

WORLD AIDS DAY 2024



Dash Heath-Paynter

Chief Executive Officer Health Equity Matters

Since the earliest days of the AIDS crisis, Australia's response has been world-leading, backed by a multi-partisan commitment to working in partnership with affected communities, health workers, researchers and advocates.

This World AIDS Day, we welcome the Albanese Government's continuation of this commitment, reaffirmed with the release of the National HIV Taskforce Report by Minister for Health and Aged Care Hon Mark Butler MP at last year's annual Parliamentary Breakfast.

The report's recommendations include making PrEP more easily available through pharmacies and nurses, boosting its use among people ineligible for Medicare, expanding access to HIV self-test devices, reducing financial barriers to treatment and driving greater awareness of HIV and fighting stigma through the development of a communication strategy to inform the use of culturally appropriate and sensitive language in healthcare settings and in the media. It also calls on the states and territories to promote reforms to outdated laws that criminalise people with HIV.

Implementing the Taskforce's recommendations will make a real difference in the fight against HIV. It will reduce transmission through increased use of effective prevention strategies like PrEP, tackle stigma and discrimination, and help ensure everyone living with HIV receives the treatment, care and support they need.



World AIDS Day also reminds us of the urgency of tackling the HIV crisis throughout our region. Far too many people in Asia and the Pacific continue to be impacted by this lethal disease.

In 2024, Health Equity Matters increased its commitment to its regional mission. Through a joint initiative with UNAIDS funded by the Department of Foreign Affairs and Trade, we expanded our

international program to provide community systems strengthening and community leadership and empowerment in Papua New Guinea and Fiji, as well as providing technical support on Gender Equity, Disability and Social Inclusion-related matters. We also expanded our Global Fund-supported Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2 Program) into Malaysia, with the aim of delivering critical policy and programming to support drug law reforms. This expansion reinforces the organisation's commitment to prioritising advocacy activities that pursue better enabling environments for key populations.

In Australia and abroad, we continue to make remarkable strides towards our goal of eliminating HIV transmission. As we mark World AIDS Day 2024, let us celebrate the progress we have made, while reaffirming our commitment to ending the HIV epidemic for everyone.



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Credits

Coordination

Justin Salerno

Design & Production

Biotext

Credits

The World AIDS Day booklet is developed by Health Equity Matters through a grant from the Commonwealth Department of Health. The booklet is part of the World AIDS Day Parliamentary Breakfast, which was initiated in 2010. Health Equity Matters recognises the leadership of Mr Bill Bowtell AO in conceiving this event.



Senator Louise Pratt and Senator Dean Smith

Co-Chairs

Parliamentary Friends for ending HIV, STIs and
other Blood Borne Viruses

We are delighted to co-host the annual World Aids Day Parliamentary Breakfast again.

Recognising the importance of bipartisanship in Australia's HIV response, we were both pleased to participate in the work of the HIV Taskforce, which delivered its report in November last year.

The work of the Taskforce highlighted that Australia's goal of reaching the virtual elimination of HIV transmission is within our reach.

Our work through the Parliamentary Friends for ending HIV, STIs and other Blood Borne Viruses, and the many years we have been hosting these World AIDS Day breakfasts, has educated us and the Parliament on how to reach this goal.

We congratulate all those who have worked together to achieve virtual elimination in some parts of Australia, such as inner-city Sydney.

This has been achieved through leadership by the people and communities affected by HIV, which has increased the rates of testing, treatment and use of PrEP.

AIDS 2024, the 25th International AIDS Conference, called on all of us to "Put People First" in our HIV response, something that is fitting for Australia.

To replicate virtual elimination across the nation, we now need the same level of engagement in other communities, especially for overseas-born



gay, bisexual and other men who have sex with men (GBMSM), young people and First Nations communities.

As our very own Professor Sharon Lewin (International AIDS Society (IAS) Immediate Past President and AIDS 2024 International Co-Chair) put it, we shouldn't any longer be "thinking of hard-to-reach populations, we should think of hard-to-reach health services. HIV responses must be built for the individual, especially the most vulnerable."

We also know that continued efforts to break down stigma are critical to our HIV response.

This has been a key part of the success of reducing transmission among gay men. However, identity-based stigma – including homophobia, transphobia, sexism, racism, and prejudice against sex workers and people who use drugs – remains.

Young Australians with HIV report that this contributes to depression and social isolation, and we know that stigma makes it so much harder for our prevention efforts to reach people.

On this basis, we want to thank all those who are visible with their HIV experiences and who contribute to breaking down these stigmas and prejudices.

We will continue to support you, and new and emerging leaders in this space, as we work towards achieving the goal we can now be confident is possible.



Lady Roslyn Morauta

Chair of the Board

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Australia has been a steadfast partner of the Global Fund since our mission began in 2002, and over the last decades, Australia has also become an exemplary model of how to stand up to threats like AIDS. When the first cases of HIV were identified in the country more than 40 years ago, Australia did not flinch in its response, but instead tackled these threats head on – proactively giving people the tools and preventive options they needed, engaging and communicating with affected communities and forging a lasting partnership between community, government, and the health and research sectors.

Thanks to these strong foundations and the progress sustained over the years, today Australia is on track to reach the UNAIDS 95-95-95 targets – 95% of all people with HIV knowing their HIV status, 95% of all people diagnosed with HIV receiving sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to achieve viral suppression by 2025.

Australia's domestic experience and long-standing engagement in the global fight against HIV have positioned it as a leader in the efforts to end AIDS as a public health threat in the Asia-Pacific region. Despite tremendous progress throughout the region in recent years – with AIDS-related mortality halved since 2010 –



there are causes for concern. HIV epidemics are growing in many Asia-Pacific countries, including in my home country of Papua New Guinea, where HIV infections have climbed by 131% since 2010.

Inequity is the ever-present barrier to accelerating progress against the virus, and the poorest and most marginalised continue to be disproportionately affected. In many countries, there is just not

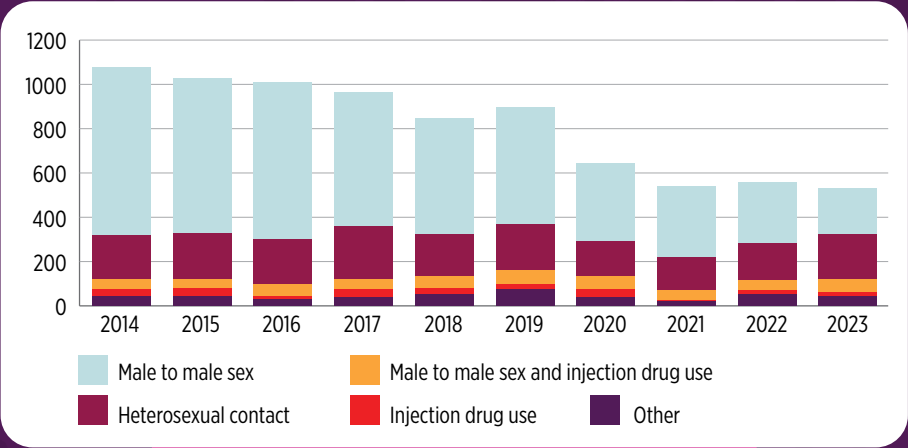
enough funding for prevention programs for key populations. In Papua New Guinea, less than 15% of HIV expenditure goes to prevention programs for people from key populations, despite the high prevalence of HIV amongst these populations.

Tackling these barriers calls for the same relentless response that Australia has rallied over the years. We live in an age of innovation, and we have the knowledge and tools to prevent every new HIV infection and each AIDS-related death. But ending AIDS as a public health threat requires considerable resources, as well as a strong commitment to tackle inequalities and work with communities. I firmly believe that with the support of Australia and the Global Fund partnership, this is a challenge that Papua New Guinea and the whole Asia-Pacific region can rise to.

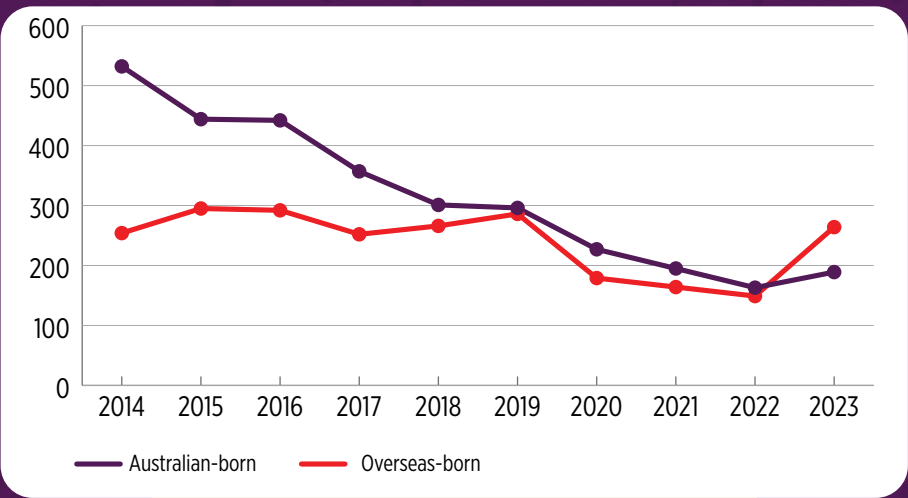


HIV in Australia 2024

HIV notifications by exposure



HIV notifications among gay and bisexual men by birthplace



Source: King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2024). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024. Kirby Institute, UNSW Sydney.



Senator the Hon Penny Wong

Minister for Foreign Affairs

On World AIDS Day we celebrate shared achievements in the fight against the HIV epidemic.

Around the world, fewer people acquired HIV in 2023 than at any point since the late 1980s. Last year, almost 31 million people were receiving lifesaving antiretroviral therapy, a public health success that has reduced the numbers of AIDS-related deaths to their lowest level since their peak in 2004.

However, the world is still not on track to reach the goal of ending AIDS as a public health threat by 2030. Progress remains uneven, and new HIV infections are not declining quickly enough. Almost a quarter of people with HIV are not yet receiving treatment. One person dies from AIDS-related causes every minute.

In Asia and the Pacific, 6.7 million people were living with HIV in 2023. Our region accounts for nearly a quarter of all annual new HIV infections globally, and the disease is a growing challenge in a number of countries in Southeast Asia and the Pacific.

Australia continues to play a leading role in the global and regional fight against HIV, including through our five-year, \$620 million Partnerships for a Healthy Region initiative. Our \$12 million partnership with UNAIDS and Health Equity Matters is strengthening the HIV response in Papua New Guinea, Fiji, the Philippines, Cambodia, and Indonesia.



We know that efforts to end this epidemic must be grounded in human rights, dignity, inclusion and respect for everyone. Community voices must be at the centre of the response. However, many countries lack comprehensive legal protections for LGBTIQ+ people, exacerbating risks of stigma, discrimination and violence and leading to poor health outcomes.

Our \$3.5 million Inclusion and Equality Fund is supporting LGBTIQ+ civil society organisations and human rights defenders, international partnerships and networks – helping address social stigma and legal discrimination.

And with Australia's support, UNAIDS is working to ensure gender-responsive and stigma-free policy and legal environments to strengthen evidence-based decision-making, while Health Equity Matters is enhancing the leadership, governance, stewardship, and advocacy capabilities of Papua New Guinea's Key Population Advocacy Consortium and Fiji's Pacific Sexual and Gender Diversity Network.

These kinds of partnerships have always been the key. From the beginning, our progress has relied on community leadership, partnerships with scientists, government and public health experts, and evidence-based policy.

It is within our reach to end AIDS by 2030, and Australia will play our part in the international effort to achieve this goal.





Australian Government

**Department of Health
and Aged Care**

The Hon Mark Butler MP

Minister for Health and Aged Care

Four decades ago, community-led organisations took up the fight against HIV/AIDS, and their collective efforts are a key reason why Australia is a leader in the prevention and elimination of HIV transmission.

In the 40 years since, Australia has made remarkable progress fighting the disease. This fight has not always been easy and has required persistence, dedication, and bipartisan support across all levels.

Many Australians with HIV enjoy good health and have a suppressed viral load due to easy and equitable access to high-quality treatment.

Positively, HIV diagnoses in Australia have continued to follow a downward trend over the long term. While there were 722 new diagnoses reported nationally in 2023 – up from 553 in 2022 – this is a lower number of annual cases compared to pre-pandemic levels. Almost a third of these diagnoses were classified as late, meaning people have been unknowingly living with HIV.

These numbers are a reminder that we must renew our efforts to ensure people who are at risk of HIV are tested and people with HIV can access medical care as required.

Currently, the government is increasing access to pre-exposure prophylaxis (PrEP), improving



testing rates and access to testing, raising awareness of HIV, and boosting the skills and expertise of our health workforce through HIV education and training.

The findings of the HIV Taskforce Report, released last year, will inform the development of the Ninth National HIV Strategy, which will map our path towards eliminating HIV transmission by 2030.

The strategy will play a key role in building a sustainable future for HIV care in Australia which benefits all Australians, ensuring no person or group is left behind or faces poorer health outcomes.

The global campaign Undetectable = Untransmittable (U=U) tackles the stigma of HIV and will form a crucial part of the strategy. Australia became the fourth country to become a signatory earlier this year.

We will use U=U to raise awareness among Australians that HIV cannot be sexually transmitted when a person living with HIV has an undetectable viral load.

The Government will continue to work in partnership with community organisations as we build a better future for people with or at risk of HIV and reach our goal of eliminating HIV transmission by 2030.





Senator the Hon Simon Birmingham

The ongoing need for support, prevention and research related to HIV/AIDS in Australia is rightly brought to front of mind each year through the recognition of World AIDS Day, which also serves as a reminder of the advocacy and assistance provided by numerous health and community organisations.

Advances in awareness, inclusion and medicine have led to significant progress in prevention, treatment, and protection. The progress being made by organisations such as Health Equality Matters demonstrates that Australia's commitment to ending AIDS as a global public health threat by 2030 is achievable.

Recent years have brought substantial improvements in Australia, with an overall reduction in HIV notifications of 33% over the last decade, including a 64% reduction among Australian-born gay and bisexual men. Our understanding of prevention, transmission, and treatment has evolved significantly since the first HIV diagnosis in Australia; however, we must remain focused on essential ongoing research.

Australia has long been committed to global health initiatives, contributing to the fight against AIDS, tuberculosis, and malaria through pledges to the Global Fund and partnerships with



Shadow Minister for Foreign Affairs Leader of the Opposition in the Senate Senator for South Australia

UNAIDS. These collaborations are vital for sustaining improvements in health outcomes.

There is still much work to be done to eliminate HIV transmission in Australia and ensure access to treatment for those living with the virus, which is crucial for maintaining quality of life. Thanks to technological advancements, individuals with HIV on effective treatment can now live as long and

as healthy a life as those without the virus.

Recent reports from UNAIDS tell us that Asia and the Pacific accounts for a quarter of annual new HIV infections globally, and although Australian Government investment has driven momentum in our region by increasing HIV testing and prevention services for key populations, major gaps still persist. The Coalition fully supports ongoing Australian Government efforts to provide direct assistance to Pacific and Southeast Asian countries in all aspects of infectious disease prevention, treatment, and control.

The path to ending AIDS by 2030 is clear, and while government funding is crucial, the collective efforts of individuals to combat stigma, discrimination, and other barriers are equally vital in achieving this goal.





Australian Government

Senator the Hon Anne Ruston

Shadow Minister for Health and Aged Care

World AIDS Day is an important opportunity to pause and reflect on the individuals who have tragically lost their lives to this epidemic.

As we remember the lives that have been lost, we also acknowledge the enormous gains that have been made across Australia and the rest of the world in combatting HIV and AIDS.

Since the first reported case in 1981, Australia has made remarkable strides in the prevention and management of HIV, through our increased understanding of the disease and the implementation of effective awareness and prevention campaigns.

However, we know HIV and AIDS remains a significant global health challenge.

Importantly, on World AIDS Day, we reaffirm our shared commitment to eliminating HIV transmission in Australia and refocus our efforts toward that critical goal.

Australia has a proud history of collaboration on the HIV response. This collaborative spirit continues in World AIDS Day events across the country.



It is imperative that Australians with HIV have equitable, ongoing, timely and affordable access to appropriate treatments and testing in Australia. We must also continue to pursue research efforts as we work towards an ultimate cure.

World AIDS Day is also an important opportunity to again acknowledge the longstanding advocacy of Health Equity Matters and the National Association of People with

HIV Australia. You have played a critical role in leading the community response to HIV, and we thank you for the ongoing support and advocacy you provide for Australians with HIV and their families.

There is strong bipartisan support across the Australian Parliament towards eliminating HIV transmission, and we must continue to build on the encouraging progress seen to date.

This progress has made an incredible difference in the lives of Australians impacted by the virus, and Australia will continue to build on the incredible work to date as we look towards a future without transmission.





Adam Bandt MP

Leader

The Australian Greens

It's incredibly welcome news that Australia is on track to virtually eliminate HIV transmission by 2030.

This World AIDS Day, we can take another step closer and celebrate this progress.

Australia has recorded a steady decline in rates of HIV over the past decade, and could virtually eliminate this insidious disease.

We are also heartened by the new data which shows an ongoing decline in diagnoses of HIV among Aboriginal and Torres Strait Islander people.

We pay tribute to the collective agency, advocacy and leadership of many fearless community leaders and members, scientists, and political leaders, such as Professor James Ward, Director of the Poche Centre for Indigenous Health at the University of Queensland and a Pitjantjatjara and Narungga man cited in a recent presentation.

Professor Ward noted that while significant challenges remain, it is essential to recognise the progress that has been made.

Australia's rate of decline is far ahead of other countries such as the US and many European nations.

The struggles to contain and eradicate the disease in these countries, though, demonstrate that we must be vigilant.



We need to continue to invest in testing levels and follow the plan set by Health Equity Matters and the National Association of People with HIV Australia.

We in the Greens back aims to encourage people to educate themselves and their communities and take action – we're heading in the right direction, but we're not done yet.

There's still a lot more we can do.

Working with people with HIV, we can tell the story of how it is transmitted and encourage people to keep getting tested. We can continue to make sure it is easy to get tested, and to receive treatment and care. The sooner someone gets treated, the better.

The sooner we get to it, the better the outcome.

The Greens support efforts to eradicate this disease. We understand the importance of continuing what's working now, and helping countries in our region to continue – and win – the battle with HIV. We need to eliminate HIV transmission – here and everywhere. We support contributing to the Global Fund to Fight AIDS, Tuberculosis and Malaria; Health Equity Matters; the Pacific Friends of Global Health; and the National Association of People with HIV Australia – along with other partner organisations that are dedicated to the virtual elimination of HIV transmission and an end to AIDS.



HIV Globally 2024

39.9 million

People living with HIV

38.6 million adults
1.4 million children

30.7 million

People with HIV were accessing antiretroviral therapy

Approximately 77% of all
people living with HIV

1.3 million

People were newly diagnosed with HIV

Compared to a peak of
3.3 million in 1995

Source: www.unaids.org/en/resources/fact-sheet



Australian Government

Department of Health
and Aged Care

The Hon Ged Kearney MP

Assistant Minister for Health and Aged Care

On World AIDS Day, we remember those we have lost, reflect on the progress we have made, and renew our commitment to eliminating HIV transmission in Australia by 2030.

Four decades ago, when the world first began to grapple with an unknown virus, the dream of zero HIV transmission seemed impossible. Today we are closer than ever before.

As a nurse during the early days of the epidemic, I remember the pain, fear and heartbreak of families and friends impacted by HIV. But I also remember the strength of the community that rallied to support those suffering and demanded change. That strong sense of community remains today – as do our memories of those we lost.

We've come a long way since then. People with HIV are now able to enjoy good health with undetectable viral loads, and elimination of transmission is within reach.

The Albanese Labor Government is committed to working with community organisations whose historical efforts have helped Australia become a world leader in prevention, testing and treatment. Last year, I had the honour of serving as the Deputy Chair of the HIV Taskforce, which released its final report in November 2023. The Taskforce has now disbanded, but our government still regularly seeks the expert advice of its members.



Earlier this year, I joined the Minister for Health and Aged Care, Hon Mark Butler MP, and HIV community organisations in Sydney to announce a \$43.9 million investment in the fight against HIV. Of the total funding in the package, \$26 million will provide subsidised access to PrEP for people living in Australia who are not eligible for Medicare, helping address rising diagnoses among overseas-born gay and bisexual men.

We know there is still work to do. Ending the stigma of HIV is crucial to improving outcomes for people living with or at risk of the virus. We also need to make sure we focus our efforts on priority populations, such as First Nations people and Culturally and Linguistically Diverse communities. This will be a key focus of the next National HIV Strategy, currently under development.

It was a powerful moment in the fight against stigma when, earlier this year, Australia committed to the principles of the multinational Prevention Access Campaign that “U=U: Undetectable = Untransmittable”. A future without HIV transmission in Australia is within our grasp. A future free of discrimination is too, and we will not stop until it becomes our reality.



Health Equity Matters Sustainability of HIV Services for Key Populations in Asia (SKPA-2): Driving PrEP access in Bhutan, Mongolia and Sri Lanka

The Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2) is a three-year, multi-country program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is administered by Health Equity Matters and delivered through regional networks and local partners led by key populations in Bhutan, the Philippines, Sri Lanka, Mongolia and Malaysia.

Uptake of PrEP in the Asia-Pacific region is extremely low, with only 204,000 people having used it at least once in 2023, compared to the UNAIDS target of 8.2 million people by 2025. Despite strong promotion of PrEP in Bhutan, Mongolia and Sri Lanka, it remains available only in Sri Lanka. Overcoming this hurdle is a major challenge within the region and is a focus of Health Equity Matters' work through the SKPA-2 program.

In Bhutan, PrEP has been included in the essential medicines list since 2018; however, implementation has only commenced this year. In support of PrEP initiation, SKPA-2 has revised the national operational procedures and clinical guidelines, and funded a study visit to Viet Nam to learn about PrEP implementation in a similar setting. In May 2024, SKPA-2 supported the National AIDS Control Program of Bhutan, WHO/UNAIDS, Save the Children

and community advocates to fast-track PrEP implementation, and developed a roadmap detailing the targets and funding needed. World AIDS Day 2024 will see demand-generation activities held in the country, with the goal of scaling up PrEP over the coming years.

In Mongolia, the medicines used for PrEP are not registered for prevention and this has meant that it is not available. Additionally, private companies are unwilling to supply PrEP due to the comparatively small market, high importation costs and low expected return on investment.

With support from SKPA-2, many of the building blocks for PrEP access are in place. A feasibility study was conducted in 2022, and national PrEP guidelines have been integrated into undergraduate medical student training, thereby building the capability of newly trained doctors to deliver PrEP. SKPA-2 also supported the introduction of laws reforming the availability of medicine and medical devices in Mongolia. Hopefully, this will enable the government to initiate PrEP registration and drug procurement. At the same time, local partner Youth for Health is seeking clinical registration to provide reimbursed PrEP to gay and bisexual men and transgender women by 2026.



Health Equity Matters in discussion with staff from Family Planning Association Sri Lanka on how to move forward PrEP demand generation.

In Sri Lanka, PrEP uptake remains lower than anticipated at approximately 1,200 users, significantly short of the 2025 national target of 7,380 users. This is despite the availability of the medicine and leadership by the National STI/ AIDS Control Program. SKPA-2 has facilitated workshops for doctors and community outreach

workers to improve knowledge. Additionally, in response to growing concerns about drug use as a potential driver of HIV transmission in Sri Lanka, PrEP demand-generation activities targeting gay and bisexual men and transgender women have been prioritised.

Professor Paul Kelly

The story of HIV and AIDS is one I have followed my whole career as a doctor.

I vividly remember as a medical student sitting down with a cassette tape listening to a professor describe the occurrence of unusual immunodeficiency diseases in San Francisco, a city that would become the US epicentre of the epidemic.

It was a truly awful time. People were scared – and I watched friends and colleagues become sick and die from this new virus. When I worked in Malawi in the 1990s, there were few options to care for those who acquired HIV, and many healthy young people succumbed to the virus.

A few years later I attended an international AIDS conference in Vancouver where I presented the results of my HIV-tuberculosis PhD research in Malawi. It was 1996, and the first trials of highly active antiretroviral therapy, or HAART, were being presented in a packed room nearby.

The HAART breakthrough – involving the use of three or more antiretroviral drugs in combination – was so exciting! It changed the course of the epidemic by slowing the spread of the virus and allowing clinicians to manage HIV as a chronic disease. HIV became far less of a terminal illness.

Viral load testing and post-exposure prophylaxis (PEP) were also major developments in the mid-1990s.



Self-testing and point-of-care diagnostics were significant developments that transformed how quickly HIV could be detected, allowing individuals to know their status sooner and access treatment earlier than was previously possible.

In 2018, oral pre-exposure prophylaxis (PrEP) was listed on Australia's Pharmaceutical Benefits Scheme, marking a turning point in HIV prevention and further

transforming our response to the epidemic.

The use of PrEP reduces the risk of HIV transmission through sex by up to 99 per cent when used correctly. Long-acting PrEP is on the horizon and offers the promise of greater convenience and a further expansion of access to HIV prevention measures.

Today, we are on the cusp of virtually eliminating HIV transmission – at least in Australia. A key to this will be ongoing political commitment and a continued focus on stakeholders working in partnership, empowering community leadership, and delivering equity in health outcomes.

The Australian Government's HIV Taskforce has made several practical recommendations aimed at ending transmission of HIV in Australia – and virtually eliminating the virus by 2030.

It's an ambitious goal. But given how far we have come over the past four decades, it's one I am confident we can achieve.



Peter Sands

Executive Director

Global Fund to Fight AIDS, Tuberculosis and Malaria

Over the last two decades, the world has made remarkable progress in the fight against HIV. In countries where the Global Fund invests, AIDS-related deaths have reduced by 73% between 2002 and 2023, primarily due to the scale-up of diagnosis and treatment for HIV. Yet, despite this progress, HIV remains a major public health threat, and we need to accelerate our collective efforts if we are to reach the 2030 Sustainable Development Goals HIV targets.



We have come so far; we have achieved so much. Today we have access to the most advanced scientific knowledge and highly developed approaches, and we can prevent every new HIV infection and each AIDS-related death. We must now ensure these tools are accessible to all those who need them. We cannot end AIDS without equitable access to lifesaving prevention, treatment and care.

In Asia and the Pacific, AIDS-related deaths fell by 51% between 2010 and 2023. However, the region is also seeing a quarter of the world's new HIV infections annually, and HIV incidence is growing in Afghanistan, Bangladesh, Fiji, Lao PDR, Papua New Guinea and the Philippines. In 2023 an estimated 6.7 million people were living with HIV in the region, making this the world's largest epidemic after eastern and southern Africa.

Across the region, key and vulnerable populations continue to be disproportionately affected as stigma and discrimination impede access to HIV services. The Global Fund has been prioritising and expanding HIV prevention for key populations. As community-led responses remain vital elements of the HIV response, the Global Fund is strengthening community-based organisations, broadening access to innovative solutions such as PrEP and virtual

interventions, and scaling up comprehensive HIV services across the region.

This World AIDS Day, we can take stock of how far we have come. We should celebrate the great gains that have been made, but it is also time to recommit, significantly scale up investments and summon renewed political will. We must stand together to remove human rights and gender-related barriers to all HIV services.

The Global Fund is honoured to have Australia as a partner in the fight against HIV in the region and looks forward to working with Australian political leaders, researchers, academics, activists, affected communities and the private sector as we double down on our efforts to defeat this virus. Together, we can end AIDS for good.



Emeritus Professor Janice Reid AC

Deputy Chair

Pacific Friends of Global Health

World AIDS Day 2024 is an opportunity to reflect on the impact of the epidemic, the decisive action taken by Australia in addressing the threat of HIV/AIDS domestically, and our support for global and regional efforts to confront the disease and the experiences of those affected by the condition.

Since its inception in 2002, the Global Fund has continued to affirm its commitment to the fight against HIV, tuberculosis and malaria. This single act of global solidarity has meant that 25 million people have been able to access antiretroviral therapy for HIV over the last 20 years, with 2.4 million of those people living in the Indo-Pacific region.

During the last three years (2021-2023), the Global Fund has increased its funding allocation to the Indo-Pacific region for a total of US\$2.2 billion. The Pacific region specifically has significantly benefited from an increase in the Global Fund allocation, bringing total funding to US\$100 million. However, latest figures show that, across Asia and the Pacific region, over 94% of new HIV infections are among key populations and their sexual partners, and more than 25% of new infections are among young people (15-24 years old). This is a crucial time to ensure that the lives and future of young people and the health of our regional neighbours are protected.



In 2025, as we anticipate the next cycle of funding by high-income nation states that underpins the work of the Global Fund, it is more critical than ever for Australia to reaffirm its commitment to fighting HIV and not cede hard-won gains to eliminate HIV transmission and support those living with the disease. Together we must do more to address the dynamics that lead to new HIV infections, delayed diagnosis and the stigmatising of those who are at risk of, or who are living with, the virus.

Let us use today, World AIDS Day 2024, as a springboard for renewed investment and take compassionate and determined action to end AIDS.

Pacific Friends of Global Health raises political and public awareness of key global health issues facing the Indo-Pacific Region, and advocates to improve regional health outcomes through Australian Government investment in Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other health programs. It is hosted by the Australian Global Health Alliance.



National HIV Taskforce

Australia's HIV Taskforce was convened by the government in 2023. The Minister for Health and Aged Care, Hon Mark Butler MP, was appointed Chair, with the Assistant Minister for Health and Aged Care, Hon Ged Kearney MP, serving as Deputy Chair.

The purpose of the Taskforce was to hear from experts and develop recommendations on the effort and investment required to position Australia to meet its 2030 target of virtually eliminating HIV transmission and improving the quality of life of people with HIV. The Taskforce included the co-chairs of the Parliamentary Friends for ending HIV, STIs and other Blood Borne Viruses, Senators Louise Pratt (Labor) and Dean Smith (Coalition), as well as representatives from priority populations, and research and clinical leaders. The issues canvassed by the Taskforce included education, prevention, testing, treatment, workforce, legal issues and stigma and discrimination.

The HIV Taskforce report, released on 29 November 2023 at the annual World AIDS Day Parliamentary Breakfast, was influential in securing targeted activity funding through the last federal budget. Subsequently, Health Equity Matters and the National Association

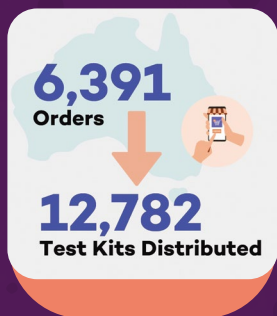
of People with HIV Australia (NAPWHA) have been involved in implementing many of the Taskforce's recommendations over the last six months, with a range of activities focused on PrEP, testing and treatment.

Notable activities include a recommendation to secure a solution to the issue of equitable PrEP access for people ineligible for Medicare. Additionally, Health Equity Matters is leading a project from a recommendation that seeks to model the funding required to reduce the undiagnosed prevalence of HIV in Australia by scaling up specific HIV testing interventions to priority HIV populations. This project will support the sector to identify the types of testing suited to specific populations and at what scale this testing is required.

Other work includes Health Equity Matters and ASHM (Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine) working closely to advocate for access to highly effective forms of injectable PrEP, and an exploration of the opportunities to widen the supply of PrEP beyond general practitioners, with a focus on enabling it to be prescribed by pharmacists and nurses.



National HIV Taskforce: Meeting number 4, 20 October 2023.



National HIV Self-Testing Project / hivtest.au delivered by the National Association of People with HIV Australia (NAPWHA)

The Project

HIV self-testing is a type of test that has been shown to increase testing among priority populations who test infrequently or not at all. Launched in 2023, NAPWHA's National HIV Self-Testing Project enables people who want to test for HIV at home the opportunity to order one year's supply of HIV self-testing kits online (four test kits) for free. Test kits are delivered to an address of the user's choosing. The program aims to increase access to, awareness of, and confidence in HIV self-testing.

Progress so far

Since the project launched in October 2023, the majority of orders have been in Victoria, with 2896 orders accounting for 45.3% of the total. New South Wales follows with 1838 orders (28.8%), and Queensland has reported 626 orders (9.8%). Western Australia has reported 484 orders (7.6%), and South Australia 292 orders (4.6%). The Australian Capital Territory has reported 117 orders (1.8%), the Northern Territory 71 orders (1.1%), and Tasmania 67 orders (1.0%).

Knowing who is ordering

As part of our "low barriers" ordering approach, demographic data is only collected after an order is completed. Of the 6391 orders, 1384 surveys were completed (21.7%). The optional survey comprises 11 questions: age, gender,

gender recorded at birth, country of birth (COB), recency of arrival for overseas-born only, language spoken at home, Medicare, Aboriginal/Torres Strait Islander, sexual identity, sexual partners (male, female, nonbinary), last test for HIV.

Of the 1384 survey respondents, 468 (33.8%) were from inner metropolitan areas, 564 (40.8%) were from outer metropolitan regions, and 352 (25.4%) were from regional or remote areas.

Based on the 1384 survey responses, the average age of self-test kit users was 37.4 years. Of the participants, 3.6% identified as Aboriginal or Torres Strait Islander, and 80% were men. A majority, 81%, identified as something other than heterosexual (mostly gay and bisexual), and 47.8% were born overseas.

Additionally, 26.5% did not have access to Medicare, 38.2% had not tested for HIV in the past two years, and of these 21% had never been tested for HIV.

The future

The self-testing project has been highly successful. Through investment from the federal government, we have doubled our capacity to meet the growing demand. This expansion will ensure we can continue fulfilling orders efficiently over the next two years. Our goal is to further enhance accessibility and reach even more people who want to test for HIV at home.

'Us Mob & HIV' booklet developed by Health Equity Matters and Anwernekenhe National HIV Alliance

The "Us Mob & HIV" booklet has been a vital resource for Aboriginal and Torres Strait Islander communities since its inception in 2003, with subsequent editions released in 2005, 2014, 2021 and 2024. Developed by Health Equity Matters in partnership with the Anwernekenhe National HIV Alliance (ANA), the booklet has received recognition for its culturally sensitive approach to HIV/AIDS education.

The booklet covers crucial topics, including the basics of HIV/AIDS, the importance of testing, and the latest treatment options. It specifically emphasises key prevention strategies such as post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), testing, and treatment as prevention (TasP). Each edition is designed to deliver this information in a culturally appropriate manner, ensuring that it resonates with Indigenous audiences and addresses their unique health needs. The inclusion of personal stories, or "yarns", allows community members to see themselves in the narrative, reinforcing that they are not alone in their experiences.

The enduring success and high utilisation of the "Us Mob & HIV" booklet highlight its effectiveness in informing and empowering Aboriginal and Torres Strait Islander peoples. Feedback from the community and healthcare workers indicates that the resource fosters a more informed approach. The inclusion of contact details for local health services further enhances accessibility and support.

The booklet's continued relevance is underscored by its updates with each edition, reflecting

advances in HIV prevention and treatment. As the landscape of HIV care evolves, the booklet remains a trusted resource, providing essential information and support in a culturally relevant way. This ensures that Indigenous communities are not only informed about the latest practices and recommendations but also feel empowered to seek help within a familiar and supportive context.

The "Us Mob & HIV" booklet exemplifies the importance of culturally relevant health resources in addressing health disparities experienced by Indigenous communities. The partnership with ANA and focus on community-specific needs have made it an indispensable tool for promoting the wellbeing of Aboriginal and Torres Strait Islander peoples as we head towards the virtual elimination of HIV.



Professor James Ward

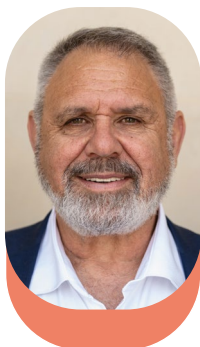
Director

University of Queensland Poche Centre
for Indigenous Health

This year on World AIDS Day I want to recognise all those we have lost to HIV over the years, as well as the efforts of many Aboriginal and Torres Strait Islander people and communities that have been leading efforts to prevent HIV in Australia and working to ensure people with HIV have the best quality of life. These individuals work in Aboriginal community-controlled health services, in sexual health clinics, general practices, hospitals and in community-based organisations.

Without their collective and combined effort, Aboriginal and Torres Strait Islander communities could be in a very different position to where we are today.

Every case of HIV diagnosed today or indeed this year is one too many, especially with all the tools we have in the toolbox to prevent HIV, such as PrEP, PEP, treatment as prevention and testing. It is worth noting that ever since HIV first entered Australia, we have had similar numbers of cases of HIV diagnosed each year (around 20 to 40), and this is despite our population almost trebling during the last 30 to 40 years.



This is success and it is a good news story worth celebrating. There is no doubt that our communities have benefited from science, treatment as prevention, treatment, testing strategies, and PrEP, but the efforts of our communities in disseminating critical messages have placed us in a strong position to continue the fight – and this has been made stronger still because we collectively did not allow HIV to take hold in our communities.

Aboriginal and Torres Strait Islander community-controlled health organisations such as NACCHO, its 150-plus-member primary care services and their state and territory affiliate organisations have been central to the epidemic, rolling out health promotion efforts and quality clinical care, treatment and management. Organisations like the Anwernekenhe National HIV Alliance (ANA), and the Positive Aboriginal Torres Strait Islander Network (PATISIN) and my own staff at UQ Poche have worked tirelessly to ensure we have a voice and we are visible in the response.

However, our work is not over yet. Let's keep the good fight going and ensure this is a real success story in health outcomes for my people.



The Hon Michael Kirby AC CMG

Patron

Kirby Institute, UNSW

World AIDS Day 2024 marks more than four decades since the first cases of HIV appeared. How vividly my partner Johan and I remember those terrifying times. Fears for ourselves and our closest friends. Pain at losing friends to AIDS. Admiration for those who were helping those who were sick or at risk. Gratitude for political leaders and doctors who led awareness and taught self-protection.

By 2024, Australians have made considerable progress. Data from the Kirby Institute shows HIV diagnoses have continued to follow a downward trend over the last 10 years. Overall diagnoses have declined by 33%. Despite ongoing challenges, Australians can take satisfaction from the news that we are a step closer to reaching the objective stated in the Sustainable Development Goals. We must redouble our efforts to ensure that AIDS is eliminated as a public health threat by 2030.

While Australia continues to be a world leader in combating and treating HIV and we are still heading in the right direction, the struggle is not yet over.

Data shows there has been a slight increase over the past 10 years among a small number of people with HIV, acquired through heterosexual sex. There have also been increases in infections



among people born overseas. In addition, more than a third of HIV diagnoses in 2023 were classified as “late”, meaning that the person infected may have been living with HIV for four or more years without knowing their HIV status. They may still be at risk for HIV-related illnesses.

Pre-exposure prophylaxis (PrEP) is also worthy of mention. While record numbers of people were prescribed

PrEP in 2023, those aged under 25, bisexual men and participants living in rural, regional and remote areas were less likely to report PrEP use and more likely to report HIV transmission and risk.

Urgent work is still required to close the gaps. Globally, we need to increase access to testing and make sure prevention and treatment strategies are available to the populations that need them the most.

Cooperation has always been the critical factor in the world's response to HIV. Only through strong national and international partnerships and collaboration will we be able to eliminate HIV transmission globally and achieve a healthier and more equitable world for all.

We have made progress. But the future, like the past, will be full of lessons to be learned from AIDS.



Scientia Professor Anthony Kelleher

Director

Kirby Institute, University of NSW

World AIDS Day, held each year on 1 December, is an occasion to take stock of the progress made in the ongoing fight against the HIV epidemic.

Here at the Kirby Institute, our work began in 1986, when my friend and former colleague the late David Cooper AC and his colleagues established what was then called the National Centre for HIV Epidemiology and Clinical Research. Together, this team worked alongside affected individuals and their care providers to urgently find solutions to HIV from within the community itself. At the time, it was a unique approach to disease treatment and prevention.

Through their tireless work, they significantly contributed to turning the tide of HIV, with Australia leading the global response. In an astounding three decades, we have seen the transformation of what was once a death sentence into a chronic condition that can be effectively managed with antiretroviral therapy. With just one daily pill or regular injection, people with HIV the world over are living longer and healthier lives.

Here in Australia, 2023 saw record numbers of people prescribed PrEP. Current data also shows that HIV diagnoses in Australia continue to follow a long-term downward trend: over the last decade, diagnoses have reduced by



33 per cent, with particularly significant reductions (64 per cent) among Australian-born gay and bisexual men and other men who have sex with men. It is evident that we are heading in the right direction to eliminate HIV transmission.

However, this is not a time for complacency. There is still much work to be done, even in Australia, to make HIV treatment and prevention strategies equitably accessible and

acceptable among all population groups – in particular, men born overseas. It is vital we address disparities and refocus our efforts to reach communities most in need. Urgent responses are required in our region to truncate established and growing epidemics. Culturally appropriate and community-led health services and programs are essential for providing these populations with prevention, testing and care as early as possible. We have the tools – we must now improve their availability and accessibility.

Now is the time to retarget our efforts and continue a collaborative approach to ensure no one gets left behind. By doing what we know works best – engaging with communities most at need and working alongside their collective efforts – we can face the challenges that exist and take important steps towards a world free of HIV.



Professor Sharon Lewin AO

**Immediate Past
President**

International AIDS Society

Director

Doherty Institute

At AIDS 2024, the 25th International AIDS Conference, which I recently had the great honour to co-chair, there were announcements that gave great hope, while we were also reminded that the HIV pandemic is far from over.

The news of the “next Berlin Patient” – the seventh person cured of HIV following a stem cell transplant – was exciting and inspiring for people with HIV, clinicians and scientists. Three of the six other cured people: Adam Castillejo (formerly known as the London Patient), Marc Franke (formerly the Düsseldorf Patient) and Paul Edmonds (formerly the City of Hope Patient) came to Munich and generously shared their experiences. The theme of the conference was “Put People First”, and hearing the miraculous journeys of these people shone a bright light on decades of research and future possibilities.

At the same meeting we heard about the twice-yearly injectable lenacapavir for HIV prevention, described as a “miracle prevention tool”. The clinical trial included more than 5,000 women from South Africa and Uganda, including pregnant women and adolescents, and demonstrated that lenacapavir gave 100% protection against HIV acquisition in cisgender women. However, this amazing tool could remain out of reach for the countries in the study and



other low- and middle-income countries due to expensive pricing. It is our responsibility to ensure this doesn't happen.

A concerning update from UNAIDS showed that the 2030 targets of 95-95-95 may not be met and are currently 86-89-93. The number of people with HIV rose from 39 million in 2022 to 39.9 million in 2023 and about 1.3 million people acquired HIV. Of great concern, 630,000 died

from AIDS-related illness – which equates to one death a minute! The study calculated the human cost of inaction and failure to meet the targets, finding that it would result in 34.9 million new HIV acquisitions and 17.7 million AIDS-related deaths by 2050.

The challenges of stigma, discrimination and criminalisation are not abating. Alarming, some of these obstacles are worsening, with new laws criminalising LGBTIQ+ relationships in some African countries, such as Uganda and Ghana.

On World AIDS Day 2024, we remember those we have lost. At the same time, there are many advances and achievements to celebrate. HIV remains a major global challenge that can only be solved through partnerships between science, community and government. Let's ensure we remain focused on our goal to see the end of HIV, while we continue to always put people first.

Professor Brendan Crabb AC **Director and CEO** Burnet Institute

On Worlds AIDS Day 2024, we reflect on how far we have come in our fight against HIV while remembering those we have lost over the last four decades. HIV notifications have dropped by a third over the past decade, and ready access to treatment means people with HIV can enjoy quality of life comparable to other Australians. Burnet Institute is proud to have been at the forefront of the HIV response in Australia through public health and laboratory-based research and advocacy.

However, a rebound in HIV notifications in 2023, while somewhat expected as we see returns to pre-COVID migration levels, reminds us that we must remain steadfast in our efforts to ensure equitable access to testing, prevention and treatment. Burnet's surveillance program has highlighted that rates of HIV testing have not recovered to pre-COVID levels, indicating the sustained disruption COVID-19 has had on engagement with healthcare and HIV testing.

It has been 10 years since PrEP first became available in Australia – initially through demonstration trials and then through pharmaceutical benefit scheme subsidisation. Over this decade we have seen remarkable uptake among gay and bisexual men. However, not all people at risk of HIV are reaping the benefits of PrEP equally. Despite substantial declines in HIV among gay and bisexual men



living in urban areas, similar declines have not been observed in Aboriginal and Torres Strait Islander people, overseas-born gay and bisexual men, heterosexual people and people living in regional areas. With the tools to end HIV as a public health threat now available, and significant investment in the HIV response through the HIV taskforce, equity must be at the centre of our renewed efforts to achieve elimination of HIV transmission.

Across the Pacific region, HIV stigmatisation and social marginalisation of affected communities is driving HIV epidemics. Burnet is working to establish and maintain strong partnerships with health authorities, multi-sectorial stakeholders and communities across the Pacific, to strengthen resilience to infectious disease, with a focus on triple elimination of HIV, syphilis and hepatitis B. New and exciting developments in long-acting injectable PrEP could be a game-changer for HIV prevention in the Asia-Pacific region, as long as access is equitable.

Forty years of HIV have shown that working closely with affected communities must be at the centre of our response. We must remember this as we renew and refocus our efforts to work with communities that have been left behind in the HIV response and address increasing HIV epidemics across our region.

Eamonn Murphy

**Director, Regional Support Teams for Asia
Pacific and Eastern Europe and Central Asia regions**
UNAIDS

If all we needed to end AIDS was science, this pandemic would be over.

Treatment has transformed HIV from “deadly disease” to “manageable condition”.

Testing has evolved from a months-long waiting game to rapid tests in community clinics and self-tests in living rooms.

The menu of HIV prevention methods is getting longer. Condoms are still important. But now pills and injections are also options.

Yet the Asia-Pacific region is not speeding toward the 2030 target of ending AIDS as a public health threat. There is a new infection in this region every two minutes. And every hour 17 people die due to AIDS-related causes.

Why? Because there is not yet equitable access to HIV services for all. This World AIDS Day we are reminded that HIV is not just a health problem. It is also a human rights problem.

All people have the right to health.

All people have the right to freedom from discrimination.

All people have the right to lives free from violence and fear.

Without a social context that upholds the dignity of every person and respects diversity, HIV services won't deliver the best possible results.



This holds true for every health issue. Whenever we violate the rights of a community, the situation worsens for everyone.

In that vein, I am sounding the alarm about the worsening HIV situation in Fiji, which has now overtaken Papua New Guinea's still-rising epidemic. Our latest report shows that, since 2010, new infections have more than tripled! The situation has deteriorated since COVID-19, putting the entire

Pacific at risk. Along with weak health systems, stigma and discrimination, these new infections are being driven by an uptick in injecting drug use. An effective response will not pretend these people do not exist or issue harsher penalties.

Your country is an example in this respect. Policy decisions around harm reduction that seem progressive today were taken in Australia years ago.

We thank you for your technical and financial contributions to accelerate HIV prevention throughout this region. And we encourage you to share even more about the bipartisan political support for rights-based law reform and policy directions that have led to your success.

The epidemics of Fiji, Papua New Guinea and the Philippines show that, in the interest of health security, our region must finish the work needed on existing pandemics while preparing for pandemics of the future.



Professor Kylie Valentine

Director

Centre for Social Research in Health,
University of NSW

Since its establishment in 1990, the Centre for Social Research in Health (CSRH) has provided research that supports community leadership in the HIV response. We are indebted to our partners and collaborators in the community, health services and governments. Working together produces the highest-quality research that is immediately useful for advocacy and action.

The GBQ+ Community Periodic Surveys (GCPs) are the main data source on sexual, drug use, and testing and prevention practices related to the transmission of HIV among gay and bisexual men in Australia. GCPs data indicate that many HIV-related behaviours, such as partner numbers, returned to pre-COVID-19 levels in 2023. HIV prevention coverage (the use of any safe sex strategy during casual sex) reached the highest level observed in the surveys in 2023, driven by rising PrEP use. Levels of HIV testing have largely returned to pre-pandemic levels, although it appears that testing has not recovered among gay and bisexual men not on PrEP. This is an area of opportunity to improve engagement as Australia refocuses on its ambition to eliminate HIV transmission by 2030.

People from culturally and linguistically diverse (CALD) communities in Australia are disproportionately impacted by blood-borne viruses and sexually transmissible infections. CSRH researchers are working with various CALD populations to explore their unique ethnocultural beliefs and understandings of health, illnesses



and risks, which are critical driving forces in their healthcare service access in Australia. Our findings highlight that addressing stigma and discrimination surrounding blood-borne viruses and sexually transmissible infections in community and healthcare settings is crucial in engaging CALD populations in prevention, treatment and care. Cultural safety and competence, as shown in our studies, should be emphasised in policy making,

workforce training and service delivery to enable better-tailored and more holistic care for CALD populations.

The Stigma Indicators Monitoring Project run by CSRH provides national-level data to monitor progress towards strategic targets of reducing stigma. Between 2016 and 2023, the proportion of men who have sex with men (MSM) reporting any stigma in relation to their sexual orientation within the past 12 months has varied, with a general decrease over time. This proportion was highest in 2018 (82%, coinciding with the Australian Marriage Equality postal survey) and lowest in 2021 (52%). The proportion of people with HIV who reported any stigma in the past 12 months has also decreased, from 74% in 2016 to 37% in 2022. Compared with overall experiences of stigma and discrimination, survey participants have consistently reported lower levels of negative treatment by healthcare workers. However, these negative experiences in healthcare settings remain prevalent.

Professor Adam Bourne

Director

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

Since its foundation in 1998, the Australian Research Centre in Sex, Health and Society (ARCSHS) has furthered knowledge and informed support for people with HIV. Today, our commitment to health equity, rights and the wellbeing of people with HIV is as strong as it was at our foundation.

ARCSHS is proud to host HIV Futures, one of the longest-running surveys of health, wellbeing, care and support for people with HIV. The study continues to generate new knowledge that shapes our understanding of life with HIV and empowers policymakers and service providers to commission and design interventions that can advance quality of life.

Some of our more recent analyses point to the disjunction between the enormous success we have seen in the form of biomedical technologies – namely pre-exposure prophylaxis (PrEP) and Undetectable = Untransmittable (U=U) – and what is being felt emotionally, psychologically and socially by people with HIV in Australia. Despite the fact a person with HIV who has an undetectable viral load is unable to transmit the virus to a sexual partner, the fear of HIV – still so pervasive in society – can lead to stigma and rejection. This situation has improved for some, with PrEP and U=U enabling greater sexual



enjoyment and confidence among gay men, for instance, but this is much less common for heterosexual people with HIV, especially women. Regardless of HIV status, people have a right to a safe and satisfying sex life, yet 56.5% of people in our last HIV Futures survey felt dissatisfied with their sex life, suggesting that the widespread uptake of biomedical technologies isn't moving the needle far enough or fast enough.

Such findings remind us that – for all our medical advances in preventing transmission and enabling a long and healthy life for those on treatment – the stigma of HIV is still with us. It will likely prove impossible to extend the benefits of PrEP and U=U to everyone without continued efforts to challenge stigma and reshape public conversations about HIV that reflect its modern-day experience.

On World AIDS Day 2024, we reaffirm our commitment to meaningful involvement of people living with HIV in our research and re-emphasise our belief that research in this sector must hold at its core a commitment to human rights and equity. Today is a moment to celebrate all that has been accomplished in the Australian HIV response and focus our attention on the challenges still ahead of us.



Alexis Apostolellis

Chief Executive Officer

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

ASHM is Australia's peak clinical body representing the health workforce in HIV, viral hepatitis and sexual health. Formed in the 1980s by passionate clinicians on the front lines of the HIV epidemic in Australia, ASHM ensures health workers are trained, supported and enabled to provide the best care possible for people living with and affected by HIV. We do this through education, clinical guidelines, policy, and evidence-based information and resources for GPs, specialists, nurses, pharmacists, Aboriginal and Torres Strait Islander health workers, and others at the coalface of the Australian HIV response.

As Australia moves closer towards the virtual elimination of HIV, we must not forget our closest neighbours in the region, who face significant challenges in responding to complex and changing HIV epidemics. Countries like Fiji are continuing to see dramatic increases in new HIV infections, while elsewhere in the Pacific, numbers of new infections have not declined.

For two decades, ASHM has worked alongside our partners in the region to build health workforce capacity and strengthen local HIV responses.

Earlier this year, I visited Papua New Guinea. While there is amazing work taking place in the HIV response in this country, it was shocking to see firsthand a cabinet full of files, each corresponding to a child who has seroconverted



in the past few years through vertical transmission. These are preventable transmissions. ASHM is committed to our work with the PNG Department of Health and Catholic Church Health Services to support the local health workforce through training and the development of a network of local clinical mentors. This long-running program has led to a significant increase in HIV testing and treatment across PNG.

This year I also visited Timor-Leste, where ASHM's focus is ending vertical transmission of HIV, hepatitis B and syphilis, partnering with the Department of Health and Maluk Timor. It was encouraging to see how ASHM's support for the expansion of point-of-care testing for HIV has ensured pregnant women and new mothers who are diagnosed with HIV can start treatment sooner to help prevent vertical transmission. It would be amazing to see this scaled up.

Both projects have at their heart the local partnerships ASHM has built over many years working in the region. While the lessons of the Australian HIV response can be shared with our neighbours in the Pacific, a sustainable HIV response means working alongside local organisations and services to understand the unique challenges they face.

Scott Harlum

President

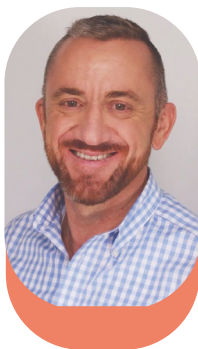
National Association of People with HIV Australia

This World AIDS Day marks a significant milestone in our 40-year public health response to HIV. Our understanding of HIV has never been greater than it is today. While our knowledge of HIV and how to combat it is expanding, the challenges are also increasing. A cure seems farther away than ever, but treatment is constantly improving and the focus on managing the long-term effects of HIV is heartening.

Last year, the HIV Taskforce published its final report. This bipartisan group has made significant strides, such as rolling out the “HIV Treatment for All” initiative, ensuring treatment access for those without Medicare in Australia.

While we celebrate Australia’s achievements, it is critical to confront some difficult realities. Annual surveillance data makes it clear: the end of HIV transmission is neither inevitable nor guaranteed. To nearly eliminate HIV transmission in Australia and improve the quality of life for all Australians living with HIV, we must intensify our efforts.

We must renew our efforts to ensure all people with HIV in Australia realise the full benefits of U=U (Undetectable = Untransmittable). Australia has signed the global declaration on U=U, which provides us a roadmap for promoting and



implementing U=U in every aspect of our response.

We cannot effectively tackle HIV-related stigma if our interventions only focus on those living with HIV, without addressing those who perpetuate stigma. Stigma does not exist in isolation, and while addressing it is challenging, we cannot ignore it and hope it disappears. Over the past 40 years, stigma has proven to be one of the

most stubborn and harmful aspects of the HIV epidemic, undermining our efforts. Mandatory disease testing is a prime example of how stigma persists, even in the face of scientific evidence and common sense.

With Australia leading one of the most successful public health responses to HIV, the world is looking to us to spearhead these tough conversations. We have the tools to improve quality of life for people with HIV and end HIV transmission – it’s time to use them.

On behalf of NAPWHA, I thank you for your investment in combatting HIV and wish you well this World AIDS day.



Mish Pony

Chief Executive Officer

Scarlet Alliance, Australian Sex Workers Association

Sex workers in Australia have consistently maintained one of the lowest HIV prevalence rates in the world (under 0.1% among female sex workers), a testament to peer education, outreach and condom distribution. This achievement stands in stark contrast to the estimated global average HIV prevalence of 36% among female sex workers. The success of the sex worker-led response to HIV in Australia is the result of effective partnerships between the community, government, researchers, and the health sector. For decades, sex worker communities have been at the forefront of advocacy, leading efforts in harm reduction, access to healthcare, and destigmatising conversations about sex, sexually transmitted infections and HIV. Peer-led approaches have proven not only effective but essential in reducing HIV rates and promoting sexual health, not just within sex worker communities but also in the wider public.

Despite this success, significant challenges remain. Systemic barriers such as underfunding of sex worker peer organisations, criminalisation, stigma, and discrimination continue to hinder HIV prevention efforts and broader health outcomes for sex workers. These barriers push many workers underground, limiting our ability to negotiate and implement safer sex practices and access essential health services, and increasing vulnerability. Decriminalisation, legal protections and properly funded peer organisations are



critical to removing these obstacles and ensuring sex workers can work safely and have full access to our human rights.

This year, Queensland made a historic move, becoming the fourth jurisdiction in Australia to decriminalise sex work. The repeal of the previous licensing model, which forced sex workers to choose between working legally or working safely, marks

a significant step forward. Queensland also introduced vital anti-discrimination protections, addressing the daily stigma and discrimination sex workers face. Meanwhile, in New South Wales, sex workers continue to advocate for similar anti-discrimination protections, despite decriminalisation being implemented in 1995. Legal reform must be accompanied by comprehensive protections to ensure the rights and safety of all sex workers.

Looking ahead, our commitment remains unwavering: a world where HIV transmission is eliminated, and where all sex workers – regardless of background or immigration status – can access the healthcare, support, and respect we deserve. On this World AIDS Day, we recommit to centring sex worker voices in the global HIV response and to fighting for a future free from criminalisation, stigma and discrimination. Our progress demonstrates what is possible when sex workers lead the way. Together, we can build a future where all sex workers thrive.



John Gobeil

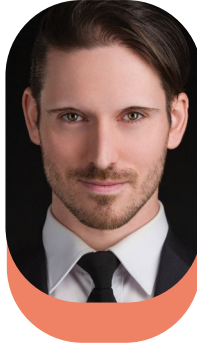
Chief Executive Officer

Australian Injecting and Illicit Drug Users League

This World AIDS Day, the Australian Injecting and Illicit Drug Users League (AIVL) wants to highlight the crucial leadership of people who use and inject drugs in Australia since the HIV crisis, including the formidable peers we have lost along the way and on whose shoulders we stand today. Despite ongoing stigma, discrimination and criminalisation, the AIVL Network of peer-led Drug User Organisations (DUOs) has provided lifesaving peer-based harm reduction and education nationally, and our community has achieved and sustained one of the lowest global rates of HIV prevalence among people who inject drugs.

This year, we are celebrating an important investment by the Australian Government to support the community-led efforts of the HIV sector. This investment will strengthen the core funding of the peak bodies that are vital to ensure the effective national coordination of our diverse communities, health promotion and harm reduction programs, as well as the prevention of blood-borne viruses and sexually transmissible infections (BBVs & STIs).

AIVL also wants to acknowledge the incredible work of the HIV & BBV Branch teams of the Australian Department of Health and Aged Care. Throughout the co-design of the future National HIV Strategy, other strategies, and our contribution to several projects and committees, these teams have connected with and valued



the expertise of people who use and inject drugs. It has been an exemplary best-practice model of genuine engagement with peers and peer leaders representing the growing community of people who use and inject drugs illicitly in Australia.

In 2024, AIVL launched a new community-controlled website by and for people who use and inject drugs, including a national advocacy

agenda and a substantial peer-led opioid dependence treatment resource accessible at www.aivl.org.au. We also implemented a new national online platform with free educational, health promotion, peer-based harm reduction and stigma reduction training; updated and upgraded our interactive national needle and syringe directory; implemented a series of national peer workforce development and community webinars; and re-designed our national community newsletters. AIVL is also developing a national peer work framework with our members, partners, and the National Centre for Education and Training on Addiction.

Other successes this year were the reformation of the Tasmanian Users Health & Support League, our Tasmanian DUO, under new leadership, and the implementation of the second iteration of our peer-led “Support. Don’t Punish” national campaign, featuring vibrant messaging and visual assets designed by our community that were used nationally and in demand worldwide.



Colin Ross

Chair

Anwerneke National HIV Alliance

World AIDS Day is a time to show our support for people with HIV and to commemorate those we have lost to the epidemic. It is also an opportunity to reflect on the progress we have made and consider what still needs to be done if we are to achieve our goal of virtual elimination.

The history of the HIV response has shown that engaging affected communities in developing programs and policy, and promoting the partnership between community, government, and the health and research sectors, has been crucial in the success of the response; maintaining this approach is crucial if we are to continue to make progress.

The Anwernekenhe National HIV Alliance (ANA) has upheld this commitment to a community-driven approach, with the goal of providing national leadership and promoting effective and culturally appropriate responses to HIV among Aboriginal and Torres Strait Islander peoples. It provides an important voice for Indigenous Australians, who as a community continue to be disproportionately impacted by HIV.

In 2022, the age-standardised HIV notification rate was 3.2 per 100,000 population among Aboriginal and Torres Strait Islander peoples, compared with 2.2 per 100,000 population among non-Indigenous people. Disparities between Indigenous and non-Indigenous populations were also observed among



subgroups – for example, in the five-year period from 2018 to 2022, the proportion of HIV notifications attributed to injection drug use was 11% among Aboriginal and Torres Strait Islander peoples compared with 3% among non-Indigenous people. Focusing on percentages, however, does not give the community the true picture and may obscure the true impact of the disease, which to our community as a whole might be significant.

It is important we continue to improve HIV testing rates among Aboriginal and Torres Strait Islander people and increase the uptake of PrEP to protect those at risk.

Ensuring Indigenous communities are supported at every step of the process will also be key to reducing transmission, as will ongoing efforts to tackle discrimination and stigma. A key part of this approach must involve health agencies and institutions engaging with Aboriginal and Torres Strait Islander peoples and communities to ensure the HIV response is culturally sensitive and utilises the knowledge, lived experience and wisdom of Indigenous Australians.

As we mark World AIDS Day 2024, ANA reconfirms its commitment to ending HIV transmission and ensuring all Aboriginal and Torres Strait Islander communities are involved in achieving this vital goal.

WAAC's 'Step Forward: Fight Stigma' campaign

While Australia is on track to achieve the UNAIDS 95:95:95 targets for testing, treatment, and viral suppression, these metrics overlook the lived experiences of nearly 29,000 Australians diagnosed with HIV. The HIV Futures 10 study found that over a third of people with HIV reported experiencing stigma or discrimination in the past year.

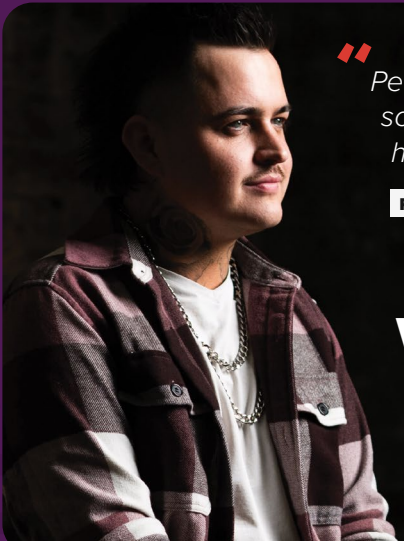
In response, Health Equity Matters' Western Australian member organisation, WAAC, launched the Step Forward: Fight Stigma campaign last World AIDS Day to raise awareness of the stigma faced by individuals with HIV. The campaign aims to normalise HIV as a chronic health condition that is now manageable. Central to the campaign was a video featuring people with various chronic conditions, including HIV, asthma, endometriosis, hypertension and anxiety. Each person was asked to step forward in response to

a series of statements related to their health and daily functioning.

The group's responses to the statements showed that, compared to other chronic conditions, HIV can be managed in a way that results in minimal disruptions to an individual's ability to exercise, go to work, and live a long life. The subsequent statements revealed the distinct stigma and discrimination experienced by those living with HIV. The video concluded with the campaign's pivotal message:

"Nearly half of all Australians live with a chronic condition. Why is there one we still can't accept? We created the narrative of HIV. We can change the narrative of HIV."

Complementing the video were posters, billboards, and social media assets. Evaluation results indicated that 93% of participants reported improved understanding of HIV and a



“People living with HIV are still feeling so **stigmatised...** no one should have to feel that way...”

RHYS LIVES WITH HIV

We can change the narrative of HIV.

Chronic conditions are common. Why is there one we still can't accept?

greater intention to combat stigma because of the campaign.

While the Step Forward: Fight Stigma campaign has significantly raised community awareness and empathy, its success hinges on a comprehensive suite of stigma-reduction strategies addressing the various drivers of discrimination at individual, social, and political levels.

Each year, WAAC provides an array of services aimed at preventing and mitigating the effects of stigma and discrimination for those living

with HIV. These include counselling sessions, peer support, social activities, an HIV Infoline, educational workshops for the broader community, partnership with a law firm to offer free legal advice to individuals concerned about their visa status, and advocacy for changes to laws that discriminate against people with HIV.

To address HIV-related stigma, it is essential for our community to advocate for systemic change. By elevating diverse voices, sharing experiences, and implementing targeted strategies, we can reshape the narrative around HIV in Australia.



*"I feel that I am quite privileged, I have a really good medical team and a workplace that is also supportive...
but not everyone has that...*

DIANE - LIVES WITH **HIV**

Dr Selina Namchee Lo

Executive Director

Australian Global Health Alliance

AIDS 2024, the 25th International AIDS Conference, had as its theme this year 'Putting People First'.

While it might seem an obvious choice, the reality is that – despite much progress in science and treatments for people with HIV and AIDS – greater investment and efforts are still required to enable the most vulnerable individuals to access life-saving treatments and to include appropriate language in all policies. People are still not being put first in health action, which is especially apparent when funding dwindles for communities involved in global health advocacy.

The global HIV and AIDS movement is by contrast often cited as the gold standard of the multilateral response. It saw government leaders, community activists, science and business get behind all efforts to end discrimination and stigma, and fostered access to health services and community support for people with HIV and AIDS. This collective action paved, and continues to protect the path, for greater respect and responsiveness to human rights and health challenges.

Yet in many countries today there has been a concerning rise in discriminatory policies and acts of hostility towards LGBTIQA+ communities. The sexual and reproductive health rights of women and girls are likewise coming under challenge. The fact that bans against abortion,



treatment and healthcare for transgender individuals still exist – without outright condemnation and protective legislation being enacted in all states in all countries – is a failure of the global health and human rights communities and all leaders to do their best for this generation. Importantly, it also fails to do justice to the hard work of individuals in the HIV and AIDS movement who fought for justice, visibility and access to healthcare.

Today we remember those we have lost to HIV and AIDS and celebrate the efforts and success of all who contributed to this movement and to ongoing programs and care.

As geopolitics shift and new polycrises emerge, may the Australian community at large continue to protect its legacy of bipartisanship and multilateral institutional support, and continue to increase investment and commitment to the global HIV response.

The Australian Global Health Alliance is the member-based national peak body for global health organisations working to strengthen the global health ecosystem through knowledge sharing, advocacy, partnerships, and platform building with its members, government, private sector and the arts. The Alliance also proudly hosts Pacific Friends of Global Health and the Australian network of 50 WHO Collaborating Centres of research excellence.



Mark Orr AM

National President Health Equity Matters

World AIDS Day offers a moment to reflect on the progress we have made towards ending the HIV epidemic, and to renew our commitment to achieving this crucial goal.

In Australia, our strategies to eliminate transmission of HIV are continuing to deliver results. Despite an uptick in diagnoses in 2023 – most likely driven by the resumption of pre-COVID sexual behaviours, testing and international travel – the long-term trend continues to move towards zero, with overall diagnoses declining by 33% over the past decade.

This encouraging progress is a testament to the tireless work of clinicians, researchers, advocates and affected communities. Through the National HIV Taskforce, chaired by Minister Butler, our members are working hard to expand access to testing, PrEP and treatment, to ensure more people than ever have the tools, resources and knowledge to protect and manage their health.

However, while this success is grounds for optimism, we must not let it distract us from the work that remains. Stigma and discrimination continue to affect key populations, particularly men who have sex with men and people who inject drugs. Dismantling these barriers is essential to ensuring access to high-quality healthcare for all and advancing toward a world free from AIDS.



Equally important are targeted strategies to ensure that Aboriginal and Torres Strait Islander peoples have equitable access to testing, treatment, and PrEP, while addressing the persistent health disparities these communities face. Reforms to Australia's visa system are also critical, so people are no longer discouraged from testing due to concerns about the impact on their migration applications. And inconsistencies in HIV prevention

coverage among gay and bisexual men must be resolved to maintain momentum toward the virtual elimination of HIV.

In Asia and the Pacific, a number of countries are experiencing a rise in HIV incidence. With funding from the Department of Foreign Affairs and Trade, Health Equity Matters has expanded its international program to tackle this challenge, with increased support for Papua New Guinea and Fiji. Our Global Fund-supported Sustainability of HIV Services for Key Populations in Southeast Asia continues to make strides across the region and has recently expanded into Malaysia.

Close to four decades of sustained effort, research and advocacy has put us on the road to virtual elimination of HIV transmission. Our goal is within reach. This World AIDS Day, we reaffirm our commitment to ending HIV for everyone and to erasing the stigma that continues to affect people living with the virus, wherever they face it.





Australian Government
Department of Health
and Aged Care



