

WORLD AIDS DAY

2020
1 DECEMBER



Adj Prof Darryl O'Donnell

Chief Executive Officer

Australian Federation of AIDS Organisations

So much that seemed certain was upended this year by COVID-19. Yet as we mark World AIDS Day and remember those lost to the HIV epidemic, the bonds of our community response remain strong.

As a movement forged in an earlier health crisis, COVID-19 was a novel yet familiar threat. It demanded new tactics and strategy, but drew from the same community reservoir of solidarity, empathy and courage.

Policy makers and clinicians quickly relearned the importance of community norms, such as social distancing, mask usage and hand sanitising. This echoed the way gay men, sex workers and people who use drugs adopted safe sex and safer injecting in the 1980s.

Other important principles came to the fore: positive reinforcement is far more effective than shame when you are fighting a virus without a vaccine or cure. And bipartisan consensus is the glue of a national response.

Yet while the lessons of HIV informed the COVID-19 response, the pandemic also disrupted progress against HIV. We grappled with complex issues such as sexual practice at a time when COVID-19 made most things unsafe. We also saw the rapid transition of HIV services to online delivery and the redeployment of staff in public clinics to COVID-19.



AFAO and its members responded swiftly and effectively to these new challenges, advocating for telehealth, secure medicine supplies and targeted public health campaigns. While many mainstream services closed down during the initial crisis our members stepped up, reminding us that at their heart, the DNA of our movement is our responsiveness and accountability to those we serve.

That grit also characterised the HIV response to COVID in Asia and the Pacific. Many of the communities hardest hit by HIV suffered the double whammy of COVID, confronting delays in medicine supplies, disruption to counselling and outreach services and the decimation of service and entertainment industries that employ so many members of our communities.

Civil society organisations we work with in the region tackled these issues head on. Their advocacy kept HIV on the agenda with domestic and international funding agencies. COVID was the emergency of 2020, but successfully treating and preventing it must not be at the expense of progress against HIV.

No year is ever dull or straightforward in our community-led response, but this one was especially unpredictable and challenging. I am hopeful 2021 will bring new opportunities to stride forward in our mission.



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Cover: Ma Nilar lives with his wife and daughter in rural Myanmar. Ma and his wife are HIV-positive and receive antiretroviral treatment with support from a peer outreach worker, who visits them at their farm in Shan State. Ma's wife received treatment to protect her baby from HIV during her pregnancy. (John Rae/Global Fund)



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Tim Wilson MP and Senator Louise Pratt

Chair and Deputy Chair

Parliamentary Friends for Action on HIV/AIDS, Blood Borne
Viruses and Sexually Transmitted Infections

2020 is a year that has reminded us of the risks of health pandemics, and the need to tackle them head on. COVID-19 may have taken priority in the public consciousness, but it should not deter us from our efforts to tackle other viruses which pose serious health risks around the world.

As the UNAIDS 2020 Report Seizing the Moment outlined, while progress has been made internationally, that progress has not been even, and the COVID-19 pandemic could delay progress to meet international targets by up to a decade.

World AIDS Day 2020 is an opportunity to refocus our work alongside the risks of COVID-19. Each year new scientific advances and treatments become available to compound on the learning and legacy of reducing transmissions, helping improve the freedom of those living with HIV/AIDS in Australia and around the world.

We sit on the cusp of a new age of containing and treating HIV transmission. Prevention is essential. With home testing kits supported by community education campaigns we can reduce transmission rates further. The long-term trend is declining thanks to these developments, alongside the listing of pre-exposure prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme (PBS).



New treatments continue to become available which reduce the risks of side effects. Additionally, research has opened the possibility for people living with HIV to move from daily pill-based regimens to injectable alternatives with month-long lifespans.

But our work is far from complete. The rising rates of transmission amongst Aboriginal and Torres Strait Islander Australians and amongst culturally and linguistically diverse communities is a reminder that we need targeted education campaigns. We also have the challenge of helping international students and other Medicare ineligible residents access treatment and be part of the solution of reducing transmission.

Australia can meet this challenge. We have a proud history of bipartisan cooperation on HIV/AIDS, and have led the world in transmission control and access to treatments. We have strong community groups that coordinate with health bodies and government for efficacy.

But we must also continue to confront the stigma many still face. All Australians are entitled to live full and happy lives.

As parliamentarians we have a critical role to play in terms of leading the national discussion, promoting community education and advocating for effective strategies to improve the health and wellbeing of all Australians.

The purpose of the Parliamentary Friends for Action on HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Infections is to be



a strong and bipartisan advocacy group for parliamentarians, the health community and those living with these conditions to educate and work together to inform policy based on science and efficacy.

On World AIDS day we pay respect to the work that has been done, and recommit to working

together so that Australia can continue to be a world leader in controlling and reducing transmission rates, supporting those living with HIV and to look with optimism about what we can achieve in years to come together.

HIV globally in 2019

38 million

People living with HIV

36.2 million adults

1.8 million children

25.4 million

People with HIV were accessing antiretroviral therapy

This is 67% of all
people living with HIV

1.7 million

People were newly diagnosed with HIV

This is a 40% reduction
from the peak
(2.8 million) in 1998





Senator the Hon Marise Payne

Minister for Foreign Affairs
Minister for Women

The COVID-19 pandemic has had a catastrophic impact on global health security and threatens hard-won progress against HIV/AIDS. This World AIDS Day provides an opportunity to take stock of the achievements in the global fight against HIV/AIDS and the gains that must be protected if we are to end the HIV epidemic by 2030.



has reported that 84 per cent of their HIV programming has experienced disruption as a result of COVID-19.

The COVID-19 pandemic has also highlighted the leadership and commitment of communities in the HIV response. These communities have moved swiftly to respond to COVID-19, including by using their knowledge and experience to work towards ensuring

that those living with and vulnerable to HIV have the necessary information and services to protect themselves from these colliding health crises.

Like COVID-19, the HIV epidemic is a shared crisis, and we must meet both challenges through global cooperation. Australia is committed to continuing our strong leadership both domestically and on the global stage, engaging with our longstanding partner UNAIDS in developing the next global strategy to combat HIV/AIDS.

In our region, new infections are concentrated in key populations and their partners. Australia is working with long-standing partners, including the Global Fund and UNAIDS, to invest in HIV prevention in the Indo-Pacific. The Australian Government's increased investment in HIV prevention will support the work of our partners in protecting the most vulnerable.

We will not be able to move forward in the fight against HIV/AIDS unless we work together to stop the reversal of decades of progress due to COVID-19. Despite these challenges, Australia remains steadfast in our commitment to eliminate HIV.

Since the start of the HIV/AIDS epidemic, over 75 million people have become infected with HIV, and 32.7 million people have died from AIDS-related illnesses (UNAIDS). The global fight against HIV/AIDS is a story of compassion, resilience, solidarity and respect. Significant progress has been made. Recent UNAIDS data shows that AIDS-related deaths have reduced by 60% since the peak in 2004, and at the end of 2019 of the 38 million people living with HIV over 25 million were accessing antiretroviral therapy.

However, we must remain vigilant. This progress is threatened by the COVID-19 pandemic, with a compounding impact on the world's most vulnerable, including those women and men, girls and boys living with HIV. Globally, the COVID-19 pandemic exacerbated the gender inequalities and conditions for increased gender-based violence. We know the links between gender-based violence and increased risk of HIV exposure and reduced access to treatments. The Global Fund to Fight AIDS, Tuberculosis and Malaria





The Hon Greg Hunt MP

Minister for Health

Minister Assisting the Prime Minister for the Public Service
and Cabinet

World AIDS Day 2020 is an opportunity to reflect on our achievements and acknowledge that we still have work to do. 2020 has been a difficult year, with the COVID-19 global pandemic dominating our time and attention, but the importance of World AIDS Day is as strong as ever. So, appropriately, Australia's theme for World AIDS Day in 2020 is 'Now more than ever'.

Australia continues to be a world leader in the response to HIV, with the overall proportion of people in Australia who have HIV lower than other comparable high-income countries and other countries in our region. We are very close to meeting the UNAIDS 90-90-90 targets, and we are also tracking well towards achieving the UNAIDS 95-95-95 targets.

The virtual elimination of HIV is within our reach. The number of new HIV diagnoses is progressively declining and is the lowest in nearly 20 years. More people are getting tested than ever recorded and as a result they are receiving treatment earlier, which in turn has reduced the transmission rate significantly.

However, challenges remain. We are not seeing corresponding decreases in HIV notifications among Aboriginal and Torres Strait Islander



peoples or people acquiring HIV through heterosexual sex.

We have to capitalise on the progress we have made if we are committed to eliminating the transmission of HIV in Australia. Our next steps will require innovative solutions to engage with hard to reach populations. Any new measures we take must be culturally appropriate and sensitive, as we

are dealing with some of the most vulnerable populations in our society. This may also mean we have to address the hard issues, and plan and implement services aimed at populations who find it difficult to interact with our health care system, such as those living in Australia who do not have access to Medicare. The challenges are numerous, but not insurmountable.

The commitment of community organisations, researchers, clinicians, governments and people living with, or, affected by HIV will be paramount as we face these final challenges. We have a strong history of working together of which we should be proud, and I have no doubt we will continue to do so in the years to come.

On this important day, we must pledge to continue to work collaboratively and with compassion. We must honour the lives lost to HIV by continuing to work towards eliminating HIV in Australia.

Once this would have seemed impossible, but we have come a long way and our hope for the future is stronger than ever.



Senator the Hon Penny Wong and the Hon Chris Bowen MP

Shadow Minister for Foreign Affairs

Shadow Minister for Health

World AIDS Day Australia 2020: Much to celebrate, but a long way to go for our First Nations Peoples, and our Pacific neighbours.

As we come together on World AIDS Day, in the shadow of a global pandemic, we are reminded again of the importance of collaboration and shared purpose in meeting our health challenges.

Australian governments have a shared goal - to eliminate HIV transmission in Australia by 2022.

Though we will miss the previous 2020 target, the good news is we are on our way to meeting the 2022 target, having gone from 1,084 HIV notifications in 2014 to 833 in 2018.

But we must do more. Bringing that down to zero is going to take concerted and sustained effort.

We must focus that effort among our First Nations Peoples, where we have seen diagnosis rates go backwards. The rate of HIV diagnosis amongst Aboriginal and Torres Strait Islanders is double



that of our Australian born non-Indigenous population. And while just about every other indicator points to improvements towards eliminating HIV, the diagnosis rates among Aboriginal and Torres Strait Islander people are on the rise.

To reverse this trajectory, communities must be empowered to lead.

In our region, the global pandemic has underscored the importance of Australia improving its efforts to assist our Pacific neighbours in making meaningful progress toward eliminating transmission.

With almost six million people living with HIV in the Asia-Pacific region and COVID-19 threatening access to essential health services and infrastructure – the health and prosperity of our region is at risk.

This World AIDS Day, let's reaffirm our commitment to doing all we can to ease the burdens of HIV not only in Australia, but across our region, and in doing so - improve the lives of hundreds of thousands of people.



Adam Bandt MP and Senator Rachel Siewert

Leader of the Australian Greens

Australian Greens Spokesperson for Family and Community Services,
Ageing, First Nations Peoples' Issues and Mental Health

This World AIDS Day, we should be just two years away from the virtual elimination of HIV transmission in Australia, according to one of the key goals of our National HIV Strategy. We've already missed that target once, having originally planned to eliminate HIV transmission by this year. To make sure we are successful by 2022, we need concerted, ongoing action and sufficient investment into a strong community partnership approach.

A critical component of our work must be a continued focus domestically on hard-to-reach populations. In recent years, First Nations Australians have experienced a significant increase in diagnosis rates, while newly diagnosed rates among Australian-born non-Indigenous people fell. We must do better and close this health gap, directing adequate funding to First Nations community responses focusing on prevention and treatment. This includes funding support to develop evidence-informed and long-term community-led campaigns to reduce the incidence of STIs in First Nations communities.

More broadly, we must continue to reduce barriers to access to HIV prevention and treatment. For example, those who are ineligible for Medicare face a wide range of challenges to accessing healthcare in Australia to prevent and treat HIV.



We support the development and implementation of a sustainable model of access to HIV treatment and PrEP for people in this situation.

Australia must also play its part globally in eradicating HIV/AIDS. In the Asia-Pacific, we have an important role in providing support and funding to regional responses to HIV. Both regionally and internationally, our contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria is critical. While we welcome the Australian Government's continued commitment to the Global Fund with a \$242 million pledge to the Fund's Sixth Replenishment covering 2020-22, the Greens had called for a greater funding commitment of \$300 million, alongside a significantly increased aid and development budget from the lowest ever levels.

Australia must also play a leading role in the 2021 United Nations General Assembly's High-Level Meeting on HIV and AIDS, including support for participation by people living with HIV/AIDS and civil society in the meeting, and the negotiation of an updated UN Declaration of Commitment to ending HIV.

We want to take this opportunity to again congratulate and acknowledge the tireless work of the Australian Federation of AIDS Organisations (AFAO), the Pacific Friends of Global Health and the National Association of People with HIV Australia (NAPWHA), and other partner organisations who carry on this fight year round.



Eamonn Murphy

Regional Director
UNAIDS Asia-Pacific

While Asia and the Pacific boast some of the earliest successes of the HIV response, we are not doing enough to prevent new HIV infections. Some countries are making impressive gains. But, in others, there are still worrying increases in new HIV infections. It is unacceptable that, in this region, 10 young people become infected with HIV every hour.



approaches are key to ending the colliding pandemics of HIV and COVID-19.

This crisis has also been a wake-up call, an opportunity to do things differently—better, and together. In many respects, the defeat of AIDS as a public health threat depends on how the world responds also to COVID-19. Governments, donors, civil society and

each and every one of us need to contribute to making the world a healthier place.

Now more than ever Australia's bold leadership in the HIV response is showing the world what it means to work together, in solidarity and to support those who are left behind. Australia continues to set the global standard for an effective, innovative and inclusive national response to HIV, backed by a strong partnership between government, clinicians, researchers and communities. Australia has been at the forefront of harnessing the potential of emerging evidence and technologies, including PrEP. Australia's investments in the HIV response in the Asia Pacific region also address some of the most critical gaps in the HIV response due to complex and multiple factors that are barriers to achieving the Fast Track targets. In particular Australia provides support in areas of new prevention technologies from moving pilots to impactful scale up.

In 2020, the world's attention has been focused by the COVID-19 pandemic on health and how pandemics affect lives and livelihoods. COVID-19 is showing once again how health is interlinked with other critical issues, such as inequality, human rights, gender equality, social protection and economic growth. With this in mind, the theme of World AIDS Day 2020 is "Global solidarity, shared responsibility".

COVID-19 has demonstrated that, during a pandemic, no one is safe until everyone is safe. Leaving people behind is not an option if we are to succeed. Eliminating stigma and discrimination, putting people at the centre and grounding our responses in human rights and gender-responsive

Peter Sands

Executive Director

Global Fund to Fight AIDS, Tuberculosis and Malaria

On World AIDS Day, we commemorate the people we have lost since the HIV epidemic began, while recommitting to the ambitious yet achievable goal of ending the virus as a serious public health threat.



Since 2002, the Global Fund partnership has saved 38 million lives. In countries where the Global Fund invests, AIDS-related deaths have been reduced by 61% and new infections have been reduced by 41%. In 2019, Global Fund investments supported 20.1 million people to access antiretroviral therapy. Among that number were 718,000 mothers who received lifesaving medicine that also prevented transmission of HIV to their babies. We also saw a massive expansion of HIV self-testing, a powerful tool in breaking down the barrier to people knowing their HIV status.

However, our progress against HIV has never been more delicately poised. The COVID-19 pandemic poses new challenges to our collective mission. As lockdowns and other restrictions took hold, HIV testing dropped by 50% in some places. Additionally, prevention and treatment programs got disrupted. Recent studies have predicted that a six-month disruption of antiretroviral therapy

could lead to more than 500,000 extra deaths from AIDS-related illnesses in sub-Saharan Africa in 2020–2021. We cannot let this happen.

The Global Fund responded quickly to the crisis, making up to US\$1 billion available to help countries fight COVID-19, adapt life-saving HIV, TB and malaria programs and reinforce systems for health. Approximately

US\$130 million had been approved (as of 8 October 2020) for countries in the Asia Pacific region that are an interest to Australia to respond to COVID-19. The Global Fund is also a founding partner of the ACT-Accelerator, the world's largest coalition to develop and equitably distribute COVID-19 tests, treatments, and vaccines.

We must recognise that this is not just a fight against one virus, but a commitment to finish the unfinished fights against HIV, TB and malaria, strengthen our defenses against future pathogens, and build better health systems to advance global health security.

The Global Fund is grateful for Australia's pledge to the ACT-Accelerator and honored to have Australia as a partner as we defend the gains of the past two decades and recommit to making further progress against HIV and other diseases that continue to kill millions every year.

Supporting communities in Sri Lanka

Since the middle of March there have been strict COVID measures in place in Sri Lanka with partial lockdown in 19 districts and full lockdown in up to eight districts. Only one family member is permitted to leave the home for essential supplies once a day.

HIV services have been heavily impacted with the only service continuing to function being antiretroviral medicine provision and a one to two-hour STI clinic per week.

Those working in the HIV response have worked to facilitate aid and provide support to community members most at risk of HIV as well as those living with HIV, who are increasingly vulnerable.

Many of these people are daily wage earners with no source of income during this time. They have little, if anything, in savings and sometimes minimal literacy skills. Many do not have bank accounts or National Insurance cards meaning they are not eligible for government aid.

Community based organisations have found that many people are scared to ask for support, having been stigmatised and often criminalised in the past.

With lockdown, these marginalised groups face increasing difficulty in accessing support. This is partly due to the requirement of a curfew pass which entails reason for exit.

In response, HIV collectives have set up emergency funds allowing the general public to donate funds which are then directly transferred to those identified via their trusted networks as being in need.



AFAO's Sustainability of HIV Services for Key Populations in Asia Program (SKPA Program) with representatives from local community organisations in Sri Lanka. (AFAO)



Tania Rishniw

Deputy Secretary
Department of Health

World AIDS Day is an important occasion which allows us to remember those who have lost their lives to HIV and reflect on our progress in responding to HIV in Australia.

Australia's achievements in reducing HIV transmission are the result of significant efforts over almost 40 years. This work is currently being guided by the Eighth National HIV Strategy 2018-22, which sets out the direction for Australia's continuing response to HIV, with ambitious targets and goals steering our actions. The Blood Borne Viruses and Sexually Transmissible Infections Standing Committee of the Australian Health Protection Principal Committee, with membership from all Australian governments and relevant national community bodies, is charged with implementing these actions and I commend the work it is doing to progress the Strategy's goals by 2022.

At this halfway point, we can see our sustained efforts to reduce HIV transmission, improve treatment rates and reduce the personal and social impacts of HIV are having positive impacts. Australia is close to achieving the UNAIDS 90-90-90 targets. Recent data shows that 90% of



people living with HIV had received a diagnosis, 96% people who had received a diagnosis were in care with 89% receiving antiretroviral therapy (ART), and of the people receiving ART, 95% had achieved a suppressed viral load. Being on the cusp of achieving this goal is significant, and places Australia as a world leader in the response to HIV.

We can also see where we need to direct future efforts to maintain our momentum – particularly actions to address the challenges faced by priority populations. Aboriginal and Torres Strait Islander people continue to carry a disproportionate burden of new HIV notifications.

As we progress through the remaining life of the Strategy, we have to reconcile our successes with the challenges ahead. We have a strong foundation to build future activities upon, and clear indications on where our efforts should be directed.

This year's theme for World AIDS Day is 'Now more than ever' – this is especially relevant with COVID-19 impacting on all of our lives. It is a time for us to recommit to our determination to eliminate HIV transmission in Australia and provide support to those people living with HIV.



The Hon Michael Kirby AC CMG

Jurist, academic, HIV advocate and former Justice of
the High Court of Australia

I participated with the World Health Organisation at the beginning of the HIV epidemic in 1988. The best scientists predicted a cure and a vaccine within 20 years maximum. Still we are waiting, although antiretroviral therapy appeared in the mid-1990s to save lives and render those infected with HIV incapable of transmitting the virus to others. Viruses, we learned, are very tricky targets.



- Politicians must become informed and explain why unpopular initiatives are often essential;
- Successful strategies oblige us to adopt generous aid policies and mutual support for countries less fortunate than our own; and
- The voices of patients and their families are vital. Those voices must heard throughout the pandemic.

In 2020, much of the world's attention has shifted from HIV to COVID-19. But there are vital lessons to be learned from the earlier pandemic:

- The foundation for policy on viruses must be good science, not politics, religion, guess work or prejudice;
- Respecting the human rights of those infected is critical to successful national and global strategies;
- Vulnerable groups face special prejudice and dangers in pandemics;
- It is essential to mobilise global cooperation and to support WHO and the UN. Pandemics cannot be treated as national problems alone;

In the struggle against HIV, Australia and New Zealand led the world with sound policies, established across party lines. We conformed, virtually before all others, to the foregoing lessons. We stayed the course against occasional noisy opposition. We saved lives. We helped neighbours to do likewise. We cooperated with the UN and supported the Global Fund. We maintained these efforts despite the new and added demands of COVID-19.

With COVID-19 we have largely shown the same leadership and example. As Winnie Byanyima, Executive Director of UNAIDS, said in August 2020, "Human rights are not only intrinsic, but they are also the very means by which governments can successfully beat a pandemic". This was true of HIV in 1988. It is true of COVID-19 in 2020. An unexpected new target has emerged. The focus must remain the same. AIDS is not over. COVID-19 has just begun.

Professor Sharon Lewin

Director

The Peter Doherty Institute for Infection and Immunity

Every World AIDS Day, I take the opportunity to reflect on the last 12 months, as a scientist, a clinician and as an individual. I pay my respects to those whom we have lost to HIV and their families, loved ones and communities. In 2020, more so than any other year, we have been reminded of the great success story of the HIV response and what can be achieved with the right mix of science, leadership and community.

I must start by acknowledging Timothy Brown, the first person to be cured of HIV. Timothy's death from a recurrence of his leukemia this year was incredibly sad and a great loss. His personal commitment to research and his community will be missed. He taught us that a cure for HIV is possible and we need to keep working to make it a reality for everyone.

In these turbulent times of COVID-19, I remain proud to be part of the HIV sector, to apply the skills and experience of the past 30 years to



combat a new virus. I see my fellow scientists bring advances from HIV – such as point of care testing, new vaccines and antibodies – to COVID-19. I am hopeful that some of the scientific advances we will achieve through tackling COVID-19 will accelerate our search for a cure and a vaccine for HIV. However, I am worried about the long-term effects of the pandemic on the HIV sector. I worry about social

isolation for many people living with HIV. I worry that scarce resources will be diverted from HIV to deal with COVID. As a community, we need to ensure that both pandemics remain high priorities nationally and globally.

In Australia, we continue to see a reduction in new HIV infections but not in all communities. Access to treatment remains one of the highest in the world but we need to ensure that every person living with HIV is provided with the best available antiretrovirals and the best care, which includes active prevention of co-morbidities. We need to ensure that all people live well with HIV, both throughout and beyond the COVID-19 pandemic.



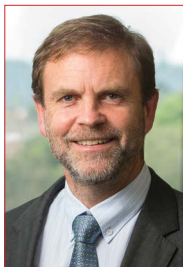
Professor Anthony Kelleher

Director
Kirby Institute

World AIDS Day 2020 is occurring in a time like no other in living memory. Amid the global COVID-19 pandemic, we have witnessed great tragedy, but we also have great cause for hope.

The mortality and morbidity rates for COVID-19 are astounding. But those of us who have been involved in the fight against HIV/AIDS over the past three decades know all too well the blight of an epidemic health crisis on our communities.

Since HIV/AIDS emerged in the 1980s, teams of researchers, clinicians, governments and communities have worked together to establish extensive global networks to better understand HIV/AIDS from all angles, and work towards treatments, where astounding and transformative advances have been made. However a vaccine and a cure remain elusive. This year, these global networks and collaborations have enabled us to quickly mobilise resources against COVID-19. For example, through our largest clinical trials network trialling a second-line HIV treatment, spanning 14 countries across the Americas, Asia and Africa, our researchers have been able to quickly establish a cohort study to determine the impact of COVID-19 on people living with HIV in low- and middle-income countries.



Our state-of-the-art laboratories have been dedicated to investigating HIV for three decades. We continue our work to find optimal treatments, and hopefully a vaccine and cure for HIV. But it has been testament to our highly skilled laboratory scientists how nimbly and ably they have adopted new knowledge and practices to adapt to COVID-19.

This World AIDS Day is also an opportunity to reflect on how far we have come in the fight against HIV/AIDS. There have been many lessons learned throughout the HIV/AIDS epidemic that we have been able to deploy this year. Australia has done a remarkable job, as it did for HIV/AIDS through the 1980s and 1990s; acting quickly and responsibly across multiple sectors, to contain COVID-19 and mitigate the burden of disease on our population. What we have seen, too, is our communities come together, to do what has been necessary to protect each other's health.

HIV/AIDS remains a significant global health challenge, and the disruption and dislocation of COVID-19 has made that challenge greater. We must continue to come together, utilise our substantial and skilled workforce to maintain our hard won gains, and forge ahead in our quest to find a vaccine and a cure, as we adapt to living with yet another new virus.

Professor Carla Treloar

Director

Centre for Social Research in Health
UNSW

In the most exceptional year of 2020, it is very easy to be distracted from usual business. But it is at these moments that we need to keep an ever vigilant watch on progress towards the UN goals of 90-90-90 by 2020 as well as becoming more and more sophisticated in understanding where and how progress could be better.

Our Gay Community Periodic Surveys (GCPS) have collected data since 1996 on the sexual practices, risk and engagement in prevention and care by gay and bisexual men. The GCPS data as a whole suggest that among sexually active and community-engaged gay and bisexual men, the attainment of the 90-90-90 target has been achieved. However, reaching and sustaining the higher 95-95-95 target will require additional effort and tackling barriers to diagnosis and treatment such as Medicare ineligibility, engaging overseas-born men and those not connected to sexual health services or gay community networks.

During the last decade, especially the last three years, gay and bisexual men have increasingly adopted HIV biomedical prevention strategies, particularly pre-exposure prophylaxis (PrEP) and



treatment as prevention (TasP). If we consider all forms of safe sex, the level of net prevention coverage during casual sex has increased from 69% in 2015 to 75% in 2019. We believe this is one of the main reasons that HIV infections among gay and bisexual men have declined in Australia in the last few years.

Trends in some indicators however suggest that there are ongoing risks of potential HIV transmission and acquisition, among those who have never been tested for HIV or STI, or those who are not fully aware of the latest prevention and treatment options, pointing to areas in which prevention responses could be strengthened. We also know that community-based HIV testing services were particularly good at attracting younger and Asian-born men, who are of particular interest for HIV prevention programs as the HIV epidemic diversifies in Australia.

The 90-90-90 targets (or indeed 95-95-95 targets) do not refer to the experience of living with HIV or the social conditions that impact quality of life. Our focus on the Australian national strategy goal of reducing the negative impacts of stigma, human rights and legal issues must continue to be of highest priority and to be explored across the diverse and intersecting populations of people living with HIV.



Professor Brendan Crabb AC

Director and Chief Executive Officer
Burnet Institute
Chair and President Advisory Board
Pacific Friends of Global Health

Globally, the COVID-19 pandemic is exacerbating social and economic inequalities, and threatens to derail decades of hard-fought efforts to control other pandemics such as HIV. This new public health threat has left people living with and most at risk of HIV facing new barriers to accessing adequate harm reduction and prevention methodologies, HIV testing and treatment.



While the COVID-19 pandemic will require a global, coordinated public health response of unprecedented scale and cost, it is imperative that we are determined to maintain momentum in our goal of achieving HIV elimination.

Great strides towards HIV elimination have been made in Australia and neighbouring countries over the past decade. The Asia Pacific region has achieved a 12% decline in new infections since 2010. However, significant gaps remain, and the COVID-19 pandemic threatens to widen these gaps. UNAIDS has reported significant, sustained declines in HIV testing since January in almost all countries with available data, including countries in our region. Although the impact on HIV treatment access seems to be less severe, declines in testing will have consequences for timely diagnosis and ongoing HIV transmission.

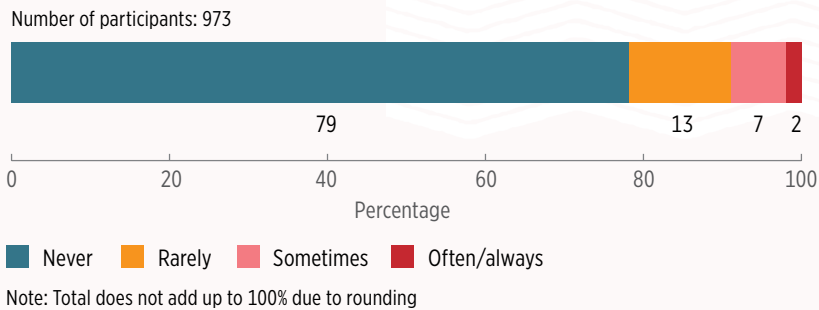
Burnet Institute has been proactively contributing to the COVID-19 response in Australia through public health and laboratory-based research and advocacy, implementing new initiatives and leveraging existing research infrastructure. Burnet's world-class sentinel surveillance system, ACCESS, is now rolled out across each state and territory and is being used to monitor HIV-related outcomes during

the pandemic. ACCESS data indicates COVID-19-related social restrictions have had a considerable impact on HIV testing and PrEP use in Australia. Ensuring an adequate and timely recovery in HIV testing and uptake of preventative therapies to pre-COVID levels among priority populations will require a concerted effort. We have the opportunity to take advantage of new health systems innovations, including strengthening of our contact tracing and moving to decentralised models of care and surveillance, which can all be harnessed in our ongoing efforts to eliminate HIV.

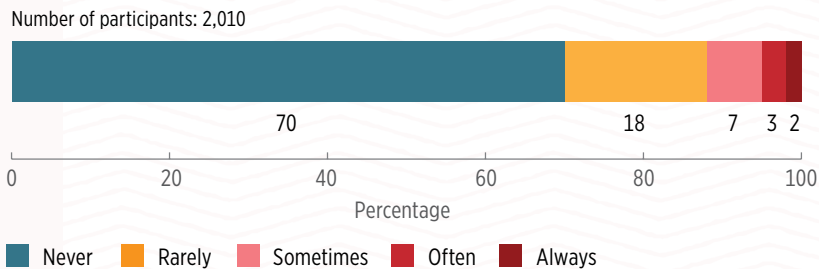
Just as the COVID-19 pandemic threatens to hinder our progress towards HIV elimination, the lessons we have learned from addressing HIV can be used to guide our response to COVID-19 both locally and globally. As we move to maintaining a suppressed level of community viraemia for COVID-19, and keep up the effort to do the same for HIV, governments must ensure community engagement is central to decision making for both pandemics.

HIV stigma in 2020

In 2020, a national survey of men who have sex with men found that 21% of participants reported feeling stigmatised within the past year by other people assuming they had HIV.



In 2020, a national survey of the Australian public found that 30% of participants reported that they would behave negatively towards people living with HIV.



Source: Centre for Social Research in Health, UNSW Sydney

Alexis Apostolellis

Chief Executive Officer

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

At the end of this long year, it is impossible to talk about World AIDS Day without acknowledging the impact of the COVID-19 pandemic on the HIV response in our region. As profoundly as HIV in Australia has been shaped by COVID-19, the pandemic has exacerbated many of the already complex challenges faced by our colleagues in the HIV workforce around Asia and the Pacific.

Healthcare workers in the region face difficulties getting HIV medicines to patients during lockdown conditions, insufficient access to personal protective equipment and even a lack of basic access to information about COVID-19.

Just one example: a doctor we work with in Timor Leste told us that when the pandemic began, many fled the city to escape the virus. But without transport infrastructure in much of the country, this has made it even extremely difficult for HIV health workers to get vital medicines to their patients.

When ASHM established its taskforce on blood-borne viruses, sexual health and COVID-19 in March, we knew that finding ways to support the HIV workforce beyond Australia and throughout the region would need to be a critical part of that work.



ASHM's regional advisory group became the taskforce's arm to reach out to our neighbours in Asia and the Pacific with education, resources and other support for people delivering HIV, viral hepatitis and sexual health services. Made up of 70 clinical, community and research members from ten countries across Asia and the Pacific, the regional advisory group has sought to fill a critical gap in educating the HIV workforce during the pandemic.

Driven by our colleagues on the ground in countries including Papua New Guinea, Timor Leste and the Philippines, the group has helped health workers across the region share information and develop innovative ways of responding to HIV in this new environment.

But as the COVID-19 pandemic worsens globally and cases continue to rise within the region, there is still so much work to be done. While the region's HIV workforce operates with limited resources and under increasingly challenging conditions, without further action we risk losing the hard-fought progress we have made over decades of Australia's regional support.

As 2020 ends and the COVID-19 pandemic continues, this World AIDS Day is an opportunity to reflect on what we have learned over these decades of Australia's work in the region, and how we can take those lessons into this new and uncertain future.

Professor Suzanne Fraser

Director

Australian Research Centre in Sex, Health and Society,
La Trobe University

La Trobe University Australia has long been a world leader in responding to HIV. Lessons from the Australian HIV response have particular resonance in 2020 as we deal with the COVID-19 pandemic. Community engagement, community support, and broader wellbeing – including mental health and social connection – are key to managing any infectious disease effectively and respectfully. This understanding is reflected in the Eighth National HIV Strategy which includes in its targets a concern for improving quality of life among people living with HIV.

Advances in the biomedical treatment of HIV have driven major changes in prevention and treatment. Encouraging earlier and sustained use of antiretroviral treatment (ART) by people living with HIV is now seen as central to eliminating HIV transmission in Australia and internationally. ART allows people living with HIV to achieve a life expectancy equal to that of anyone else. However, this does not also ensure their mental health is well supported. Nor does it address the negative impact of HIV-related stigma, something known



to significantly affect quality of life. Concern for the wellbeing of people living with HIV is about an ethic of care and responsibility – recognising that support must remain core to Australia's HIV response.

Among its goals, the National HIV Strategy aims to see 75% of people living with HIV reporting good quality of life by 2022. Largely through our

HIV Futures Study and the PozQoL (quality of life) measure, ARCSHS monitors progress toward this goal. Our research explores the elements that help improve quality of life for people living with HIV in Australia. For example, we know that connection to community and knowing other people living with HIV are associated with better wellbeing and lower perceived stigma. This points to the potential benefits of investment in peer-based programs and services such as peer navigator initiatives that enable people who are newly diagnosed with HIV to connect with other people living with HIV.

On World AIDS Day 2020, ARCSHS joins people living with HIV, and our community, government and research partners, in affirming the importance of quality of life and wellbeing for people living with HIV in all their diversity. In this we are committed both to the value and dignity of the lives of the individuals and communities directly affected, and to ending the HIV epidemic for all.

Scott Harlum

President

National Association of People with HIV Australia (NAPWHA)

For World AIDS Day 2020 I'd like to acknowledge the community of people living with HIV in Australia, and the strength and diversity of that community, which has supported us for nearly 40 years, binds and protects us again as we face the uncertainty and fear of a second pandemic in our lifetime.

Aboriginal, Torres Strait Islander or Anglo Australian; born overseas, from Africa, South America, South East Asia; a man, woman, trans or non-binary; gay, straight, lesbian or bisexual; a person who uses drugs; in a custodial setting; a sex worker; a long-term survivor or newly diagnosed; adolescent, young, middle-aged or older... your face changes, but not the richness of experience and the opportunities to listen and learn which come from being your peer.

We know that the people who are more likely to test late, less likely to treat and more often lost to follow-up come from 'unconnected' communities.



And we can do better to expand our minds and in doing so expand our services as well.

But this World AIDS Day I also want to acknowledge that we can do better to engage and listen, on your terms. We can do better by involving you, the very people we want to reach, in the development of health promotion and health interventions.

We can do better by valuing peers, and by having peers working within our communities in clinics, in support services, in NGOs and in government services. We can do better by valuing peers translating, supporting, empathising, and informing us – in the HIV sector – of what is needed to improve your health. And we can do better with clearer pathways for the exchange of information, and by being open to listen and quicker to act.

On World AIDS Day 2020 I acknowledge the power of my peers and I challenge us all to harness the diversity of our communities to improve our future response to HIV.

Jules Kim

Chief Executive Officer

Scarlet Alliance, Australian Sex Workers Association

Sex workers in Australia continue to maintain low prevalence of HIV sustained through ongoing investment in health promotion and prevention efforts of peer based sex worker organisations. In longstanding, effective partnerships with government, researchers, community and the health sector, the leadership of sex workers and their organisations has ensured that prevalence of HIV among Australian sex workers has remained among the lowest in the world.

Unfortunately stigma and discrimination against sex workers remains unacceptably high, creating barriers to HIV prevention and access to healthcare services. Recent research conducted by CSRH examining the expression of stigma towards sex workers found 64% of the general public and 31% of the health workforce reported they would behave negatively towards a person because of their sex work. Despite these incredibly high levels of stigma and discrimination experienced in the daily lives of sex workers, including in accessing health services, sex workers do not have access to anti discrimination protections across many states and territories of Australia. There remains an urgent need to ensure consistent anti discrimination protections for sex workers throughout Australia.

Scarlet Alliance have partnered with CSRH to conduct a survey exploring the experiences of stigma among sex workers as a priority population



in the National HIV, Hepatitis and STI Strategies. The findings of this research will inform critical stigma reduction interventions for sex workers and will provide an important baseline to provide an annual measure of their impact on the experience of stigma by sex workers.

Another key barrier are the regulatory and legal issues that sex workers

face such as criminalisation, licensing, forced registration and mandatory testing in some jurisdictions. The varied regulatory framework in each state and territory that sex workers are subject to impede our access to prevention, treatment, testing and health services, reduce our ability to implement workplace health and safety strategies and increase our risks to BBV and STI. There is strong evidence to support that the decriminalisation of sex work improves access to workplace health and safety, access to healthcare and justice, and reduces HIV risk and rates.

In June this year, the Northern Territory became only the second jurisdiction in Australia to decriminalise sex work. The Sex Industry Bill 2019 was passed in NT parliament on 26th November, 2019 and was implemented in June 2020 providing sex workers access to the same WHS and industrial protections as other workers in the Territory. And there is cause to be hopeful in other states and territories with active sex worker led campaigns for positive law reform, to repeal criminalisation, licensing, registration and mandatory testing; provide crucial anti discrimination and anti vilification protections for sex workers; and to fully decriminalise sex work for our rights, health and safety.



Melanie Walker

Chief Executive Officer

Australian Injecting & Illicit Drug Users League (AIVL)

Globally, people who inject drugs are 22 times more likely to acquire HIV than those who do not inject, and locally, Indigenous Australians who inject drugs account for 12% of new HIV notifications among Aboriginal and Torres Strait Islander Peoples. In Australia, needle and syringe programs remain the most effective means to prevent transmission in this key population. However, the lack of this harm reduction measure in custodial settings remains and continues to disproportionately affect Indigenous Australians.

The COVID-19 pandemic has impacted our communities and the sector in unprecedented ways. As a result, we must find innovative ways to respond to ensure that HIV and the harms it causes are not overlooked. Additionally, we need to continue to fight the persistent issue of stigma and discrimination faced by our criminalised community.

Community-led responses are as critical as they have ever been.



This year, AIVL has also worked with key partners such as the RACGP to develop the Interim Guidance for the Delivery of Medication Assisted Treatment of Opioid Dependence in Response to COVID-19: A National Response. This provides a national framework for the provision of opioid maintenance treatment in healthcare settings. Encouragingly, take-away doses of pharmacotherapies have been

increased throughout this period.

We have also continued to work with key research institutions to inform study into the effects of COVID-19 on people who use drugs and their access to harm reduction measures and services.

Despite some of the hardships and challenges that COVID-19 has presented, the Australian sector has shown its ability to promptly respond in strong collaboration with the interests and needs of our communities at the forefront of our actions. Notwithstanding this, globally and locally, a reinvigorated response to the needs of key populations at risk of HIV is a key priority in these unprecedented times.

The Australian Injecting and Illicit Drug Users League (AIVL) is the national organisation representing people who use/have used illicit drugs and is the peak body for the state and territory peer-based drug user organisations.

Michelle Tobin

Chair

Anwernekenhe National HIV Alliance (ANA)

Aboriginal and Torres Strait Islander people experience lower HIV testing rates, lower pre-exposure prophylaxis (PrEP) uptake, higher HIV diagnosis rates, delayed HIV diagnoses, and higher rates of HIV diagnosis among women, compared to their non-Indigenous counterparts.

I am a proud Aboriginal woman of the Yorta Yorta Nation living with HIV since 1990. I am a mother, grandmother, daughter, sister and aunty and a descendant of the Stolen Generation.

Our mob faces an unacceptable situation. Two years ago, Kirby Institute data showed that the rates of HIV diagnoses for my mob were double that of non-indigenous people. In 2020, I am sorry to say these figures have changed little. STI rates of chlamydia, gonorrhoea and infectious syphilis are now 3, 10 and 6 times greater than non-Indigenous populations.

As an Aboriginal Health Program Officer at Positive Life NSW, I lead an Aboriginal co-designed needs assessment project to generate a culturally sensitive HIV service delivery model in collaboration with an advisory committee of Aboriginal and Torres Strait Islander people. Co-designing a culturally aware and appropriate service model with, by and for Aboriginal and Torres Strait Islander people is just the beginning to generate the valuable understanding, knowledge and solutions my community needs to reduce HIV transmission.



Aboriginal and Torres Strait Islander people need tailored and differentiated approaches to HIV prevention and treatment. Mainstream health infrastructure must draw on our wisdom, lived experience, and direct engagement within GIPA/MIPA principles, as a step to revitalise the HIV prevention, testing and treatment landscape.

While the Anwernekenhe National HIV Alliance (ANA) *Us Mob & HIV* booklet produced in partnership with AFAO is being updated and reprinted, as Chair I am still deeply disappointed the ANA remains unfunded. This reality speaks volumes to the funding and policy priorities of policy makers. Despite this, we are encouraged by the appointment of two Aboriginal Project Officers, working closely with the ANA to ensure the voice of Indigenous Australians is heard within the Australian HIV response.

We have seen significant impacts from COVID-19 on our mob's resilience. Physical distancing has strained the way we access and engage with services. For many of us already living in crowded housing conditions or with poor access to healthcare, our risk of COVID-19 is heightened. Despite COVID, the Positive Aboriginal Torres Strait Islander Network (PATsIN) continues to work closely with HIV sector partners to create a 2021 Resilience Retreat when it's safe to gather together again.

While the latest HIV epidemiology data still show our mob continuing to shoulder a disproportionate burden of HIV and STIs, I am hopeful that the co-designed approaches to HIV prevention and treatment will be firmly grounded in community by next World AIDS Day.



Novel approaches drive progress in the Philippines

Since late February, the Philippines has been under enhanced community quarantine due to COVID with movement limited to only accessing basic necessities.

This has severely impacted HIV prevention and treatment as resources are diverted to address the impact of COVID-19. Access to antiretroviral medicine, PrEP, condoms and testing has been limited.

United by the value of self-worth, LoveYourself is a community of 2,000-strong volunteers who aim to reach out to others to propagate ideas, attitudes, and practices and provide spaces that encourage one to dare to be oneself, to care for and love oneself, and to share oneself.



Approximately 7,000 clients with HIV rely on LoveYourself for uninterrupted access to life-saving medication and other HIV services. (EBagasol/LoveYourself)



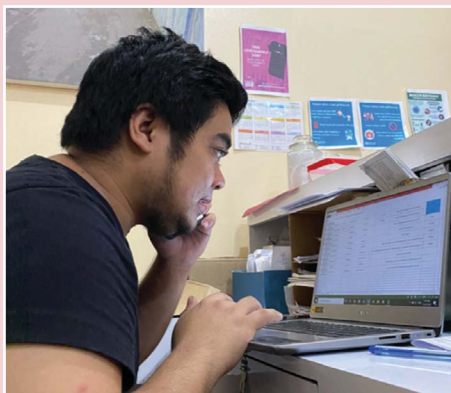
LoveYourself staff at an intra-country meeting to exchange ideas and develop skills to respond to HIV. (EBagasol/LoveYourself)

LoveYourself is a community of volunteers who aim to reach out to others to propagate ideas, attitudes and practices that encourage people to take care of their health.

Despite the lockdown Love Yourself has demonstrated how to maintain pre-existing services while progressing important objectives.

With clinics being suspended and quarantine measures in place they have:

- Digitally mapped operational HIV facilities/ treatment hubs so patients can see what is open and closed before leaving their homes.
- Increased the number of phone hotlines for arranging medicine delivery.
- Employed motorbike riders to collect and deliver medicines. This has ensured continuity of care for people with HIV and continued income for motorbike riders.
- Maximised the opportunity of quarantine to use chatbots for sign up to HIV programs and delivered testing kits to clients for free via motorcycle riders. Recently, they have also opted to pick up clients who want to get tested, and bring them to their clinics, so that other health services can be provided in a wrap around service.
- Helped to set up telehealth options.
- Maximised digital approaches for campaign related activities such as an online concert to deliver HIV prevention and treatment messaging.



One of LoveYourself resident nurses Norman Libao contacts a client via phone call. (EBagasol/LoveYourself)



Nurse Ron (left), together with staff, ensures all scheduled deliveries are accomplished before the day ends. Operating from 10 AM to 5 PM from Wednesday to Sunday, health and program staff of LoveYourself facilitate delivery of medicines for an average of 100 clients a day. (EBagasol/LoveYourself)

HIV in Australia in 2019

903

new HIV notifications

12%

decline since 2015

Exposure classification

59% men who have sex with men 23% heterosexuals 8% other/unspecified

7% men who have sex with men who are injecting drug users 3% injecting drug users

29,045

people living with HIV

26,025

people living with diagnosed HIV

this is 90% of
people with HIV

23,134

people with diagnosed HIV are
achieving viral suppression

this is 97% of people
receiving ART

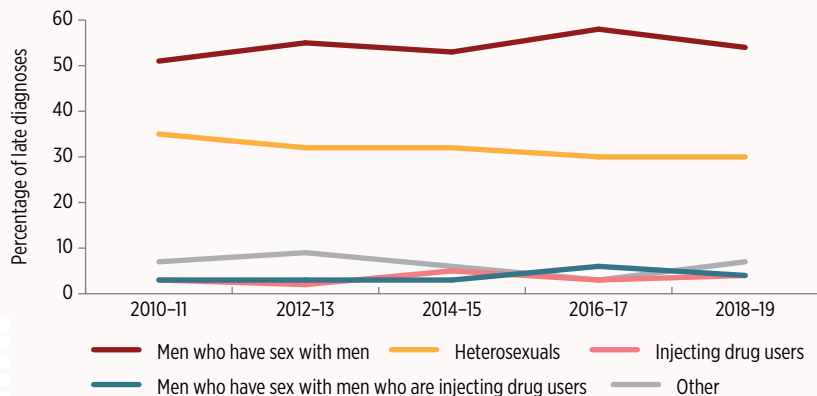
20%

of people with HIV have a
detectable viral load

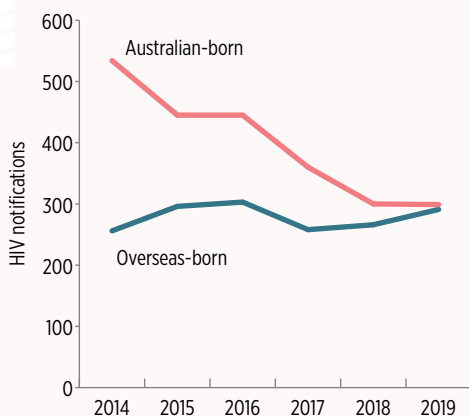
We know people who have HIV are
invested in their health and the health
of the community and do all they can to
prevent transmission of HIV.

Late diagnosis of HIV in Australia

Late diagnosis is where an individual, at the point of diagnosis, is immuno-compromised such that they are at increased risk of other infections. To reduce late diagnoses of HIV in Australia we need to increase community based rapid testing and self-testing.



HIV among gay and bisexual men in Australia



Rapid uptake of PrEP, in combination with treatment as prevention, has led to declines in HIV notifications among Australian-born gay and bisexual men. This trend has not been observed among overseas-born gay and bisexual men.

There has been a 44% decrease in HIV notifications among Australian-born gay and bisexual men vs. stable notifications among overseas-born gay and bisexual men across the last six years.

Carefully informed messaging – in language – is needed to ensure overseas-born gay and bisexual men have access to the same information as Australian-born gay and bisexual men.

Felicity Young

President

Australian Federation of AIDS Organisations

When HIV emerged in the 1980s, the idea that no one had to die of an AIDS-related illness was unthinkable. Almost four decades later, improvements in treatment and care, highly effective prevention and social solidarity have made this achievement possible. Approaches such as treatment-as-prevention and PrEP have had amazing impact on reducing transmission in recent years. U = U (Undetectable Equals Untransmittable) is now a central part of our community dialogue.



troubling epidemic among indigenous people as well as significant increases among people born overseas, especially gay and bisexual men. Responding to this will require sensitive leadership to ensure meaningful and safe inclusion of these communities in our new approaches.

For the Asia-Pacific region, this means ensuring that funding is allocated

to community-led programming, especially for key populations – gay men, men who have sex with men, people who use drugs, sex workers and transgender people. Many of our regional neighbours are moving into the middle-income bracket and are starting to fund their own HIV responses – but what is not yet secure is funding for key population-led interventions – especially in the prevention space.

Countries that continue to criminalise, stigmatise and discriminate against key populations and their behaviours undermine effective, evidence-based HIV responses. Ensuring gender-responsive programming and acknowledging the diverse issues facing women, girls, men, boys, and transgender communities is of paramount importance. We need to do more to tackle gender-based violence, trans and homophobic violence.

Failure to do so will place key populations in a highly precarious position and the gains to date will be lost.

Global Solidarity, Shared Responsibility is the global theme for World AIDS Day 2020. This means we need renewed ambition and greater innovation in response to HIV. Now is not the time to slow down or lose our focus.

But now especially in our region, political and financial commitment is waning.

An estimated 1.7 million people worldwide acquired HIV in 2019, marking a 23% decline in new HIV infections since 2010. However, that is 1.7 million too many.

While testing has increased, a large number of HIV-positive people still lack access to lifesaving treatment. The most recent data show that only 25.4 million people with HIV (67%) were accessing antiretroviral therapy (globally). That means 12.6 million people are waiting for treatment. These people could needlessly die without concerted global action.

We need to ensure the communities most affected by HIV are always placed at the centre of the HIV response in Australia and regionally. Australia has a



afoao



Australian Government

napwha national association of
people with hiv australia

