WORLD AIDS DAY

2025

HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Dash Heath-Paynter

Chief Executive Officer
Health Equity Matters

World AIDS Day 2025 is an opportunity to reaffirm our commitment to achieving virtual elimination of HIV transmission by 2030, while celebrating the progress we have made towards this ambitious goal.

From the earliest stages of the AIDS epidemic, Australia's response has been based on a multipartisan undertaking to partner with the communities affected by the disease, alongside health workers, researchers and advocates. This approach has made Australia a global leader in the fight against HIV, and has helped bring virtual elimination of transmission within reach. Many HIV community organisations have recently, or will shortly, celebrate 40 years of serving their communities.

The Australian Government's ongoing investment in HIV prevention, testing and treatment is essential to maintaining momentum towards our goal. This funding is enabling Health Equity Matters and its members to continue implementing the recommendations of the HIV Taskforce, and I acknowledge the Taskforce's Chair, Minister for Health and Ageing, Hon Mark Butler MP, for the support and commitment he has shown to Australia's HIV response over many years.

Looking ahead, our domestic priority must be to ensure that no communities are left behind as we move towards the virtual elimination of HIV transmission. This will require increasing access to PrEP, and broadening the range of available PrEP options including long-acting injectables. Continuing to expand HIV testing remains essential to achieving the UNAIDS target of 95 per cent of people living with HIV knowing their infection status. We must also continue to strengthen our response to the needs of multicultural and migrant communities, including overseas-born gay men and other men who have sex with men.

Internationally, Australia has a crucial role to play in responding to HIV throughout the Indo-Pacific. This responsibility has only grown since the US Government's withdrawal of funding for international aid programs, which will have severe repercussions for global health if alternative funding is not secured.

The Australian Government's $266 million, three-year commitment to the Global Fund demonstrates a clear recognition of the need for continued leadership in the international response, and will significantly boost efforts to tackle HIV, as well as tuberculosis and malaria, throughout the Indo-Pacific. With this and other government support, Health Equity Matters will continue to play a leading role in supporting and enhancing community-based responses to HIV among our regional neighbours.

On World AIDS Day 2025 we face numerous new and familiar challenges. However, our progress over the past four decades shows what is possible when governments, affected communities and health systems work together. With sustained commitment, we can end HIV transmission and ensure that no one is left behind.

Contents

Credits

Coordination

Andrea Kindinger

Design & Production

Biotext

The World AIDS Day booklet is developed by Health Equity Matters through a grant from the Department of Health, Disability and Ageing. 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.

Australian Government

Renee Coffey MP and Hon Tim Wilson MP

Co-Chairs

Parliamentary Friendship Group on HIV, Viral Hepatitis and STIs

We are delighted to co-host the annual World AIDS Day Parliamentary breakfast. This breakfast is an annual reminder of those that we have lost, but it is also an opportunity to look to the future with hope.

The Parliamentary Friendship Group on HIV, Viral Hepatitis and STIs has been hosting this breakfast for many years and has played an essential role in educating Parliamentarians to understand that Australia's world-leading HIV response has, in part, been shaped by the spirit of bipartisanship across the Parliament.

Following on from the outstanding work of our predecessors, Senators Louise Pratt and Dean Smith, we are proud to take on responsibility for this friendship group and its important work.

The bipartisan response to HIV is one of the great achievements of our nation and is one of the reasons we can set our ambition toward virtual elimination of HIV transmission.

As important as the leadership role of Parliamentarians has been, it has been a collaborative effort with policy makers, academics and scientists, health workers, peers and community organisations who have all informed this effort.

Together, we have ensured Australia remains a world leader in testing rates, treatment options and transmission prevention. That does not mean there is not more work to be done.

We know that there remain challenges in First Nations communities, overseas-born gay, bisexual, other men who have sex with men (GBMSM), some communities where homosexuality carries social stigma, and the stigma for Australians living with HIV.

We also know the biggest risk to transmission is not people living with HIV, but those that are not getting tested. And while undetectable equals untransmissible, or U=U, we know there is still a responsibility to educate Australians about the healthy lives people with HIV can live.

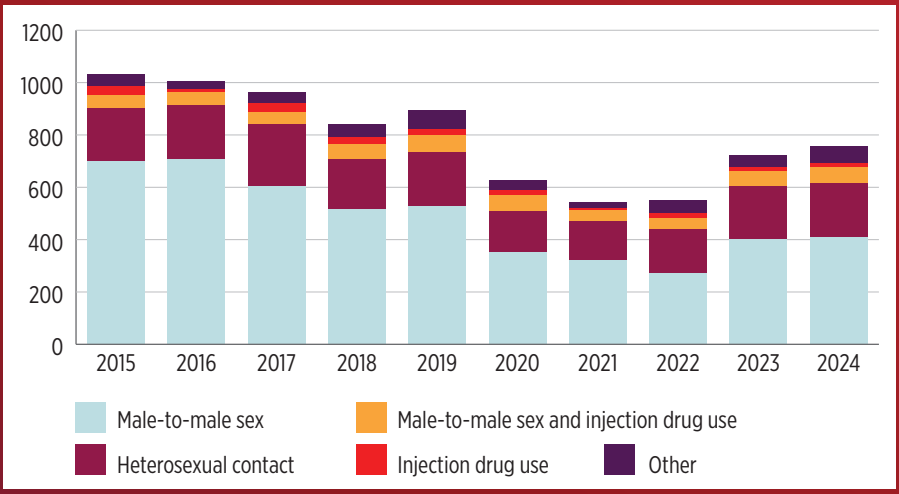
Australia engaging with our near neighbours is also crucial to stem HIV transmission in our region. Our current work is also against a challenging global backdrop with the withdrawal of support by some to stop the transmission and treatment of HIV. We know the flow on consequences will be felt for many years.

It is important to remain optimistic. We have made incredible breakthroughs since the first case was detected 44 years ago. New advances in technology have demonstrated the power of long-acting injectable medication in reaching communities that are often left behind. Meanwhile, cure research continues.

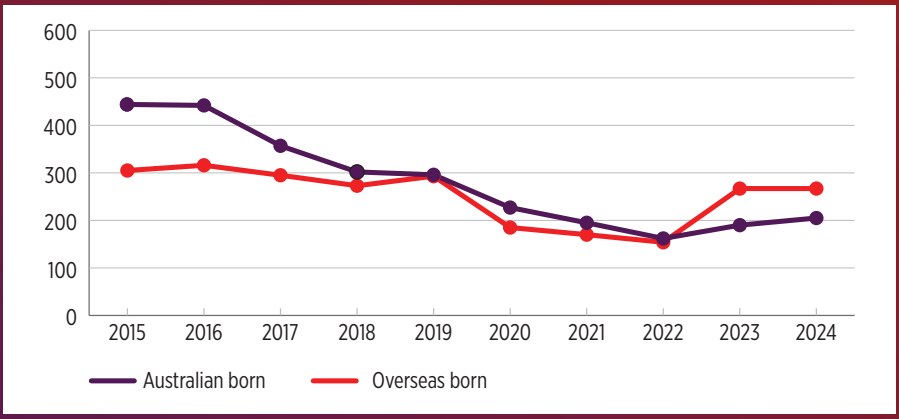
We are committed to Australia continuing to being at the fore and thank everyone who helps make this happen inside and outside the Parliament.

HIV in Australia

HIV notifications by exposure, 2015–2024

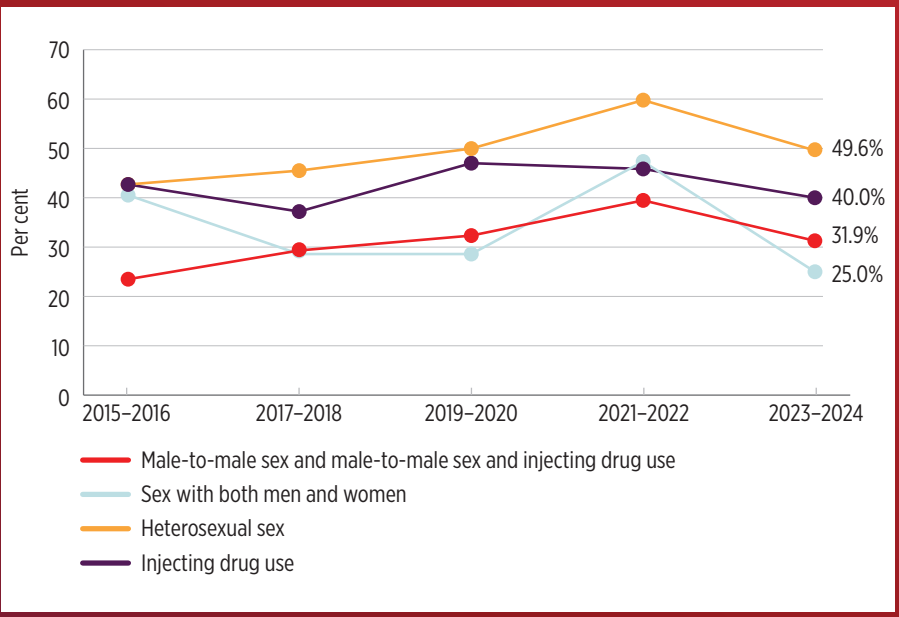


HIV notifications among men who reported male-to-male sex as an exposure risk by birthplace, 2015–2024



Source: King, J., Kwon J., Gray, R., McManus H., & McGregor, S., 2025, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2025, The Kirby Institute, UNSW Sydney, Sydney, Australia

Late HIV diagnoses by select population, 2015–2024



Source: National HIV Registry

One of the most important strategies for controlling an infectious disease is targeted testing for priority populations. Testing enables people who return a positive result to commence treatment. In the event of a negative result, the individual can discuss prevention strategies with their treating GP or nurse. Late HIV diagnosis is defined as newly diagnosed HIV with a CD4+ cell count of less than 350 cells/μL, where the diagnosis is not otherwise classified as newly acquired. Australia's rate of late HIV diagnoses is stubbornly high at around one-third of infections. This matter has been discussed at National HIV Taskforce Roundtable meetings. Evidence provided to the Taskforce demonstrated self-testing increases HIV testing among non-testers and infrequent testers. In response, the government has invested in a scheme to place self-test vending machines at universities and a program to provide free self-tests through the mail. Additional options to expand testing in Australia are under consideration.

Australian Government

Senator the Hon Penny Wong

Minister for Foreign Affairs

On World AIDS Day we reflect on all that we have achieved together and recognise how much more we must do.

Today, more than 25 million people around the world are receiving life-saving antiretroviral therapy – an increase of almost 60 per cent since 2010. New prevention tools like lenacapavir are transforming the global HIV response, giving new hope to millions.

But across our region, we see new HIV transmissions rising. The hard-fought gains – led by dedicated public health specialists, global institutions, scientists, health workers, and communities impacted by HIV – are at risk.

In Fiji, almost 1,600 new HIV cases were recorded in 2024, compared to just 131 in 2018. A staggering number of new cases has been attributed to intravenous drug use, which has disproportionately affected younger people.

The Philippines saw a 57 per cent increase in new diagnoses compared to the previous 12-months.

In 2023, one third of people living with HIV were not receiving lifesaving antiretroviral treatment. In June, Papua New Guinea formally declared HIV a national crisis.

These figures, and the trends they outline, are devastating. Together we can, and must, do better.

Supporting the Pacific family, particularly those most vulnerable to the impact of HIV, remains at the heart of Australia's efforts.

In May, I announced an additional $3.9 million to support Fiji's HIV response, and we are working closely with Fiji and other partners in the Pacific to identify priorities for further Australian assistance.

In August, I joined Minister for International Development Anne Aly to announce Australia's $266 million pledge to the Global Fund for 2026–2030. This funding will ensure more people in our region receive life-saving prevention and treatment services for HIV.

And in October, the Albanese Government announced we will nearly triple our support for HIV services in Papua New Guinea to almost $10 million this year, working with the Papua New Guinea Government, churches, the private sector and others.

Australia remains committed to the global goal of ending AIDS as a public health threat by 2030.

We know what is possible when we work together – and I am confident that, together, we can achieve this vital goal.

Australian Government

The Hon Mark Butler MP

Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme

Australia's response to HIV has long been considered world-leading.

Four decades ago, when HIV first became prevalent in Australia, governments and community organisations recognised that a strong partnership, grounded in evidence and public health principles, was vital to addressing the HIV crisis.

This shared understanding laid the foundation for a united national response that has endured over the decades. The ongoing collaboration between governments and community-led organisations has been central to the progress made in preventing transmission and supporting those living with HIV.

Together we are united in pursuit of the ambitious but achievable goal: the virtual elimination of HIV transmission in Australia by 2030.

While HIV diagnoses in Australia have dropped 27 per cent over the past decade, recent data shows there remains more to do to effectively reach some parts of our community.

Today marks one year since the Australian Government launched the Ninth National HIV Strategy 2024-2030, to guide the final push towards our goal. The strategy builds on the legacy of the extraordinary efforts of those who have come before us and those who stand beside us in this fight.

Much like the theme of this 2025 World AIDS Day, the strategy commits us to the principle of 'no one left behind'. It recognises that some people are more at risk because of their gender or sexuality, where they live, or their background. It is focused on reducing cases and delivering new testing and treatments.

The LGBTQIA+ community, First Nations people, people from culturally and linguistically diverse backgrounds, and those in regional and remote areas face clear inequities when it comes to HIV.

These inequities should not exist in modern Australia. The strategy is playing a key role in delivering better outcomes for these priority populations, who disproportionally miss out on the information, testing, treatment, care and quality of life that others benefit from. We are working to address these inequities and deliver an equitable future for HIV care in Australia to ensure no person or group is left behind.

Our strategy is also guiding work to reduce the ongoing stigma and discrimination associated with HIV. Sadly, even today, that stigma can be so powerful that it deters people from getting tested, seeking support and engaging in treatment.

Since the launch of the strategy, we have focussed on delivering real-world changes to accelerate progress, particularly for those priority populations.

National HIV Taskforce Roundtable 17 October in Adelaide: Renee Coffey MP, Dash Heath-Paynter, Hon Mark Butler MP, Aaron Cogle, Scott Harlum, Mish Pony

We have expanded access to HIV treatment and prevention for people not eligible for Medicare, including Pre-Exposure Prophylaxis (PrEP).

We have launched awareness campaigns in multiple languages.

Self-testing initiatives have scaled up, with HIV self-test vending machines being rolled out nation-wide through the CONNECT National program and 50,000 self-tests mailed out to 25,000 people who have registered on HIVTest.au.

We have also made telehealth for sexual health services permanent, added long-acting injectable treatments to the PBS and increased availability of rapid HIV testing.

World AIDS Day is a moment to reflect, recognise and recommit.

We reflect on the lives lost—nearly 10,000 Australians over four decades—and the enduring strength of the 30,900 people who live with HIV today.

We recognise the extraordinary efforts of communities, advocates, researchers, and health professionals who have been instrumental to Australia's world leading response to HIV.

And we recommit to working with them, and our state and territory partners, to achieve the virtual elimination of HIV transmission in Australia by 2030.

Australian Government

Senator the Hon Michaelia Cash

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

Today, on World AIDS Day, we remember the millions of lives lost to HIV and AIDS, and to reaffirm Australia's commitment to preventing HIV and AIDS, particularly in the Asia–Pacific region.

The Asia–Pacific remains home to over half of the world's population and to many of the world's emerging health challenges. While significant progress has been made, HIV continues to affect communities across our region - particularly young people, women and girls, and those who lack access to medical services.

In too many places, gender inequality, poverty and limited access to healthcare still leave women and girls especially vulnerable to infection, and too often excluded from lifesaving treatment and prevention programs.

For many countries, the fight against HIV is not just a health issue but a question of social stability, economic opportunity and human dignity. A child denied access to education because of stigma, or a mother unable to access antiretroviral therapy, represents not only a personal tragedy but a collective failure of equality and justice.

Australia has long recognised that regional health security is central to peace and prosperity.

Throughout its time in office, the former Coalition Government recognised that combating HIV and AIDS was not only a moral imperative but also a vital component of regional stability, economic development and human security.

A central pillar of this commitment was Australia's long-standing support for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Under the Coalition, Australia pledged $242 million for the 2020–22 replenishment cycle, helping the Fund expand access to antiretroviral therapy, support prevention programs targeting women and girls, and prevent millions of new infections worldwide.

The Coalition also launched the Indo-Pacific Centre for Health Security in 2017, backed by a $300 million Health Security Initiative, to strengthen the region's capacity to prevent and respond to infectious diseases. This investment supported surveillance, laboratory capacity, and partnerships with regional governments to improve the detection and treatment of communicable diseases, including HIV.

Beyond multilateral funding, Australia's aid program under the Coalition provided targeted assistance in Papua New Guinea, Indonesia and the Pacific, supporting community-based prevention campaigns, maternal health initiatives, and education programs that empower women and girls to protect themselves and their families. These efforts helped to reduce stigma, expand testing, and save lives.

It is essential that this work continues. Across our region, we must strengthen public health systems, ensure equitable access to treatment, and build local capacity particularly for marginalised and remote communities. These are practical, life-changing investments that reflect both compassion and national interest.

The lesson of recent decades is clear: progress is possible when science, leadership and community work hand in hand. Australia's own record under successive governments demonstrates that open dialogue, targeted prevention, and early treatment save lives and reduce transmission.

Australian Government

Senator the Hon Anne Ruston

Shadow Minister for Health and Aged Care
Senator for South Australia

World AIDS Day is an enduring reminder that behind every statistic represents a life — a story of resilience, courage and, sadly, loss. Today, we honour those we have lost, support those with HIV, and recommit ourselves to the work that remains.

The theme for this year's World AIDS Day 'No one left behind' is an important reminder that work must continue. Despite the progress that has been achieved to date, there are still an estimated 30,000 people living with HIV in Australia and nearly 40 million worldwide.

Australia's national HIV strategy must continue to evolve — guided by evidence, community voices and the lived experience of those most impacted. We must also keep vulnerable communities, particularly young people, at the centre of prevention efforts, ensuring they have the tools, education and support they need.

In 2025, priority must be given to expanding community-led testing and outreach, especially in rural, regional and underserved areas; improving access to PrEP, self-testing, and newer prevention technologies; and ensuring all Australians living with HIV have timely, affordable, and stigma-free access to treatment and care.

Globally, our region continues to face significant challenges. The HIV burden in the Pacific and Southeast Asia requires sustained Australian leadership to ensure that progress continues to be strived for and achieved across our region.

I commend the ongoing work of local organisations such as Health Equity Matters and the National Association of People with HIV Australia in leading community responses and ongoing awareness and advocacy.

On World AIDS Day 2025, let us celebrate progress — lower transmission, better treatments, and greater awareness — while recognising that the fight is not over. Together, across political divides and geographical boundaries, we must all push forward until HIV is eliminated for all.

Australian Government

Senator Jordon Steele-John

Spokesperson for Health and Mental Health

The Australian Greens

World AIDS Day is an important day to collectively reflect on the lives lost to HIV and the AIDS epidemic, and to acknowledge the hard-won breakthroughs that have shaped our global response

Many of these advances have been driven by people with lived experience. Their tireless advocacy, determination, and persistence have pushed forward medical and social progress. It is through their collective efforts that Australia is a global leader in the prevention and elimination of HIV transmission.

Yet, the fight is not over. Too many people continue to experience stigma and discrimination across nearly every aspect of their lives. Tackling this stigma remains one of our most urgent challenges.

Between 2014 and 2023, the HIV notification rate among First Nations people declined by 45%, bringing it into line with the rate of non-Indigenous people. This progress is welcome and significant, but governments must not become complacent. Continued investment in First Nations-led programming is essential to ensure culturally safe and effective healthcare.

Australia's response to HIV is recognised globally as best practice. In a time of increasing global instability, our responsibility to support international partnerships and strengthen access to HIV testing, prevention, and treatment programs is more important than ever, especially in countries that do not share our privileges or resources.

The Australian Greens strongly support community calls for greater investment in public health initiatives that prevent new HIV infections and support people living with HIV in Australia. We want to see renewed, nationally coordinated health promotion campaigns that raise awareness, combat stigma, and empower local, community-led HIV organisations to continue their vital work in peer education, harm reduction, and community support.

On behalf of the Australian Greens, I would like to thank the many organisations and individuals who have worked tirelessly to make extraordinary progress toward the elimination of HIV transmission in Australia. Your work, including that of Health Equity Matters, the Pacific Friends of Global Health, and the National Association of People with HIV Australia, has made an immeasurable difference in the lives of so many Australians.

Thorne Harbour Health: CONNECTing communities – free rapid tests in the community

The CONNECT project was developed by Thorne Harbour Health to overcome barriers to HIV testing, in particular those experienced by men who have sex with men from culturally and linguistically diverse (CALD) backgrounds, migrants, and international students. Barriers include cost, discomfort at raising sexual health with doctors, concern about the implications for visa status, and fear of HIV-related stigma and discrimination. The pilot project directly addressed these concerns by providing easy access to free rapid HIV self-tests dispensed via vending machines placed in discrete and safe locations, in addition to providing referral pathways to treatment and support.

The project was implemented in South Australia in late 2021 and funded by the Australian Government Department of Health, Disability and Ageing through its 'Activities to Support the National Response to Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI)' grants. Eight vending machines were installed at five university campuses, two TAFE colleges, and one sex on premises venue. Between March 2022 and June 2025, 3600 people registered to use the service and 4627 tests were dispensed. CONNECT effectively reached people from CALD backgrounds, with users from over 100 countries and 56 per cent of users born overseas. Most were born in an Asian country (38 per cent), particularly China (11 per cent). The project successfully engaged younger audiences, with 56 per cent of users aged between 20 and 29. The project supported first-time testing, with 64 per cent of users reporting they had never tested for HIV before. This rate was higher among university-based users (73 per cent) and heterosexual users (78 per cent). Among gay, bisexual and other men who have sex with men (GBMSM), 47 per cent of gay and bisexual users were first-time testers.

A follow-up survey showed high satisfaction with the vending machines and test kits, with 95 per cent of respondents indicating they would use an HIV self-test kit again and 97 per cent reporting that they would recommend CONNECT to others.

The success of the South Australian-based pilot project has led to the funding of a national rollout of CONNECT, the first national initiative of its kind in the world.

Thorne Harbour Health's work related to HIV prevention, testing, and treatment has been integral to the HIV response in Victoria for over four decades. Since 2015 this work has also been carried out in South Australia through a range of campaigns, forums, programs and testing services, including CONNECT.

CONNECT vending machines can be found on two University of South Australia campuses in student lounges near other vending machines.

HIV Globally

40.8 million

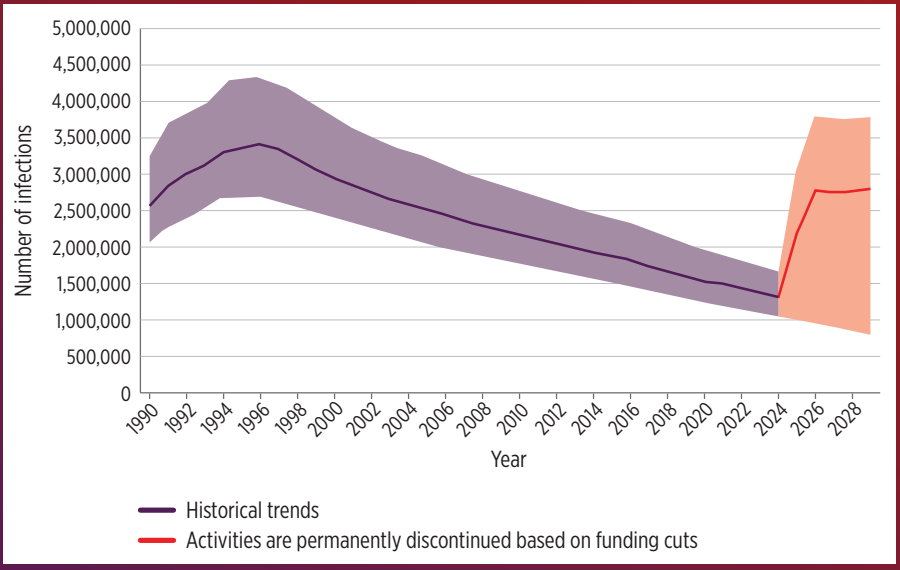
People living with HIV

39.4 million adults
1.4 million children

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

Disinvestment in overseas development aid by sovereign donor nations has led to many HIV programs in low-income and middle-income countries ceasing. These dramatic cuts in funding will leave many millions of people with HIV without reliable access to treatment, and those in need of prevention services without HIV pre-exposure prophylaxis (PrEP) medicine, clean injecting equipment and safe and inclusive healthcare. UNAIDS estimates that the withdrawal of funding for the global fight against HIV could lead to more than 4 million AIDS-related deaths and over 6 million additional infections by 2029, unless funding is restored. This graph demonstrates what can be achieved with investment and effort (purple line) compared to the impact of sharp cuts in HIV programming on global HIV cases (red line) as per UNAIDS' estimates.

Number of new HIV infections, 1990–2024, and projections assuming cuts in US Government investment in HIV funding, 2025–2029



Source: AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025. Geneva: Joint United Nations Programme on HIV/AIDS; 2025. Licence: CC BY-NC-SA 3.0 IGO

THE GLOBAL FUND

Lady Roslyn Morauta

Chair of the Board

The Global Fund to Fight AIDS, Tuberculosis and Malaria

On behalf of the Global Fund, I wish to express our deep appreciation to the Government of Australia for its pledge of $266 million to the Global Fund's Eighth Replenishment, and to thank Minister for International Development Dr Anne Aly for her strong support of our mission to end AIDS, tuberculosis and malaria.

By stepping forward with an early pledge, Australia sent a powerful signal of leadership, solidarity and partnership with communities across the Indo-Pacific and with the global effort to defeat these epidemics.

Australia is not only a steadfast partner of the Global Fund but also a global exemplar of an inclusive, effective HIV response. Its leadership has long demonstrated that community-led approaches, rooted in human rights and equity, are indispensable in breaking down barriers of stigma and discrimination and reaching those most at risk. For more than two decades, Australia's support for the Global Fund has been instrumental to the fight against HIV. Together, our partnership has saved over 26.5 million lives in the Indo-Pacific since 2002, including more than 213,000 lives in the Pacific alone.

Yet our work is far from done. Asia and the Pacific accounted for nearly a quarter of new HIV infections globally in 2024, making it the largest epidemic outside eastern and southern Africa. In Fiji, new infections have risen tenfold since 2014, leading the government to declare an outbreak earlier this year. In Papua New Guinea, my home country, a national HIV crisis has been declared, with infections doubling since 2010.

These alarming trends underscore that, despite hard-won progress, HIV remains a threat – and that the health of our region and Australia's own health security are deeply intertwined.

The Global Fund continues to work closely with the Australian Government and technical experts, as well as with communities and partners across the region. But declining international funding for health, economic stress, conflict and the erosion of human rights threaten to reverse gains. To protect progress and end AIDS, we must sustain investment, strengthen community-led responses, and confront the stigma and discrimination that still prevents far too many people from accessing lifesaving services.

Australia has once again shown the way. With its continued commitment to the Global Fund, and with the support of global and regional partners, we have a real opportunity to end AIDS and build lasting health security across the Indo-Pacific. Thank you for your leadership, your advocacy and your commitment to this shared mission.

SKPA-2: Tackling sustainability across multiple fronts in Asia

The Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2) program is administered by Health Equity Matters and is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It aims to strengthen community leadership and build foundations to sustain HIV services for key populations in Bhutan, Malaysia, Mongolia, the Philippines and Sri Lanka.

This year, in its third year of implementation, SKPA-2 made significant headway in improving human rights by tackling the laws, systems and stigma that keep key populations at the margins. It also increased pre-exposure prophylaxis (PrEP) uptake, strengthened community-led modelling, and boosted the financial sustainability of community health systems.

Human rights

In Bhutan, Malaysia, Mongolia, and Sri Lanka, SKPA-2 strengthened human rights by building legal literacy, improving services and challenging exclusionary laws. This work is helping to ensure communities can access HIV services free from fear or shame.

Community-led monitoring

Across Bhutan, Mongolia and Sri Lanka, more than 3500 people from key populations contributed to community-led data monitoring. A key source of information, data from this modelling supports ministries of health and national HIV control programs to assess and improve the quality of HIV services provided to priority populations.

PrEP scale-up

SKPA-2 supported governments and partners to prepare for PrEP scale-up by helping define policy frameworks and service-delivery models, and by engaging communities.

Financial sustainability

Across Mongolia, the Philippines and Sri Lanka, SKPA-2 supported 35 community-led organisations to strengthen internal systems for legal compliance and develop the strategic and financial skills needed to chart their own path toward sustainability, enabling SKPA-2 to graduate from the Philippines.

PrEP approved for registration in Mongolia

In a historic development, Mongolia added PrEP to its list of registered medicines. This has massive implications for the country's HIV response, paving the way for open distribution of PrEP and an environment where it is freely accessible to all those who need it.

The Chair of the Global Fund's Country Coordinating Mechanism in Mongolia, Tuya Badarch, said, "Thanks to the support of the SKPA-2 project, PrEP is now registered in Mongolia. Despite stigma and conflicting policies, the Country Coordinating Mechanism is committed to making it truly accessible for those who need it."

Spotlight: Mongolia's community-led clinic navigates the road to sustainability

In Mongolia, nearly all HIV prevention efforts are donor funded. Community-led organisations such as Youth for Health Centre provide critical HIV and other services to the LGBTIQA+ community. However, due to international funding declines, long-term sustainability is increasingly uncertain.

With support from SKPA-2, Youth for Health Centre took bold steps toward securing its future. Navigating restrictive regulation, Youth for Health Centre successfully established a legally compliant business entity that will operate Mongolia's first LGBTIQA+-led clinic known as the Solongo (Rainbow) Clinic. SKPA-2 was proud to provide extensive support that led to the Solongo clinic successfully receiving its license in March 2025. Through the creation of memorandums of understanding with the Global Fund and Germany's Debt2Health initiative, the Solongo clinic will operate in its first year under a fully subsidised model. During this time, the clinic will seek registration under the national health insurance scheme so LGBTIQA+ community members will be eligible for reimbursement for health services. Once this happens the clinic will no longer require donor support to operate.

SKPA-2's catalytic support has helped Mongolia's first LGBTIQA+-led clinic move from vision to reality, creating a replicable model for sustainable community systems for HIV in the region.

Health Equity Matters, Save the Children Bhutan, Pride Bhutan, and Red Purse Network staff and volunteers meet at the Pride Bhutan office in Thimphu during a technical assistance visit.

Australian Government
Department of Health, Disability and Ageing

Professor Michael Kidd AO

Chief Medical Officer

On 1 December each year, we come together to remember the more than 44 million people who have died from AIDS-related illnesses. We also stand alongside the over 30,000 people in Australia who are living with HIV.

This year marks my first World AIDS Day as Australia's Chief Medical Officer, and I find myself reflecting not only on our national experience and how far we have come, but also on the impact that HIV has had on my own life.

I have worked alongside many people who have been affected by HIV in my roles over many years as a clinician, researcher, educator and medical leader. My early career experience as a young gay general practitioner involved working with people with HIV at the Victorian AIDS Council Gay Men's Health Centre in the early 1990s, and then for many years working in general practice in Darlinghurst in Sydney, with stints in remote Australia, South Africa and Canada along the way. During this time, I have seen the dramatic changes in prevention and treatment options, and the impact these interventions have had on the lives of the people who have trusted me for their medical care and advice.

Australia's HIV response has, from the very early stages of the epidemic, relied on partnerships. These partnerships have brought together clinicians, researchers, community organisations, and governments, while placing the voice of those affected by HIV, at the centre. Through collective effort in this country, we eliminated vertical transmission and maintained low transmission among people who inject drugs and among sex workers. Since the launch of our Ninth National HIV Strategy in 2024, efforts have continued to support comprehensive and innovative approaches in areas such as prevention, testing, treatment, care and the reduction of stigma. The processes of our Therapeutic Goods Administration have been streamlined to introduce new diagnostic medical devices into the Australian market. Funding of HIV self-testing programs has been expanded, and PrEP is now being subsidised, including for people who are not eligible for Medicare.

Although it is wonderful to be able to celebrate achievements, progress cannot be taken for granted. Over the past decade, HIV diagnoses among Australian-born individuals have nearly halved. However, the number of diagnoses for people born outside Australia remains roughly the same. This is why the World AIDS Day 2025 theme 'No one left behind' resonates so strongly. It is a call to action to ensure Australia's response better reaches all people in our country, and that we work together to create supportive environments that enable people living with HIV to live free from stigma and discrimination.

I look forward to working with you as we pursue our bold vision and the goal of virtual elimination of HIV transmission by 2030.

THE GLOBAL FUND

Peter Sands

Executive Director

The Global Fund to Fight AIDS, Tuberculosis and Malaria

In today's challenging global health landscape, the leadership of steadfast partners like Australia has never been more vital. I thank the Australian Government for its pledge of $266 million to the Global Fund's Eighth Replenishment. Australia's early commitment reaffirmed its determination to end AIDS as a public health threat and underscored the importance of global solidarity in fighting the world's deadliest diseases.

Australia has made remarkable progress against HIV and is on track towards virtual elimination of HIV transmission by 2030. Its response is regarded worldwide as a model of what can be achieved through technically strong, inclusive, community-led approaches. Importantly, even as HIV diminishes as a public health threat at home, Australia continues to extend its expertise and support so that communities across the Indo-Pacific can reach the same goal.

That commitment is especially vital in a region where progress remains uneven. While AIDS-related deaths in Asia and the Pacific have fallen by 53 per cent since 2010, HIV incidence is rising in several countries, including Afghanistan, Fiji, Pakistan, Papua New Guinea and the Philippines. In many places, stigma and discrimination still prevent key and vulnerable populations from accessing HIV services.

The Global Fund is responding by directing resources where they are most needed and working with partners to tailor solutions to local contexts. We are also investing in innovative tools like lenacapavir – a breakthrough long-acting injectable for HIV prevention that has shown up to 100 per cent success in preventing new HIV infections in clinical trials.

The Global Fund has signed an access agreement with Gilead Sciences to procure lenacapavir for low-income and middle-income countries. For the first time, an HIV prevention product will launch simultaneously in low-income and high-income countries – a landmark for global health equity. Lenacapavir has the potential to change the trajectory of the HIV epidemic – but only if delivered at scale. Australia's continued support will be critical to ensuring this innovation reaches those who need it most.

Each World AIDS Day, we honour the gains made against the disease – proof of what is possible when the world acts with urgency and resolve. But today, global health faces a pivotal moment. Multiple crises are threatening hard-won progress and putting millions of lives at risk. The Global Fund is deeply grateful for Australia's continued support. Together, we are saving lives while taking the next decisive step toward ending AIDS and building a healthier future for all.

Pacific Friends of Global Health

Emeritus Professor Janice Reid AC

Deputy Chair
Pacific Friends of Global Health

World AIDS Day 2025 occurs during a pivotal time for global health and provides space for renewed appreciation of the importance of collective action and leaving no one behind in the response to HIV and AIDS.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has for 23 years continued to pursue the goal of ending the public health threats of these diseases, despite increased and converging global crises that fuel the spread of disease and disrupt response efforts.

This context informs current challenges in Asia and the Pacific, where in 2024 an estimated 6.9 million people were living with HIV, making it the second-largest HIV epidemic after eastern and southern Africa. Regionally, countries remain off track to meet the '95-95-95' testing, treatment and viral suppression targets for 2030. Most significant is the first '95': the percentage of people with HIV who know their status. Closing this gap will require coordinated community-led and centred service delivery models and renewed focus on frontline testing and solutions such as PrEP.

Earlier this year, the Global Fund secured an agreement with Gilead Sciences whereby countries supported by the Fund can access lenacapavir, a long-acting injectable PrEP that could change the face of HIV prevention programs regionally. Such agreements put equity into action and offer hope in turning the tide for a generation free of AIDS.

In August, the Australian Government pledged $266 million to the Global Fund's Eighth Replenishment, with Minister for International Development Dr Anne Aly stating, "Australia is backing the Global Fund as a key partner in the fight against infectious disease in the Pacific and Southeast Asia." For every $1 Australia invests into the Global Fund, the Global Fund invests $13.60 into the region, multiplying the impact of Australia's commitment. This investment strengthens health outcomes regionally while demonstrating Australia's commitment to global health.

Despite challenges, the last 12 months have demonstrated how strong leadership, sustained investment, innovative partnership and community involvement continue to advance the fight against HIV and AIDS. Now is the time to reach for what we know works – genuine and respectful partnership toward a healthier and more just world free of HIV and 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.

Australian Government
Department of Foreign Affairs and Trade

HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Building stronger community leadership in PNG's HIV response

In August 2025, Papua New Guinea's Key Population Advocacy Consortium (KPAC PNG) held its first annual general meeting since its establishment in 2018.

Supported through the Indo-Pacific HIV Partnership, which is funded by the Australian Government and delivered by Health Equity Matters in partnership with UNAIDS, the AGM showed the power of long-term investment in community-led organisations, and was a defining moment in building ownership, accountability and resilience.

KPAC PNG's Executive Director, Lesley Bola, said, "This AGM shows the strength of our communities – even in the face of setbacks, we are building something powerful together."

More than 60 members attended, representing KPAC PNG's six national community-led organisations. The day included elections for Board office bearers and the launch of KPAC PNG's new Strategic Plan.

The journey to this point took eight months of mentoring, coaching and negotiation to prepare KPAC PNG's national delegates for leadership roles.

KPAC PNG's Chairlady, Cathy Ketepa, observed, "What we see today is not just an AGM, it is history in the making for community-led leadership in PNG's HIV response."

This milestone demonstrates what is possible when community-led organisations are resourced and supported to lead. It marks the consolidation of KPAC's governance foundations, the strengthening of its leadership voice and the creation of a platform from which community organisations across PNG can advocate for and deliver more effective HIV prevention and care.

Across the Pacific, Health Equity Matters is helping to build similar momentum. From Fiji to Papua New Guinea, investments in governance, organisational development and leadership are creating sustainable structures that ensure communities most affected by HIV are at the forefront of the response.

KPAC PNG's first AGM is a powerful reminder that community-led organisations are not just participants in the HIV response. They are leaders, decision-makers and drivers of change.

KPAC PNG's first annual general meeting.

ACON: Highly targeted community-based testing in NSW

For Australia, a crucial step towards reaching the virtual elimination of HIV transmission is making sure people know their HIV status and take the necessary actions to stay healthy and protect themselves and their partners.

Knowing your HIV status is the cornerstone of every modern biomedical response to HIV. Yet too many people are still not testing early enough.

Of the HIV notifications in 2023 with male-to-male sex reported as the risk exposure, approximately 60 per cent were reported in overseas-born men, with most cases detected among gay and bisexual Asian men.

Our priority is to reduce the time between arrival in Australia and a person's first HIV test.

This is why services like ACON's a[TEST] are so vital. Established in 2013 and delivered in partnership with South Eastern Sydney and Sydney local health districts and SydPath, and supported by NSW Health, a[TEST] is free, rapid, peer-led and conveniently located in the heart of Sydney's gay community.

To assess the impact of the service, ACON commissioned the Kirby Institute at UNSW to evaluate a[TEST]'s performance between 2015 and 2019. Over this period, there were more than 42,000 total visits, including 29,000 unique clients. Notably, 57 per cent of these clients were born overseas, with approximately one-quarter born in Asia.

Although a[TEST] accounted for only 1 per cent of all HIV tests in NSW during this period, it identified 13 per cent of all new HIV diagnoses among men who have sex with men, and 19 per cent of diagnoses among Asian-born men who have sex with men.

It's not just about the numbers. Ninety-eight per cent of clients rate a[TEST] highly and say they would recommend it to a friend. Time and again, people tell us that the combination of free access, a welcoming community setting, and the chance to talk openly with a non-judgmental peer makes all the difference.

This is how we bring people in sooner. This is how we connect them to care and stop HIV transmissions.

As we move towards 2030, community-based, peer-led HIV and STI services must remain central to our efforts. This approach allows us to break down barriers to testing by meeting people where they are, proving that when community leads, success follows.

ACON peers at a[TEST] in Newtown.

UQ Poche Centre
for Indigenous Health

Professor James Ward

Director
University of Queensland Poche Centre for Indigenous Health

Every year, World AIDS Day provides an opportunity to recognise the millions of people globally living with HIV, and honour those whom we have lost to HIV. It's a time of year to also recognise the work of many individuals and organisations, reflect on the job done, and the tasks that lay ahead as we move toward eliminating HIV transmission.

At the University of Queensland, Poche Centre for Indigenous Health we continue our efforts in many areas to achieve elimination of HIV, among Aboriginal and Torres Strait Islander people. We continue to focus on HIV testing and care, by providing regular STI, HIV and viral hepatitis cascades of care back to over 90 Aboriginal Community Controlled Health Services as well as ongoing health promotion work through Young Deadly Free and Aboriginal and Torres Strait Islander HIV Awareness Week.

In recent years, we have seen around 20 cases of HIV per year among our people. It's still 20 or so too many, but our HIV diagnosis population rate is much lower than previously. It's worth celebrating even if we are still on the path to elimination. We have worked to prevent HIV in the context of poorer outcomes in many social determinants of health, as well as with a background of both disparate rates of injecting drug use, and unacceptably high rates of other STIs in our communities.

I'm confident we can achieve elimination of HIV among Aboriginal and Torres Strait Islander peoples due to high levels of testing, high engagement with primary health care, and the estimate that only 40 people living with HIV who are not yet diagnosed. I'm confident we can find these and nudge them into testing and treatment pathways.

These additional six strategies will get us across the line:

1. Reduce stigma and eliminate racism
2. Maintain and increase HIV testing
3. Continue HIV prevention and education strategies in all areas
4. Maintain a focus on harm reduction strategies for people who inject drugs
5. Continue to develop models of care that fit Aboriginal and Torres Strait Islander people living with HIV
6. Continue to screen populations who engage or work closely with Indigenous Australians

The greatest asset we have that will get us to elimination is the collective strength of our communities. They have the power and the voice that can get us through anything. What we want is for us to be sovereign, healthy peoples in our own land, and the right to instigate and control our own destinies - and it's no different with HIV. Together we can do this.

UNSW Kirby Institute

The Hon Michael Kirby AC CMG

Patron
Kirby Institute, UNSW Sydney

Past member
WHO Global Commission on AIDS

Past member
UNAIDS Reference Group on HIV and the Law

World AIDS Day, now more than ever, is an opportunity to reflect both on how tremendously far we have come in the global fight against HIV, while reaffirming our commitment to and bolstering resources towards eliminating HIV as a public health threat. UNAIDS has communicated three key messages to reinforce the global response to HIV, and it is important to consider how we in Australia can play our part. The danger of the discontinuance of essential aid funding to developing countries – such as PEPFAR, the President's Emergency Plan for AIDS Relief, commenced by George W. Bush at the peak of the AIDS pandemic – imposes new and unexpected obligations on Australia to help neighbouring countries and to support a vital global endeavour.

With 2030 fast approaching, we find ourselves in an increasingly challenging geopolitical environment that has led to severe cuts to HIV funding. This is putting millions of lives at risk. It is essential that these funding gaps are filled.

We are seeing a concerning acceleration of HIV transmission in our region, with epidemics in Fiji, Papua New Guinea, and the Philippines of particular concern. There are also worrying rises among key populations in Indonesia, despite overall declines. It is morally imperative that we do all we can to urgently address this, placing the excellent HIV prevention tools and treatments into the hands of those who need them.

Gender inequality is also a factor in these regional HIV epidemics. Mother-to-child transmission is on the rise, and LGBTIQA+ people still experience unacceptable stigma, hindering access to healthcare.

Furthermore, well-established global networks, including UNAIDS and others, must be re-strengthened. Recently, Her Royal Highness the Queen of Tonga visited to meet with colleagues from the Kirby Institute, UNSW, and the University of Sydney in support of active and equitable partnerships in health research. Partnerships like these are essential if we are to control HIV and other pressing global health threats.

Australia is often touted as a world leader in our response to HIV, which, for over 40 years, has centred on and been guided by – importantly – community leadership, supported by investment by government, the research sector, the health sector, and evidence-based, community-informed policy. When considering the encouraging downward trend in diagnoses over time, we are acutely aware that behind the statistics are individuals who have a right to unhindered access to stigma-free healthcare, supported by our systems and communities.

UNSW Kirby Institute

Scientia Professor Anthony Kelleher

Director
Kirby Institute, UNSW Sydney

On World AIDS Day 2025, we hold the paradox of celebrating the progress we have made as a nation and globally in reducing transmission of HIV, while recognising that HIV as a global health challenge requires renewed and urgent focus.

In the latest national data, which the Kirby Institute compiles on behalf of the Australian Government each year, we reported 757 new HIV diagnoses in 2024, which represents a 27 per cent decline over the past decade.

Innovations like injectable PrEP are showing promise and ushering in a new era of long-acting HIV prevention, but while these innovations are within our reach, action is required to enable access in Australia. HIV self-testing is also becoming more widely available in Australia. However, gaps to accessing these important tools remain. While testing and treatment are well accessed in inner-city areas, people from the regions, as well as people who have recently arrived in Australia, encounter barriers. We must also continue to focus our attention on encouraging testing across the board, with one-third of last year's diagnoses being considered late. Australia must remain at the forefront of developing and implementing current, evidence-based strategies – equitably – if we are to achieve elimination of HIV transmission by 2030.

It is increasingly important that we dedicate resources to the concerning HIV epidemics in our neighbouring countries. For example, Fiji is facing an emerging HIV crisis, with rapidly increasing new diagnoses, particularly among people who inject drugs. However, with critical support from the Australian Government and the World Health Organization, and working closely with the Fijian Government, partnerships are being strengthened in an effort to build local capacity and enhance health systems to curb HIV transmission and improve health for individuals and communities.

In an increasingly challenging global HIV funding environment, now, more than ever, it is important that communities in our region are not left behind. With lifesaving tools at our fingertips, it is our responsibility to do all we can to deliver them, both in Australia and beyond, to where they are most needed.

Professor Sharon Lewin AO

Director
The Doherty Institute

Immediate Past President
International AIDS Society

World AIDS Day has always carried profound meaning for me – a day to look back and remember those we have lost, but also to look forward with hope.

It's also an opportunity to celebrate the remarkable advances towards ending HIV as a public health threat. Each year, science delivers new tools for prevention and treatment; one day, it will open the door to a cure.

One example is lenacapavir, the first twice-yearly injectable antiretroviral that can prevent almost all HIV infections among those at risk. Provided equitable access is ensured, lenacapavir could transform the global HIV response.

Beyond prevention, injectable antivirals and broadly neutralising antibodies have shown promise in clinical trials. In addition, several early phase clinical trials have shown broadly neutralising antibodies can allow some people with HIV to stop antiretroviral therapy and maintain the virus at low but detectable levels. mRNA is being explored as a strategy to eliminate HIV latency, the major barrier to an HIV cure. This technology is pushing the frontier of science in ways we could only have dreamed of a decade ago.

However, this year has also seen unprecedented setbacks for global health and the HIV response, including the dismantling of USAID, deep and indiscriminate cuts to National Institute of Health-funded research and the closure of US-funded programs in HIV vaccine and prevention science, threatening to reverse years of progress. The possibility of seeing an end to initiatives like PEPFAR, which has saved millions of lives worldwide, is unthinkable.

Despite these challenges, I remain encouraged by the response of the HIV global community. Many governments in low-income and middle-income countries across Africa are stepping up funding of HIV treatments. HIV advocacy organisations, such as AVAC, were the first to press charges against the US government for its approach to ending USAID; and the International AIDS Society held its major Conference on HIV Science in Kigali, Rwanda, a country that has had great success in its HIV response. These initiatives remind us of the resilience of the HIV community and its commitment to 'never go back' to the dark days that preceded antiviral therapy. By uniting efforts across governments, clinicians, researchers and community partners, we can and must build a new framework for global health and ensure no one is left behind. It is no longer about whether we can end AIDS, but about affirming our shared commitment to do so within our lifetime.

Burnet

Professor Brendan Crabb AC

Director and Chief Executive Officer
Burnet Institute

On World AIDS Day 2025, we reflect on more than four decades of resilience, innovation and collaboration in the global HIV response, which is built on partnerships between affected communities, researchers, clinicians and governments. From the earliest days of the HIV epidemic, Burnet Institute has stood alongside community advocates to translate scientific research into public health impact.

This year, the global HIV response faces renewed challenges. Major cuts to international funding risk undermining decades of progress. Burnet's modelling shows that such cuts could lead to 10 million additional HIV infections and nearly 3 million extra deaths by 2030. These projections underscore the urgent need for international donors, including Australia, to raise their commitments and support sustained investment to achieve global HIV elimination.

Across the Pacific, HIV is emerging as a serious public health threat. In Fiji, cases have more than tripled in 12 months. Resource constraints, small and weak health systems, and limited investment and support for community-based responses are turning a preventable and treatable condition into a deadly one, with stigma, fear and misinformation deterring people from seeking care.

Burnet Institute has a proud history of working alongside Pacific partners to strengthen health systems and dismantle barriers to care. We continue to use our expertise in the current HIV response across the Pacific. In Fiji, we are supporting the country's first peer-led counselling network that is grounded in empathy and lived experience. In the Solomon Islands and Vanuatu, we are supporting nurses and midwives to deliver essential interventions to prevent mother-to-child transmission.

Australia's own progress demonstrates what is possible when communities, researchers and governments work together. HIV notifications have declined by 27 per cent over the past decade, supported by strong sector collaboration and ready access to testing, treatment and prevention. While this decrease is encouraging, increases in diagnoses over the past three years remind us that the effort to eliminate HIV transmission is ongoing and that progress has not been equal across all communities, with people born overseas continuing to experience disproportionately higher rates of new infections. We welcome new funding from the Commonwealth to expand access to PrEP for people ineligible for Medicare, ensuring that HIV prevention is accessible to all who need it.

Achieving the elimination of HIV transmission in Australia and across our region will require continued investment in equity-driven approaches which address stigma, strengthen community leadership, and ensure scientific advances reach those who need them most. Collaboration with affected communities and local health partners remains the cornerstone of meaningful and sustainable progress.

UNAIDS

Eamonn Murphy

Regional Director

UNAIDS Asia Pacific and Eastern Europe Central Asia

Over the last year, the ground shifted beneath us. A new wave of geopolitics seems to offer the world stark choices. Invest in development or defence. Recommit to multilateralism or guard national interests. Reduce inequality or grow the economy. Amidst this clash of priorities, the dream of ending AIDS by 2030 is in peril.

Australia is on track to achieve the testing and treatment targets that will contribute to epidemic control in five years. But the Asia-Pacific is behind schedule. This region has an HIV prevention crisis, and, therefore, a sustainability crisis. Each newly infected person requires lifelong treatment. So, what are the region's long-term prospects when a person acquires HIV every two minutes?

New infections in the region have declined by only 17 per cent since 2010, far short of the global 40 per cent average. New infections are growing in Afghanistan, Bangladesh, Bhutan, Fiji, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, Sri Lanka and Timor Leste. The exploding epidemic in Fiji puts the entire Pacific at risk, proving that no country is safe unless all are safe.

We cannot end HIV through treatment alone. We must invest more, and more effectively, in prevention.

Yet global headwinds threaten to derail hard-won gains. External funding for HIV in the Asia-Pacific has fallen by 60 per cent over the past decade, even as many countries still rely on international sources for more than half of prevention financing. Domestic investments, once climbing, have slipped since COVID-19. Less than 15 per cent of total HIV spending goes to the targeted prevention that works for key populations.

In this fraught context, Australia is a beacon. You have built an evidence-led national response while remaining committed to regional health security. Not only did you maintain your overall development aid budget at the height of this year's turmoil, but you made strategic choices to target support where it is most urgently needed.

Australia also offers the world a model for making smart, catalytic investments. Your support for the Indo-Pacific HIV Partnership, jointly implemented by stakeholders including UNAIDS and Health Equity Matters, helps accelerate existing work. It promotes innovative strategies designed to reach people missed by conventional, general population approaches.

On World AIDS Day we celebrate your sterling example and thank the Australian Government and Australian people. This strategic solidarity meets the moment. No nation ends AIDS alone. With Australia's leadership and our region's resolve, the 2030 goal remains within reach. But we must move together, now.

UNSW Centre for Social Research in Health

Professor kylie valentine

Director
Centre for Social Research in Health, UNSW Sydney

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. This World AIDS Day, we welcome the chance to reflect on collective achievements, and our shared challenges and contributions.

The GBQ+ Community Periodic Surveys are the main data source on sexual, drug use, and testing and prevention practices related to the transmission of HIV among gay, bisexual, and queer men and non-binary people in Australia. High levels of HIV treatment and viral suppression have consistently been reported by participants living with HIV. There have been further increases in these indicators over recent years, with both now exceeding UNAIDS targets of 95%. HIV prevention coverage (the use of any safe sex strategy during casual sex) has increased substantially over the past decade, driven by rising PrEP use. Levels of HIV testing have also increased (following interruptions due to COVID-19 lockdowns), although it appears testing has not recovered among GBQ+ men and non-binary people who are not on PrEP. This offers an opportunity to improve engagement as Australia refocuses on its ambition to achieve virtual elimination of HIV transmission by 2030.

People from culturally and linguistically diverse (CALD) communities in Australia are disproportionately impacted by bloodborne viruses and sexually transmissible infections. CSRH researchers are working with CALD populations to explore their unique understandings of health, illnesses, risks and service access; and to identify critical social, economic and structural determinants of health literacy and engagement with a range of service providers. Our findings highlight that improving cultural safety and involving multicultural champions including peer workers with lived experience and resources in language in community and healthcare settings is crucial. Cultural safety and competence, including anti-racism frameworks, should be emphasised in policymaking, workforce training and service delivery to enable better-tailored and more holistic care for CALD populations.

CSRH's Stigma Indicators Monitoring Project provides national data to monitor progress towards strategic targets of reducing stigma. Since 2016, the proportion of people with HIV reporting any stigma in the past year has decreased slightly, though overt stigma is still reported by more than one-third of participants. In 2024, nearly 40 per cent of a sample of the public and 30 per cent of healthcare workers expressed stigmatising attitudes towards people with HIV, highlighting an ongoing need to invest in initiatives to address stigma across Australia.

LA TROBE UNIVERSITY | Australian Research Centre in Sex, Health and Society

Professor Adam Bourne

Director

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

Ever since its foundation in 1998, the Australian Research Centre in Sex, Health and Society (ARCSHS) has furthered knowledge and informed support for people living with HIV. Several decades on, our commitment to the health equity, rights and wellbeing of people living with HIV is as strong now 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 living with HIV anywhere in the world. 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 enable treatment adherence and advance quality of life.

As the HIV epidemic has shifted and changed over time, so too has the focus of our research. Some of our recent analyses from HIV Futures point to the disjunct between the enormous success we have seen in the form of biomedical technologies (namely PrEP and U=U) and what is being experienced by people from multicultural communities living with HIV in Australia. Unique structural and social challenges relating to the migrancy status of these communities, coupled with ongoing experiences of racism, marginalisation and HIV-related stigma, can have a significant impact on quality of life. Such findings signal a need to redouble efforts within the HIV response to advance quality of life for people living with HIV in a manner that is affirming and comprehensive, and that draws on cultural strengths. It will likely prove impossible to extend the benefits of PrEP and U=U to all parts of the population without continued efforts to challenge stigma and reshape public conversations about HIV that reflect its modern-day experience.

On World AIDS Day 2025, ARCSHS reaffirms its commitment to meaningful involvement of people living with HIV in our research and re-emphasises our belief as an organisation 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 to focus our attention on the challenges that are still ahead of us.

Alexis Apostolellis

Chief Executive Officer

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

ASHM is the peak clinical body representing the health workforce in HIV, viral hepatitis and sexual and reproductive health.

For more than 35 years, ASHM has been at the forefront of the HIV response in Australia. We ensure health workers are trained, supported and enabled to provide the best care possible for people living with HIV. We do this through education and policy development, and by developing clinical guidelines and resources, and providing evidence-based information and advice for GPs, specialists, nurses, pharmacists, Aboriginal and Torres Strait Islander health workers, and others working in HIV.

In Australia, we maintain the HIV prescriber program – ensuring there are prescribers available so every person living with HIV can receive the treatment they need. This year, we have also had a strong focus on PrEP education, reaching beyond our existing audience to raise awareness among the broader health workforce of PrEP and its role in HIV prevention.

In addition to our work in Australia, a key part of our remit has been working alongside our partners in the Asia-Pacific region. We have worked closely with in-country organisations and government ministries to strengthen local capacity to respond to rising HIV epidemics, as well as viral hepatitis and other sexual and reproductive health challenges.

As global aid funding cuts have thrown the future of the response into question, HIV continues to pose a very real threat. Earlier this year, Fiji declared a national HIV outbreak. Similarly, Papua New Guinea has declared a national HIV crisis, with an estimated 30 people contracting HIV daily in 2024. The situation remains equally urgent in other countries across the region, where, unlike in Australia, the numbers of new HIV infections have not declined.

In the face of these challenges, our commitment to the region remains as strong as ever. We look forward to continuing to increase our impact and are well positioned to do so. This year, ASHM obtained full accreditation under the Australian Department of Foreign Affairs and Trade Australian NGO Cooperation Program – immensely increasing our capacity to support the region.

With this increased support, we will be able to maintain and grow our longstanding Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project. Working closely alongside local ministries of health and organisations on the ground, this program has already led to significant increases in HIV testing and treatment across both Papua New Guinea and Timor-Leste.

napwha national association of people with HIV australia

Scott Harlum

President

National Association for People with HIV Australia

Two and a half years have passed since the first meeting of the National HIV Taskforce, co-chaired by the Minister for Health, Mark Butler, and then-Assistant Minister for Health, Ged Kearney, and tasked with charting a path for Australia to achieve virtual elimination of domestic HIV transmission by 2030.

It is now 12 months since the release of the Ninth National HIV Strategy 2024-2030, which gave effect to the vision set out by the minister and the taskforce.

And, as 2030 rapidly approaches, there is a good chance our remaining time, much like the previous two and a half years, will pass in what feels like a 'blink of an eye'.

It is now imperative that the 'rubber hit the road', and for all the work that needs to be done to get underway. The time must be now.

At this year's Australasian HIV&AIDS Conference, I outlined some of the innovative work underway that has flowed directly from the HIV Taskforce and the National Strategy, and that will reduce HIV in the community and contribute to achieving our goal – break-through new approaches to HIV testing, for example.

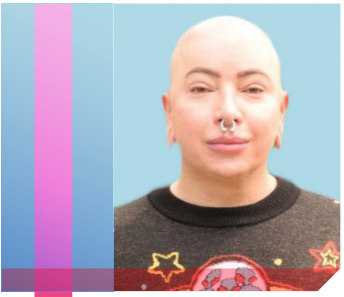
Other innovative work is underway!

But becoming the first nation in the world to achieve the virtual elimination of HIV transmission will not be easy. All the 'easy' work has been done – and all that's left is the challenging and the difficult. And, as the number of new diagnoses is driven lower, those difficulties only intensify.

NAPWHA, our member organisations, and the community of people with HIV will continue to share our lived experience of HIV, of the barriers that prevent people testing, getting on treatment, achieving U=U and remaining undetectable, and to contribute meaningfully to our shared virtual elimination goal.

I know also that many of you attending the World AIDS Day Parliamentary Breakfast are contributing in different ways, and different settings, to the virtual elimination goal, and for your every contribution I thank you!

When the time comes, we must not look back with regret that we have not given our all, that we did not seize the opportunity to prevent hundreds from newly acquiring HIV and, perhaps worst of all, that we did not model for the world what a global benchmark HIV response can achieve when all of its parts work together toward an aspirational and common goal; and that we can end HIV!



Mish Pony

Chief Executive Officer

Scarlet Alliance, Australian Sex Workers Association

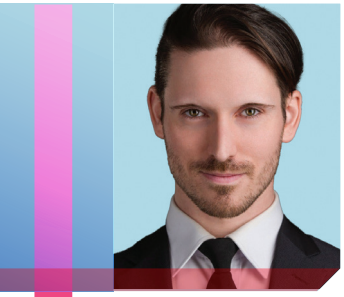
This year marks 30 years since New South Wales decriminalised sex work, and since then the Northern Territory, Victoria and Queensland have implemented reforms of their own. Internationally, only New Zealand and Belgium have followed with similar models. Even in some of these decriminalised jurisdictions, restrictions remain, such as criminalisation of street-based sex work or the exclusion of migrant sex workers. Despite these gaps, Australia continues to demonstrate exceptional leadership. Through decriminalisation and investment in sex worker peer education, outreach and prevention, we have achieved and maintained some of the lowest HIV rates among sex workers anywhere in the world – a result recognised globally as a public health success story grounded in human rights.

Across the Indo-Pacific, however, the picture is far more challenging. Almost all countries in the region criminalise sex work or aspects of it, exposing workers to violence, stigma and discrimination. HIV prevalence among sex workers is far higher than in Australia, with UNAIDS estimating that sex workers are up to nine times more likely to acquire HIV than the wider population, and prevalence as high as one in four in some contexts. These realities are compounded by entrenched gender inequality, harmful policing practices and the absence of legal protections.

At the same time, global HIV funding is under severe threat. Abrupt cuts and pauses to major programs such as USAID, alongside reductions by other donors and looming Global Fund shortfalls, are already having devastating consequences for sex workers. UNAIDS warns that shrinking funding could unravel decades of progress and lead to millions of preventable infections and deaths. For sex workers across the Indo-Pacific, who were already underserved, this represents an acute crisis.

Yet we know what works. Sex worker communities have long been at the frontline of HIV prevention, delivering peer education, prevention and community development even in the most difficult conditions. UNAIDS has noted that sex workers are among the key populations who have most effectively responded to HIV prevention campaigns when empowered through peer-led approaches.

The legacy of New South Wales reform shows that human rights and effective policy go hand in hand. Australia must now step up on the global stage – morally and strategically – to defend HIV funding, champion decriminalisation, and invest in community-led responses. By doing so we honour the leadership of sex workers, strengthen regional health security, and move closer to ending HIV.



AIVL Australian Injecting & Illicit Drug Users League

John Gobeil

Chief Executive Officer

Australian Injecting and Illicit Drug Users League

This year, the AIVL Network marked 40 years of harm reduction policy and leadership in Australia. Concerted efforts and the AIVL Network's peer-led advocacy and education have been instrumental, throughout the years, in Australia achieving one of the lowest prevalences of HIV, hepatitis B and hepatitis C among people who inject drugs (PWID) in the world. The Australian Government's commitment to and support of the leadership of people who use drugs (PWUD), and to harm reduction as an ongoing priority of the national strategies for bloodborne viruses (BBVs) and sexually transmissible infections (STIs), and as a pillar of the National Drug Strategy, remains crucial in sustaining low prevalence and transmission, reducing stigma and discrimination, and developing the PWUD community-controlled peer workforce.

AIVL marked this milestone by holding a highly successful parliamentary celebration event, with speeches and representation from across the political spectrum and attendance from the community, BBV & STI peak bodies, alcohol and other drug services, harm reduction services, government departments, mental health and suicide prevention organisations, and community organisations. The event was a testament to the cross-sector collaborations and peer leadership that have advanced harm reduction policy and practice.

As Australia celebrates this milestone, we cannot ignore the challenging context of our closest neighbours. AIVL has been working with our Fijian peers to support their response to rapid increases in new HIV infections among PWID. AIVL is supporting the development of the peer-led harm reduction response and has delivered, in partnership with the Kirby Institute, research training to complete the HIV and drug use rapid assessment funded by the World Health Organization. AIVL has also provided an organisational development and peer leadership workshop, and is actively supporting community leaders towards the opening of the first needle and syringe program in Fiji.

People who use drugs, alongside Aboriginal and Torres Strait Islander people, are still the most criminalised, stigmatised and marginalised key populations of the BBV and STI response. This means PWUD, especially those in prisons and in rural areas, face significant and ongoing barriers to accessing support and health services, including testing and treatment for HIV and hepatitis C. We must ensure we don't leave members of our community behind. This World AIDS Day, AIVL acknowledges the legacy of the peers who came before us, as well as the members of our community living with HIV who continue to strive for equitable access to healthcare, improved PWUD wellbeing and health, and human rights free of stigma, discrimination and criminalisation.

anwernekenhe
National HIV Alliance

Colin Ross

Chair

Anwernekenhe National HIV Alliance

World AIDS Day is an opportunity to reaffirm our support for people with HIV, and to commemorate those we have lost. While we reflect on the progress we have made towards virtual elimination of HIV transmission, we must also consider who is at risk of being left behind, including those who are not yet diagnosed, or who cannot access appropriate care and support.

Affected communities must remain central in program and policy development. The Anwernekenhe National HIV Alliance (ANA) continues to uphold 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 essential voice for Indigenous Australians, who continue to be disproportionately impacted by HIV.

In 2024, there were 23 HIV diagnoses among Aboriginal and Torres Strait Islander people (an age-standardised rate of 2.8 per 100,000 population). Given that there were 47 diagnoses in 2016 (6.5 per 100,000), the efforts of Aboriginal and Torres Strait Islander communities and organisations, and the HIV sector, should be applauded. Nevertheless, this rate is still significantly higher than among Australian-born non-Indigenous people. This highlights how much more there is still to do.

We must also acknowledge the unique aspects of HIV in our communities. For instance, in 2023 the proportion of HIV notifications attributed to heterosexual sex was 50 per cent (12 diagnoses) and for injecting drug use it was 8.3 per cent (two cases) which was significantly higher than among all people diagnosed in that year (27 per cent and 2.4 per cent respectively).

It is important that we continue to improve knowledge of, and access to, PrEP for Aboriginal and Torres Strait Islander people. This requires tailored, resourced programs that are built by and for our communities. Advances in HIV prevention, treatment, care, and support must be backed by workforce development, education and learning that involves Aboriginal and Torres Strait Islander peoples and communities.

Closing the Gap on HIV is one measure to sustain and build resilience within our communities. More broadly we must address the impact of environmental, economic, social and human health and wellbeing, and our research to enable our Communities to be “Stronger Together”.

As we mark World AIDS Day 2025, ANA commits to ensuring Aboriginal and Torres Strait Islander leadership and advocacy plays a role in achieving all the goals of the HIV response.

Scarlet Alliance: Sex work decriminalisation in Queensland and beyond

When sex workers in Lyon, France, first occupied the Church of St Nizier in 1975, they demanded safety, dignity and an end to police harassment. Nearly 50 years later, those same demands were finally realised in Queensland. What began as a motion at the 2017 AGM of Respect Inc, Queensland's peer-based sex worker organisation, grew into a dedicated sex worker committee whose seven years of sustained advocacy culminated in Parliament passing the Criminal Code (Decriminalising Sex Work) and Other Legislation Amendment Bill. In 2024 the Bill repealed criminal offences, abolished the failed licensing framework, amended 32 pieces of legislation, and introduced robust anti-discrimination protections for sex workers.

The reforms are transformative. For over two decades, Queensland operated under a licensing system that was costly, ineffective, and covered barely 10 per cent of the industry. This bureaucracy absorbed millions in public funds while leaving most sex workers criminalised. By abolishing the licensing authority and repealing police powers of entrapment, the new law replaces punishment with work health and safety rights and protections. Safety practices such as working with a colleague, employing a receptionist or driver, or checking in with another worker after a booking are no longer crimes – they are recognised as the commonsense measures they always were.

Equally important, the Bill ended mandatory STI testing, removed offences that targeted sex workers with HIV or STIs, and ensures access to healthcare under the same universal public health laws that apply to every other person. These changes reflect overwhelming evidence. Landmark research published in The Lancet in 2014 shows that decriminalisation could prevent one-third to nearly half of all new HIV infections among sex workers and clients within a decade. In Australia, decriminalisation has consistently delivered world-leading low rates of HIV among sex workers, proving that rights-based policy is effective public health.

For sex workers, these outcomes are not abstract. They mean we no longer fear police entrapment, we can access justice when wronged, and we are empowered to implement safer sex at work without interference from unfair laws. They mean our workplaces are finally governed by work health and safety standards rather than the police.

Queensland's reform is historic and hard-won. It is a victory for common sense, public health and human rights. This World AIDS Day, sex workers everywhere call for full decriminalisation. With your support we can all make it happen.

Sex workers and allies gather on International Whores Day, 2 June 2019, Meanjin. Photo: Respect Inc.

AUSTRALIAN GLOBAL HEALTH ALLIANCE

Dr Selina Namchee Lo

Executive Director
Australian Global Health Alliance

Today we acknowledge World AIDS Day 2025. While we remember the friends and colleagues lost to HIV/AIDS, we also recognise that this year, more than ever, the global health sector has much to protect and communicate — because we've come too far.

The HIV/AIDS response is a global health success story, and Australia has contributed with strong commitment and leadership. More than 25 million lives have been saved globally through access to affordable, effective antiretroviral treatment, PrEP, and the work of partnerships like the Global Fund to Fight AIDS, Tuberculosis and Malaria. This year, the advent of lenacapavir, a long-acting injectable for prevention that eliminates the need for daily oral medication, is potentially game-changing.

Beyond lives saved, the strengthening of health systems, the inclusion of communities in policy and programming, and legal protections against stigma and discrimination have contributed to unprecedented whole-of-society support in many places. Collaboration among leaders, community activists, scientists, and citizens to finance, innovate, and tackle the social determinants of HIV/AIDS remains a gold standard in public health.

Yet there is still much at risk.

Recent uncertainty in US support has threatened critical services and projects. In some parts of the world, ugly narratives of discrimination, and harmful and unfathomable legislation targeting LGBTIQA+ and female communities have reversed years of progress. Underlying ecological and sociopolitical challenges such as conflict, displacement, drought, famine, weak health systems, the unaddressed climate crisis, and the risks of sexual violence continue to challenge HIV/AIDS care and prevention, as well as efforts to reach those most at risk.

Finally, in a world where the risks and benefits of artificial intelligence are being assessed slower than the technology evolves, the sense of overwhelm deepens and compassion fatigue can set in, whether by default or design.

Therefore, 2025 demands a reset of all we do – in resources, in community allyship, and in recommitment to evidence-based programs and policies that work and must be defended.

We thank the Australian Government for decades of unrelenting bipartisan support to the HIV/AIDS movement and to global health at large.

It may not get easier, but consistent, committed efforts across politics, science, advocacy, policy, and multilateral partnerships will ensure we are better equipped than ever to face what lies ahead.

The Australian Global Health Alliance is the member-based peak body for Australian global health organisations, with a mandate to strengthen the global health ecosystem through national and global connections, partnerships, research, and innovation, promoting best practices in global health and advocacy.

HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Adjunct Associate Professor Mark Orr AM

National President
Health Equity Matters

Much has changed since World AIDS Day 2024. The international response has come under significant pressure with changes to USAID funding and the rapid exit by many, now formerly, funded organisations across the globe. This has caused growing concerns about increases in HIV transmissions, decreases in testing, late diagnoses, and less access to treatment leading to significant increases in deaths.

In the face of this significant development, and growing epidemics in our region, the Australian Government has stepped up and supported evidence-based responses in Fiji and Papua New Guinea. Importantly, these responses have drawn on Australia's knowledge that they only work when centred in and led by key populations. We congratulate the Department of Foreign Affairs and Trade for understanding that and supporting our Pacific family; and for engaging Health Equity Matters and members of the Australian HIV Partnership in the response. The Australian Government's pledge for the Global Fund's replenishment round has been another bright sign of hope in a dark period of global health. We congratulate Minister for Foreign Affairs, Penny Wong, for her commitment and focused work in this area.

This year Health Equity Matters' domestic HIV work has focused on multicultural communities, and specifically on improving our reach among overseas-born gay and bisexual men and other men who have sex with men. Our partnerships with multicultural health and other organisations have aided this goal, supporting better connections with our members across the country.

The HIV Taskforce Report Implementation Working Group, Chaired by Minister for Health Mark Butler, has continued to pursue the recommendations of the HIV Taskforce. An evidence-based response is helping Australia rapidly move to virtual elimination of HIV transmission by 2030. We should be proud that we have continued this approach, with wide political support, for over 40 years. Minister Butler's energy and passion for this area is essential to its continuing success.

But we should never take anything for granted – as can be seen globally, things can change rapidly.

We still have work to do: outstanding business includes immigration law reform, sex worker law reform and drug law reform.

Together we can reach the UNAIDS 95:95:95 targets and use our relative domestic success to support others in our region to do the same. This World AIDS Day, let's recommit to the Australian HIV Partnership, use its expertise to support others in our region, and pick up pace as we head towards 2030.


HEALTH
EQUITY
MATTERS
HIV. LGBTIQA+. COMMUNITIES.


Australian Government
Department of Health,
Disability and Ageing


napwha
national association of
people with HIV australia


Pacific Friends of
Global Health


UNSW
Kirby Institute


Doherty
Institute


LA TROBE
UNIVERSITY
Australian
Research Centre
in Sex, Health
and Society


Burnet


ashm


CSRH
UNSW
Centre for Social
Research in Health


AUSTRALIAN
GLOBAL HEALTH
ALLIANCE