagnosed with HIV in the Philippines.³ Recent studies from Papua New Guinea estimate HIV prevalence among female sex workers at around 15% in Port Moresby and 20% in Mt Hagen. Only a third of the sex workers identified with HIV through this study already knew they had HIV. The same study estimates 8.5% of men who have sex with men in Port Moresby are living with HIV, compared with an estimated HIV prevalence of 0.9% among adults in the general community.⁴

There are some disturbing policy challenges to effective HIV prevention and care in some countries in the

region. The War on Drugs in the Philippines has virtually eliminated harm reduction programmes and rising political conservatism in Indonesia seeks to re-criminalise sex between men, threatening prevention and care programmes in communities. Trans and gender diverse populations also face particular vulnerability.

Several key countries in the region are also facing significant and rapid reduction in donor HIV funding. These reductions threaten the gains made in recent years to reach people from key populations and connect them long-term with HIV, tuberculosis (TB) and sexual and reproductive health services.

HIV in Asia and the Pacific



HIV Prevalence in Papua New Guinea

Female sex workers

Port Moresby

15%

Mt Hagen

20%

Men who have sex with men

Port Moresby

8.5%

General community

0.9%

¹ UNAIDS Data Report, 2018

² UNAIDS Snapshot 2018: HIV Epidemic in Asia and the Pacific

³ Philippines HIV Program Implementation Review, 2018

⁴ Kelly-Hanku, A. et al. Kauntim mi tu: Multi-Site Summary Report from the Key Population Integrated Bio-Behavioural Survey, Papua New Guinea. Papua New Guinea Institute of Medical Research and Kirby Institute, UNSW Sydney. 2018

Setting out our strategy – taking our partnership to the region

The last formal declaration of Australia's strategic priorities for the international response to HIV was made in 2014, setting out three principles: equity, effectiveness and sustainability.⁵ We agree with the broad priorities set out briefly in this document and believe it is time for Australia to articulate in more detail how these priorities will be pursued. We propose a National Strategy on Australia's international

and regional leadership on HIV be developed to set out more clearly our priorities, approaches and investments.

We acknowledge the significant investment that Australia is making to Health Security in the region. We encourage a stronger positioning of HIV and other blood-borne viruses (BBVs) within the Australian health security framework – alongside the current focus on airborne,

zoonotic and vector borne pathogens. While Health Security is a legitimate goal, we encourage work towards broader priorities to assist nations to make progress towards the Sustainable Development Goals (SDGs) and achieve a set of rights, economic, health and welfare goals for all of their citizens.

GOAL 1

A National Strategy to guide Australia's international HIV priorities, approach and investment, developed and monitored by a multi-sectoral mechanism.

We want to strengthen the co-ordination and technical integrity of Australia's international investment in HIV prevention and care. Australia has considerable expertise in responding to HIV. We should export for local adaptation the best and most effective aspects of our own response.

We propose the National Strategy (and Australia's onward investment) be steered by a partnership group that brings together partners from government, civil society, public and private health service delivery, research institutions and academia.

The Parliamentary Liaison Group on HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Diseases plays a significant role building and sustaining a multi-partisan approach to HIV in Australia. We support that group playing a key role in strengthening Australia's international HIV response.

⁵ <https://dfat.gov.au/about-us/publications/Documents/strat-priorities-aus-response-hiv.pdf>

Getting the most out of our investment

Australia has committed AU\$220m to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) in the 2017 to 2019 triennium. We strongly support this and an increase to AU\$300m in the 2019 replenishment round as an effective way to support a global response to HIV. We also support an increase in Australia's support to the UNAIDS Regional Office for Asia and the Pacific to strengthen its assistance to regional and other key population networks and activities.

There is scope for us to ensure that we are getting the best possible value for money and health outcomes for this investment, particularly in Asia and the Pacific where there are considerable barriers to reaching programmatic scale sufficient to turn around growing HIV epidemics. There is a need for greater advocacy on Australia's part with the Global Fund to ensure that the pace of the Global Fund's 'sustainability and transition' agenda does not contribute to an escalation of HIV epidemics in Asia and the Pacific. There is also scope to ensure that Australia's direct investment in development programs responds to the most urgent needs, is as effective as possible and represents value for money.

GOAL 2

More attention on HIV and better results in Asia and the Pacific from our current investment, including specific attention to countries transitioning from other major donor HIV funding.

A recent assessment of HIV services for key populations in the region pointed to particular problems associated with linking people newly-diagnosed with HIV with clinical care and HIV treatment.⁶ These need urgent attention and should be part of a broad advocacy and accountability engagement that Australia has with the Global Fund to seek the most effective outcomes for our investment. Part of this involves increasing our support to regional

technical bodies such as UNAIDS, UNODC and WHO, but there would also be benefits for supporting more input from Australian technical agencies. Better coordination with US President's Emergency Plan For AIDS Relief (PEPFAR) initiatives in the region is also essential.

We are well-positioned and eager to assist in increasing Australia's advocacy voice and technical support in the global response to HIV.



For a mother living in this poverty-stricken neighbourhood of Phnom Penh, Cambodia, paying for antiretroviral treatment would be impossible without donor support.

⁶ McCallum, L., Perez, S., Parsons, D., Burrows, D., & Falkenberry, H. (April 2019) Regional Summary: Assessment of HIV Service Packages for Key Populations in Selected Countries in Asia and the Pacific. APMG Health, Washington, DC.

Playing to our strengths – doing what we do best

Australia's response to HIV is often cited as best practice. We have had success, particularly in relation to multi-partisan support, an effective partnership between government, academia and civil society, community leadership and empowerment, a clear focus on rights, integration of HIV into primary care, effective monitoring, innovative clinical, epidemiological and social research and courageous public policy based on evidence for effectiveness. These are our strengths, and these are the experiences we need to be exporting to the region.

We support Australia playing to these strengths and complementing the investment of other countries. For example, China's Belt and Road initiative represents a significant investment in infrastructure in the region. Rather than compete with this, we urge that Australia works to complement this by supporting risk mitigation and community development initiatives that accompany infrastructure development.

There are several challenges in the region that require urgent attention, and actions that fit within Australia's skillset. We encourage the Australian Government to increase direct

financial support for bilateral and more targeted programs through which Australian agencies can show leadership in the areas where we have developed particular expertise and experience. Current challenges include:

HIV prevention and care among gay men and other MSM

There are significant epidemics of HIV among gay men and other men who have sex with men (MSM) in some countries in the region. Australia has been consistent in its support for programmes among gay men and other MSM in the region for many years and has supported significant health outcomes for this population. Increasing political conservatism threatens to re-criminalise sex between men and criminalise the distribution of population-specific information resources in these countries. Even in countries without these barriers to access, coverage of HIV prevention programmes remains low.

Harm reduction for people who use drugs

The first challenge is the erosion of harm reduction programmes among people who use drugs (PWUD) in several countries in the

region. For example, in the Philippines the War on Drugs has not only led to the extra-judicial killing of drug users, but has filled the Philippines prisons to 10 times their holding capacity, clogged the judicial system with minor cases that take years to be heard and seen the virtual elimination of harm reduction services for people who use drugs and their sexual partners.⁷ Australia has considerable experience in harm reduction programming, balancing illicit drug and HIV policy goals, and working with departments of justice and prisons on prisoner health issues.

Other countries in the region (Indonesia and Bangladesh for example) appear impressed by the 'law and order' achievements of the Philippines in this area and are beginning to consider similar policies. Some already have overcrowded prisons with poor health services that foster significant HIV and TB transmission. Australia should assist nations considering this path to ensure that they are not compromising public health gains.

⁷ McCallum, L., Aquino, C., Burrows, D. Scaling up Programs to Reduce Barriers to Accessing HIV and TB Services Baseline Assessment – Philippines. Global Fund, 2019.

Ensuring the health and wellbeing of sex workers

There have been significant recent crack-downs on sex work in several countries, notably Indonesia. This involves dismantling sex work districts in many cities and jeopardises health gains achieved over many years by sex workers and peer-led sex worker organisations.

Human rights

Australia has played a leading role assisting countries in the region to adopt a rights-based approach to HIV programming,

to address barriers to accessing services, stigma and discrimination and punitive laws and policies. There has been a pause in this work in recent years, partly due to funding restrictions and partly due to some of the internal human rights challenges that we have been facing as a nation. We want to strengthen Australia's regional authority in this area by addressing some of our own human rights challenges and by strengthening our investment in promoting and supporting rights-based programming in the region.

Capacity building

Sustainable national HIV responses in the region will be enhanced by strengthened national capacity to plan, implement and monitor national, provincial/state and local programs. This includes harnessing real time insights from civil society, combining with research and clinical data, and providing timely guidance to on the ground programmes. Australian agencies have built up considerable expertise in this area.

GOAL 3

Stronger and sustainable civil society participation in ensuring accessible high-quality health services.



HIV in a broader health context – working towards integration and sustainability

We firmly advocate stand-alone HIV interventions where they are needed. HIV is concentrated among the most marginalised and disadvantaged, and targeted programs that directly speak to these communities are required.

A sustainable response to HIV integrates HIV services into each country's health services and financing systems. This is particularly challenging in countries where the health investment is already

insufficient, and the health system is struggling to meet existing demand. The barriers to health services for people most affected by HIV in our region are magnified by marginalisation, stigma and discrimination. Workforce development is a crucial element of this integration process.

Despite these challenges we fully support positioning HIV within broader contexts where appropriate.

GOAL 4

Better positioning of HIV within Universal Health Coverage (UHC) and other global and regional initiatives.

- There is already considerable work being done in the region to integrate HIV and TB services and we support the rollout of successful models in this area.
- The burden of hepatitis C is very high in many countries in the region and there is significant co-infection in some populations. We encourage assistance to countries to address access barriers to HIV and hepatitis C treatment and hepatitis B testing, treatment and vaccination for these populations.
- There are significant epidemics of treatable sexually transmissible infections (STIs) in countries in the region and scope to position HIV within a broader response to HIV and sexual and reproductive health. This includes greater attention to HIV prevention and care in programmes addressing gender-based violence.
- There is insufficient attention to the critical role that alcohol use plays in HIV, STI and sexual violence risk in some countries in the region, and scope for Australia to take its own knowledge of this subject into its international HIV programme.
- Many countries in the region are working on a UHC agenda. Indeed, achievement of UHC is SDG 3.8, and a key enabler of SDG 3 – Ensure healthy lives and promote wellbeing for all at all ages – as a whole. Australia should play a role assisting countries to integrate vertical HIV programming into these initiatives and into SDG achievement strategies. At least initially, there is opportunity for greater integration of treatment provision and access to medical services. Public health efforts to prevent HIV must be prioritised until integration of HIV services within UHC is possible.

Helping to answer the difficult questions

Australia has an excellent track record as a nation in targeted research and innovation to solve some of the biggest challenges in relation to HIV. This is an appropriate role for Australia and we urge greater investment in this area.

GOAL 5

Innovations in intervention models, sustainable financing and private sector investment.

Some of these challenges include working with countries and organisations in the region to:

- Solve the health financing challenges that they face in achieving the most appropriate mix of stand-alone and integrated services to improve HIV prevention, treatment and care outcomes. This involves identifying, documenting and promoting the innovations already in place in health insurance schemes (in the Philippines, Vietnam and Thailand for example).
- Develop national policies and programmes to support the rollout of HIV pre-exposure prophylaxis (PrEP) as a significant new tool in HIV prevention particularly for MSM and transgender populations. Australia is a world leader in developing and rolling-out PrEP programs rapidly and at population scale. While PrEP builds on other proven prevention methods, PrEP is achieving previously unimagined reductions in HIV incidence when implemented at scale. Timely implementation of PrEP will significantly reduce HIV morbidity and mortality and the financial burden of life-long clinical care and treatment.
- Develop policies and systems to improve HIV and TB treatments coverage and retention in care.
- Develop practical strategies to strengthen and sustain national systems for surveillance and monitoring of HIV, BBVs and STIs so that these remain in place as donor funding recedes.
- Develop the policies and systems they need to deliver appropriate and sustained funding to civil society organisations that are making a significant contribution to HIV prevention and care (Social Contracting).
- Address human rights-related barriers to ensure that marginalised and criminalised populations are not left behind as HIV services are integrated into general health systems.
- Respond to increasing levels of HIV and TB treatment resistance.
- Play a leadership role in relation to HIV by bringing together international agencies, donors and recipients around innovative financial and data management responses to HIV.

Conclusion – willing partners ready to assist

Australia's long history of an effective, innovative and multi-sectoral response to HIV is recognised as world-leading. At a time when the epidemic in our region continues to impact the lives of millions of people and have significant economic, social and security implications for many of our neighbours, Australian financial and technical leadership and support on HIV in the region is needed more than ever.

The organisations adopting this statement are committed to work constructively with government to set and achieve more ambitious goals for Australia's international HIV response. This will require cooperation, innovation, additional resources and importantly, a multi-partisan National Strategy to guide Australia's international HIV priorities, approach and investment.

We ask for your engagement and support.



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.

These independent signatory organisations have provided input to the development of this consensus statement and endorse its content.

