

A stylized map of Australia is the central graphic, filled with orange diagonal stripes. The map is set against a dark background. In the top left corner, the 'afao' logo is visible. Below the map, the title 'CONSENSUS STATEMENT' is written in large white letters, followed by the subtitle 'ON AUSTRALIA'S INTERNATIONAL LEADERSHIP ROLE ON HIV' in smaller white letters. At the bottom, the date 'SEPTEMBER 2022' is written in orange.

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# CONSENSUS STATEMENT

ON AUSTRALIA'S INTERNATIONAL  
LEADERSHIP ROLE ON HIV

SEPTEMBER 2022

# Goals

- 1.** An action statement by World AIDS Day to guide Australia's international HIV priorities, approach and investments.
- 2.** Australia contributing its fair share of global funding through a \$450 million investment in the Global Fund for 2023 to 2025.
- 3.** Setting aside 10% of Australia's Global Fund contribution to strengthen the response to HIV in Asia and the Pacific.
- 4.** Leveraging Australia's expertise by making Australian HIV organisations partners in the delivery of Australia's 10% set aside.
- 5.** Bilateral program assistance to specific countries with increasing HIV infections including Indonesia, the Philippines and PNG.
- 6.** Assisting Pacific island countries to meet their health system objectives, including for the prevention of HIV and sexually transmissible infections, and broader sexual and reproductive health services.

# Resources needed to meet the challenge

**Australia needs to be more ambitious in addressing HIV. It must address more directly HIV prevention and treatment in the Asia-Pacific region.**

Greater assistance needs to be given to those neighbouring countries experiencing increasing HIV infections. Australia also needs to make better use of the proven expertise of Australian organizations from the domestic HIV sector and accredited overseas development assistance agencies in providing technical and other support in the Asia-Pacific.

We also need pathways to utilise Australian community advocacy skills to help key populations deal with ongoing challenges. Australian technical and financial expertise is also needed to assist partner governments. This will enhance the visibility of Australian leadership, and foster partnership with our neighbours.

Australia should also extend its funding for research institutes undertaking HIV medical and implementation research. Australia has much to offer its neighbours in training and capacity building.

The Government is to be commended for extending its Indo-Pacific Centre for Health Security. This would be a useful basis for expanding HIV efforts in the region.

Australia must also contribute its fair share in financing at the global level, especially through the Global Fund to Fight AIDS, Tuberculosis and Malaria. Australia should expand its 2020 Global Fund replenishment contribution to at least A\$450 million in 2022, to take on its reasonable financial burden as a donor.

As the 13<sup>th</sup> largest economy, Australia needs to ensure it is assisting effective institutions in the global fight against HIV. The proposed figure of \$450 million would almost double the level of Australia's 2020 commitment but is still well below the level of other donors such as Canada, Norway and Sweden.

Based on a per-person commitment in line with other similar high-income countries, Australia has contributed a low amount relative to its size:

Country	Population (millions)	6 <sup>th</sup> Replenishment per capita 2019 (US\$ millions)*
US	330	25
UK	67	26
Canada	38	20
<b>Australia</b>	<b>26</b>	<b>6</b>

\* Figures include COVID-19 resource mobilisation contributions

Similarly, Australia represents 2.2% of Gross National Income of all OECD donor committee member economies. A 2.2% share of the proposed 7th Replenishment suggests Australia's burden share would be \$US 495 million (\$AU 690 million).

The Global Fund mobilises and invests more than US\$4 billion a year to fight HIV, tuberculosis, and malaria. Its programs are run by local experts in more than 100 countries.

Since the Global Fund was established in 2002, AIDS-related deaths have dropped by 65% and new HIV infections reduced by 54%. It provides support for 22 million people on HIV treatment.

It also provides funding for prevention and harm reduction programs among key populations. In addition, the Global Fund strengthens health systems to improve the response to HIV, TB and malaria.

The Global Fund also is a key agency supporting to the "Access to COVID-19 Tools Accelerator" (ACT-A). The Fund is co-leading on two of the ACT-Accelerator's four components – assisting diagnostics and health systems. It supported the therapeutics procurement and distribution component.

Australia's financing of the Global Fund has provided substantial benefits over the past two decades. Funding provided to the Asia-Pacific has been many multiples of Australia's contributions. Australia's influence is aided by holding an Alternative position on the Global Fund Board and a history of senior Australians active in the organisation. Australia's presence in the Global Fund ensures clear visibility of the needs of the Asia-Pacific region and substantial financing of the region's needs.

Australia has also long been active in the governance of UNAIDS and again our region has benefited by the engagement of Australians in senior positions. DFAT must continue its active participation in the UNAIDS Programme Coordinating Board.

While the burden of HIV falls heavily on the African region, UNAIDS funding also needs to continue to Australia's region. Asia and the Pacific have the world's second largest burden of HIV and the greatest concentration of HIV among key populations. Australia should require that the majority of its annual core contribution for UNAIDS (A\$4.5 million for 2021-22) be expended in the Indo-Pacific region.

Australia's 'set aside' of ten per cent (A\$24.2 million) of its 2020-2022 pledge to the Global Fund supported investments such as HIV prevention and laboratory capacity strengthening in the Indo-Pacific.<sup>1</sup> The Australian government should continue to set aside 10% of its future Global Fund contributions for technical assistance to countries in our region.

This set aside is presently managed through UNAIDS. The delivery of this assistance should be transparent, including through the public reporting of outcomes.

The agreement must also openly ensure that this funding leverages Australian expertise in strengthening community action and government responses. Through this funding, Australia can build and sustain vital partnerships and make visible Australia's leadership on HIV.

Many Australian organisations already have close connections with Asia-Pacific country equivalents, and can work effectively in partnership with local organisations on the ground.

Australia also needs to rebuild its bilateral assistance to the Asia-Pacific region to meet rising HIV infection levels in specific countries. As has been done in the past, government should draw on the expertise of community groups to help develop prevention and medical response in these countries.

# Background

## HIV is one of the four major causes of death from infectious disease, including from COVID-19.

An estimated 37.7 million people were living with HIV globally (including 1.7 million children) in 2019.<sup>ii</sup>

Global action has reduced deaths from HIV by 43% in the last decade<sup>iii</sup>, but HIV still leads to some 700,000 deaths a year in the world<sup>iv</sup>, including 130,000 in Asia and the Pacific in 2020.<sup>v</sup>

National governments have increased their funding for HIV treatment. However, donor support often remains essential for HIV prevention programs.

COVID 19 has interrupted the diagnosis, treatment, and prevention of HIV in Australia's Asia- Pacific region and some HIV successes have been reversed<sup>vi</sup>. This means that services and access systems need to be rebuilt. Ideally, they should be built back better, within the increasing focus on Universal Health Coverage (UHC) in countries' health systems.

Strengthening health systems is crucial for both UHC and health security and contributes to wider socioeconomic progress.<sup>vii</sup> But health systems must strive for equity – to be fair and to adjust for the differences in health needs among affected groups. Key populations and people living with HIV are often criminalised and left behind.

The ability of civil society to respond to HIV has been eroded in some countries by restrictions on access to domestic funding and international support. Onerous reporting requirements and regulation have increased, and COVID-19 has also provided cover for greater political restrictions on civil society and key populations.

More positively, PrEP (pre-exposure prophylaxis) has proven highly effective for preventing HIV. Australia has shown PrEP can rapidly drive down its domestic HIV incidence and must provide regional leadership to help scale-up this innovation in the Asia-Pacific.

# Global Action

## Australia and Namibia co-facilitated the Political Declaration adopted at the United Nations General Assembly High-level Meeting on HIV/AIDS in June 2021.

The Declaration provides an agreed roadmap forward for HIV.

UN member countries committed to reducing annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025 and eliminating all forms of HIV-related stigma and discrimination.<sup>viii</sup>

This emphasises that the world must achieve greater engagement of affected communities through improved human rights. In Asia and the Pacific, more than 95% of new HIV diagnoses occur among members of key populations – men who have sex with men, transgender people, sex workers and people who inject drugs – and their partners. Governments need to engage with key populations in fighting the pandemic, making action politically and socially sensitive.

Australia's Foreign Minister indicated that Australia will be guided by this Political Declaration in responding to challenges and maintaining momentum in the HIV response.<sup>ix</sup>

The UN's specialist agency, the Joint United Nations Programme on HIV/AIDS (UNAIDS), remains essential to support international

leadership, coordination, and advocacy. UNAIDS' Global AIDS Strategy 2021-2026 proposes a pathway forward to close gaps that prevent progress towards ending AIDS.

It puts forward targets for every country to end AIDS as a public health threat by 2030. Inequalities that underpin stigma and discrimination enhance people's vulnerability to acquire HIV. The Strategy calls on national governments, development and financing partners and communities to address these inequalities.

The Strategy aims to fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

The Australian government has committed that Australia will continue to work with UNAIDS in the Indo-Pacific region, to improve access to HIV prevention and testing services for vulnerable populations.<sup>x</sup>

# Ending HIV and AIDS in Australia's region is possible, but a clear commitment is needed

**In the Indo-Pacific region, AIDS-related deaths declined by 56% over the ten-year period from 2010.<sup>xi</sup>**

Significant reductions in infections have been achieved for example in Cambodia, India, and Thailand, but HIV epidemics are rising in other countries of concern to Australia. This includes HIV-TB co-infections.

To close the gaps in the HIV response, countries in Asia and the Pacific need to build on successes. Good leadership drives HIV service delivery and testing, the provision of HIV treatment and key population-led health services. Innovative approaches, some driven by COVID-19, include telehealth, take-home opioid substitution therapy, needle-syringe services, HIV self-testing and PrEP services.

The WHO has established a Regional Framework for the elimination of mother-to-child transmission of HIV by 2030.<sup>xii</sup> Thailand is the first middle-income country in the Asia-Pacific region to eliminate mother-to-child transmission of HIV.

Australia has always provided a leading model for reducing HIV infections through harm reduction and prevention measures. A strong bipartisan focus has enabled close engagement between affected communities, health professionals, government and researchers.

In addition, Australia is now leading in the use of Pre-Exposure Prophylaxis (PrEP), enabling it to commit to eliminate HIV transmission.<sup>xiii</sup>

Australia needs to take these qualities forward in its region, seeking to provide strong assistance to the most affected countries in Southeast Asia. It also needs to assist in the development of appropriate UHC approaches to provide treatment and care to people living with HIV.

Australia should work to build regional commitments to address HIV prevention and treatment, particularly in vulnerable communities, including sex workers, men who have sex with men, transgender people and people who inject drugs. In 2020 these key populations accounted for an estimated 98% of new HIV infections.

A decline in investment and programmatic commitment to HIV reduction has coincided with increases in punitive laws and policies and rising stigma and discrimination. This has blunted reductions in new HIV infections.

## HIV in the Philippines

From 1984 to 2006, the Philippines had a slow but steady increase in HIV infections, however this low-level HIV epidemic has changed, with a dramatic increase in cases detected annually.

The Philippines now has one of the fastest-growing HIV epidemics in the world. By 2016 an estimated 56,000 people were living with HIV. In several cities, rapid increases in new infection rates are being seen among men who have sex with men and people who inject drugs.



Although countries in Asia and the Pacific are at varying stages of PrEP implementation and scale-up, many need assistance to generate support from policy makers. This includes developing and disseminating guidelines for PrEP in national HIV strategic plans.

Indonesia and the Philippines are at this stage. In other countries such as Vietnam support is needed to integrate PrEP into existing HIV interventions and increase funding support including from private sector sources.<sup>xiv</sup>

We also need to utilise Australian community advocacy skills to help key populations deal with ongoing challenges, and Australian technical and financial expertise to assist partner governments.

## Indonesia

An estimated 540,000 adults and children were living with HIV in Indonesia in 2020. HIV incidence is increasing in parts of Indonesia and the overall prevalence is now 0.41%.

Stigma and discrimination continue to inhibit access to testing and treatment.

In addition, vulnerable groups have faced greater hardships due to COVID-19 with 79% of lesbian, gay, bisexual, transgender and intersex survey respondents not working owing to the COVID-19 pandemic. Sex workers have also become more vulnerable.

Only 26% of people living with HIV are on antiretroviral therapy, despite the wide availability of effective treatments. Stronger initiatives are needed to reach key populations.

Australia also needs to address worrying infection trends in neighbouring countries. Bilateral initiatives are important to assist the Philippines, Indonesia and Papua New Guinea.

More broadly, Australia's assistance should maintain a focus in the Pacific on HIV prevention and sexually transmissible infections. Australia should aim to share advice on these areas and on sexual and reproductive health, to fit within the national health agendas set by individual Pacific nations.

Australia needs to have a clear plan over the next three years for its response to HIV in our region. We ask that the Foreign Minister announce an Australian action plan for HIV by World AIDS Day, 1 December 2022.<sup>xv</sup>



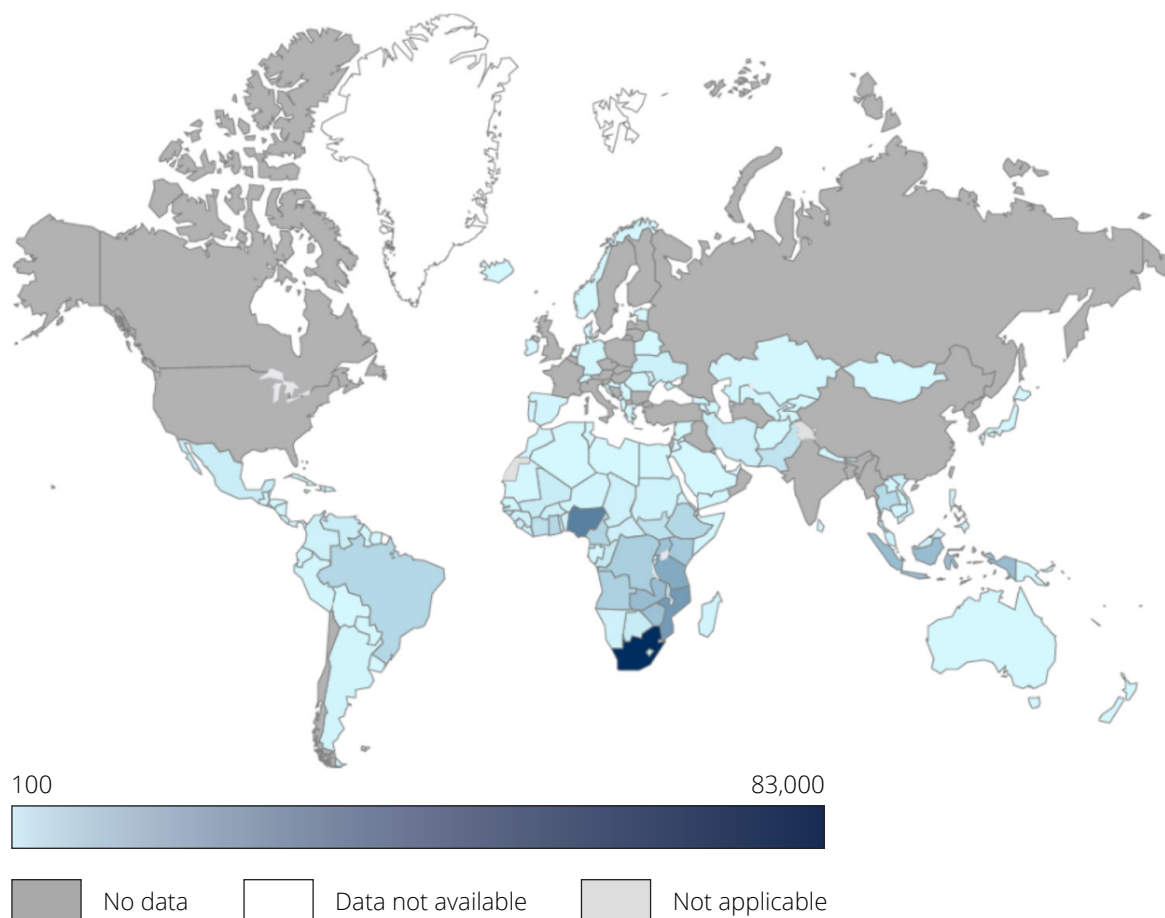
# Signatories

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

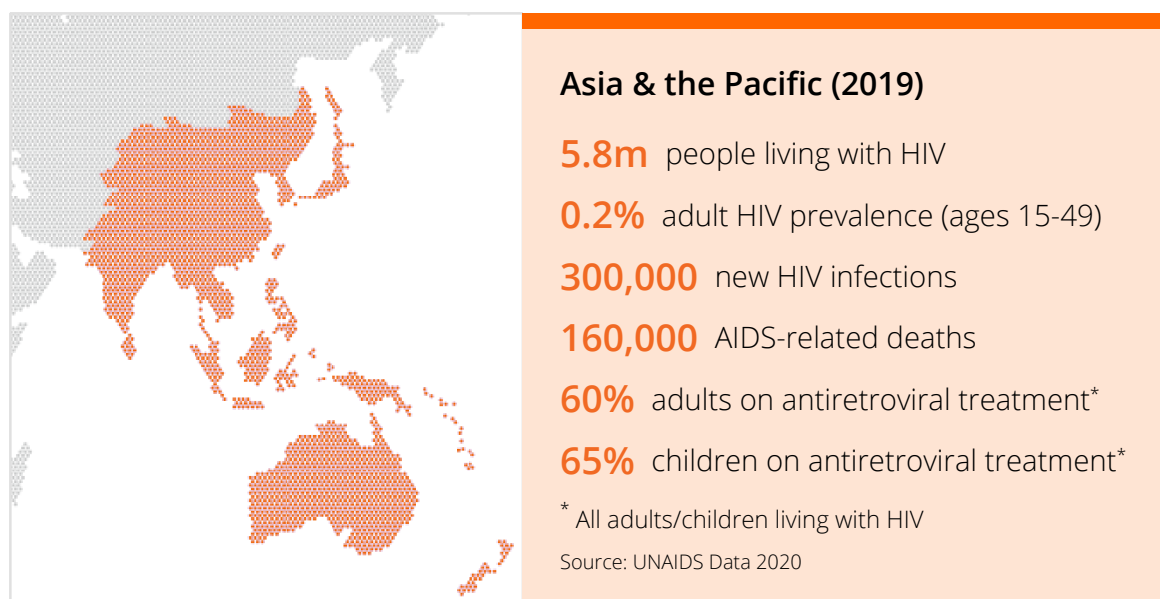


# Graphics

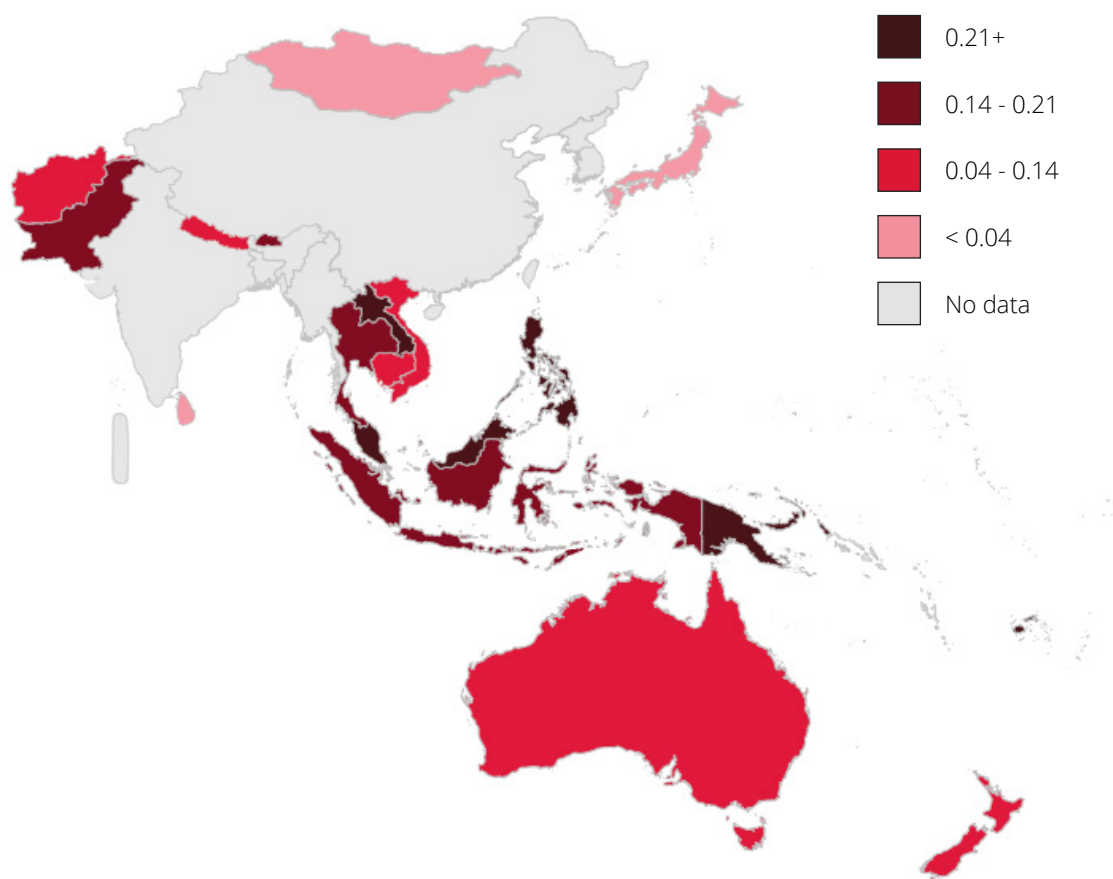
## a. Number of HIV deaths per country due to HIV/AIDS in 2020



## b. HIV in the Asia-Pacific



## c. HIV Incidence in Asia and the Pacific in 2020



## References

<sup>i</sup> <https://www.dfat.gov.au/development/topics/development-issues/education-health/health/global-health-initiatives>

<sup>ii</sup> WHO 2021

<sup>iii</sup> [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210603\\_global-commitments-local-action](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210603_global-commitments-local-action)

<sup>iv</sup> <https://www.avert.org/professionals/hiv-around-world/asia-pacific/overview>

<sup>v</sup> UNAIDS 2021 epidemiological estimates. [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)

<sup>vi</sup> <https://www.theglobalfund.org/en/Results/>

<sup>vii</sup> [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Advocacy/UHC2030\\_Health\\_systems\\_narrative\\_actions\\_paper.pdf#UHC2030\\_Health%20systems%20narrative%20%26%20actions%20paper.indd%3A14963%3A104](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Advocacy/UHC2030_Health_systems_narrative_actions_paper.pdf#UHC2030_Health%20systems%20narrative%20%26%20actions%20paper.indd%3A14963%3A104)

<sup>viii</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2021\\_political-declaration-on-hiv-and-aids\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)

<sup>ix</sup> <https://www.foreignminister.gov.au/minister/marise-payne/speech/world-aids-day-parliamentary-breakfast-0>

<sup>x</sup> <https://www.foreignminister.gov.au/minister/marise-payne/speech/world-aids-day-parliamentary-breakfast-0>

<sup>xi</sup> <https://www.foreignminister.gov.au/minister/marise-payne/speech/world-aids-day-parliamentary-breakfast-0>

<sup>xii</sup> <https://apps.who.int/iris/rest/bitstreams/1148575/retrieve>

<sup>xiii</sup> <https://www.foreignminister.gov.au/minister/marise-payne/speech/world-aids-day-parliamentary-breakfast-0>

<sup>xiv</sup> <https://unitaid.org/assets/PrEP-innovation-and-implementation-in-Asia-and-the-Pacific-Meeting-Report-2020.pdf#%5B%7B%22num%22%3A53%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2C51%2C769%2C0%5D>

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