Tenele Matabela, girl age 2. Tenele's parents, Siphiwe Tfumbatsi and Themba Matabela, live outside of Swaziland's capital Mbabane. Siphiwe learned she was HIV-positive when their daughter Tenele was diagnosed as an infant. Tenele started treatment when she was one. Her mother, Siphiwe began treatment while pregnant with a third child, born after Tenele. Photography by Larry Towell.

A mother and her child. The mother is HIV+ but with Preventing Mother-to-Child Transmission, she was able to give birth to her child without passing on the virus. Country is Ethiopia. Photography by Guy Stubb.
We have to be honest with ourselves. We can’t keep spending AIDS resources in exactly the same way we do today. As we continue to advocate for more funding, we also need to make sure we’re getting the most benefit from each dollar of AIDS funding and every ounce of effort.

Bill Gates, Co-Chair, Bill & Melinda Gates Foundation
Keynote speech 18th International AIDS Conference
On World AIDS Day, we pause to remember those whose lives have been cut short by AIDS and to express our solidarity with those living with HIV infection. We acknowledge the sacrifice and commitment of those who care and treat people with HIV, especially where health services are rudimentary, and access to life-saving HIV treatments is difficult, or non-existent. And we celebrate the significant gains being made in the fight against HIV in many parts of the world, as researchers bring forth more effective treatments and we implement more efficient financing and distribution arrangements to reduce the number of people without access to life-saving HIV treatments.

Greater access to HIV treatment means many more people living with HIV are living full and industrious lives. Death rates from AIDS continue to fall dramatically, and in several regions of the world the rate of new HIV infections has stabilised and, in some settings, is falling substantially. Scientific advances mean that today there is optimism we can actually achieve an AIDS-free generation, with zero new HIV infections, zero discrimination, and zero AIDS-related deaths. Australia is well placed to be an important leader in this exciting quest, through our efforts domestically, and our work in supporting a strong regional and global response to HIV and AIDS.

For over three decades, Australia has been committed to a sustained and effective response to the complex challenges of these global HIV pandemic. In July 2014, we welcome to Melbourne thousands of delegates attending the 20th International AIDS Conference (AIDS 2014).

AIDS 2014 will bring together the world’s most eminent HIV clinicians, researchers, activists, and representatives of affected communities to review the current state of the global HIV response and how best we can use the opportunities provided by recent scientific advances.

AIDS 2014 represents a unique opportunity to focus on the achievements of our regional neighbours in mobilising against HIV/AIDS, and to correct deficiencies and shortcomings in the delivery of care, treatment, and prevention services.

Above all, AIDS 2014 in Melbourne will provide an outstanding forum for the free exchange of ideas and knowledge about all aspects of HIV. This has been such a singular and commendable characteristic of the global response over three decades. I send my warmest greetings to all those involved.
The international community is united in its efforts against HIV/AIDS. Fighting the spread of HIV/AIDS today is as important as it ever has been.

I am proud that Australia continues to be a world leader in the treatment and prevention of this disease. The 2014 International AIDS Conference, to be held in Melbourne, will provide a welcome opportunity for governments, medical researchers, and communities to share information in the fight against HIV/AIDS.

Since its establishment, the Global Fund has played an important role in this fight, raising awareness and advocating for the rights of all people affected by the disease. Through this work, we will continue to reduce the impact of HIV/AIDS around the world.

Advances in the science and the treatment of this disease give us cause for optimism that, one day, it can and will be defeated. In the meantime, we cannot be complacent. Strong, healthy economies require the participation of strong, healthy citizens. Countries with HIV epidemics face challenges to achieving growth and prosperity as resources are devoted to providing health care and treatment for people living with HIV.

Those in poor health are often excluded from opportunities to participate in the economy and HIV exacerbates this existing disadvantage.

Typically, access to prevention, and to the treatment and care that could keep people living with HIV active and productive, is lowest among poor and marginalised populations. Families bear the burden of lost income and, at the same time, health expenses increase. Children’s education, health and nutrition suffer.

Key affected populations experience stigma and discrimination, which can hinder prevention and treatment and represents a challenge to human rights. Women and girls in particular are at risk. For women aged 15-44 years, HIV is the leading cause of death worldwide.

In 2011, through the United Nations Political Declaration on HIV and AIDS, the world made significant commitments towards responding to HIV. Australia is proud to have played a leadership role in this response and is pleased to be hosting the 20th International AIDS Conference in Melbourne in 2014. The conference will provide an opportunity to focus on the HIV/AIDS response in the Asia-Pacific region and in Australia.

Australia looks forward to welcoming the world to this conference. Together, we can step up the pace to strive for zero new infections, zero AIDS-related deaths and zero discrimination.

The Hon Tony Abbott MP
Prime Minister of Australia

The year marks the 30th anniversary of the discovery of HIV. Through advances in science we have learnt to manage this disease. It is no longer the death sentence of years past. We know now that access to antiretroviral therapy is the key.

With this treatment, HIV can be managed as a chronic condition, allowing people living with HIV to participate in the workforce, in education, and to greatly improve their quality of life.

Today, around 9.7 million people are receiving antiretroviral therapy. Australia’s $1 billion investment in HIV in our region over the past decade has assisted developing countries strengthen their response to the threat of HIV and deliver health services so that children are healthy and can attend school and learn, adults can lead productive working lives, and disease threats are identified early and contained.

For example, in 2012 Australian support to Papua New Guinea helped almost 82,000 people know their HIV status, including over 31,000 pregnant women; dispensed over 29 million condoms; allowed 1,300 new patients to access antiretroviral therapy; and increased the number of registered antiretroviral therapy sites across Papua New Guinea.

These and other interventions have led to progress, with the number of new HIV infections declining globally by 30 per cent between 2001 and 2012.

The number of AIDS-related deaths has also dropped by a third from a peak of 2.3 million in 2005, to an estimated 1.6 million in 2012. In Papua New Guinea new infections have fallen from around 3,500 in 2001 to under a thousand in 2012.

The Hon Julie Bishop MP
Minister for Foreign Affairs

This year marks the 30th anniversary of the discovery of HIV. Through advances in science we have learnt to manage this disease. It is no longer the death sentence of years past. We know now that access to antiretroviral therapy is the key.

With this treatment, HIV can be managed as a chronic condition, allowing people living with HIV to participate in the workforce, in education, and to greatly improve their quality of life.

Today, around 9.7 million people are receiving antiretroviral therapy. Australia’s $1 billion investment in HIV in our region over the past decade has assisted developing countries strengthen their response to the threat of HIV and deliver health services so that children are healthy and can attend school and learn, adults can lead productive working lives, and disease threats are identified early and contained.

For example, in 2012 Australian support to Papua New Guinea helped almost 82,000 people know their HIV status, including over 31,000 pregnant women; dispensed over 29 million condoms; allowed 1,300 new patients to access antiretroviral therapy; and increased the number of registered antiretroviral therapy sites across Papua New Guinea.

These and other interventions have led to progress, with the number of new HIV infections declining globally by 30 per cent between 2001 and 2012.

The number of AIDS-related deaths has also dropped by a third from a peak of 2.3 million in 2005, to an estimated 1.6 million in 2012. In Papua New Guinea new infections have fallen from around 3,500 in 2001 to under a thousand in 2012.

The Hon Julie Bishop MP
Minister for Foreign Affairs

This year marks the 30th anniversary of the discovery of HIV. Through advances in science we have learnt to manage this disease. It is no longer the death sentence of years past. We know now that access to antiretroviral therapy is the key.

With this treatment, HIV can be managed as a chronic condition, allowing people living with HIV to participate in the workforce, in education, and to greatly improve their quality of life.

Today, around 9.7 million people are receiving antiretroviral therapy. Australia’s $1 billion investment in HIV in our region over the past decade has assisted developing countries strengthen their response to the threat of HIV and deliver health services so that children are healthy and can attend school and learn, adults can lead productive working lives, and disease threats are identified early and contained.

For example, in 2012 Australian support to Papua New Guinea helped almost 82,000 people know their HIV status, including over 31,000 pregnant women; dispensed over 29 million condoms; allowed 1,300 new patients to access antiretroviral therapy; and increased the number of registered antiretroviral therapy sites across Papua New Guinea.

These and other interventions have led to progress, with the number of new HIV infections declining globally by 30 per cent between 2001 and 2012.

The number of AIDS-related deaths has also dropped by a third from a peak of 2.3 million in 2005, to an estimated 1.6 million in 2012. In Papua New Guinea new infections have fallen from around 3,500 in 2001 to under a thousand in 2012.
The Hon Bill Shorten MP
Leader of the Opposition

World AIDS Day affords us a much needed opportunity to remember and honour the lives of those taken from us by AIDS, and stand together with those living with HIV. We must never forget the human toll AIDS and HIV have taken over the last three decades. We cannot ignore the struggles of people with HIV and their families to not be discriminated against, and to be cared for with the warmth, dignity and decency every Australian, indeed, every human deserves.

Tackling AIDS must never be put in the too-hard basket. It cannot and must not become discrimination.

Advances in treatment, however positive, are all too often not matched by advances in access to treatment. How a person lives with AIDS or HIV, and how long they live, remains, to a large extent, contingent upon where they live. Successive Australian governments and NGOs have long shown leadership on mounting a cohesive, global response to the ongoing impact of HIV, including responses that provide widespread access to vital treatments.

AIDS 2014 in Melbourne provides another much needed opportunity to bring together experts and officials committed to this most important endeavour: putting an end to HIV and AIDS. On behalf of the Australian Labor Party, I wish you every success.

The Hon Tanya Plibersek MP
Deputy Leader of the Opposition Shadow Minister for Foreign Affairs and International Development

For those who witnessed the emergence of HIV/AIDS in Australia during the 1980s it can sometimes be hard to believe, thirty years on, the possibility of ending HIV is on the horizon. But it is, and it’s exciting.

Australia’s public health response to HIV/AIDS is well regarded internationally. And our research into HIV/AIDS is world class.

There is, however, no cause for complacency.

On some measures, HIV infection rates in Australia are rising. But by working together, ensuring more testing, early treatment, and better prevention, we can lower infection rates and help to end HIV. And by redoubling our efforts in HIV/AIDS research, I am hopeful we can find a cure too.

HIV/AIDS remains a serious challenge for many countries, including some of Australia’s nearest neighbours. Worldwide, around 34 million people are living with HIV with about five million of those in Asia and the Pacific.

Australia must do everything we can, through our aid program and otherwise, to increase access to testing, treatment, and prevention - particularly in developing countries.

The hallmark of Australia’s response to HIV/AIDS is a focus on partnering with grassroots organisations that have established relationships with affected populations. This successful approach continues to have the potential for broad application globally. It is instrumental in reducing HIV rates and helping to ensure people living with HIV are properly supported and can live free from discrimination.

The Hon Catherine King MP
Shadow Minister for Health

The 20th International AIDS Conference and World AIDS Day provide an opportunity to work together on ways to support those living with HIV and to work towards its eradication.

Domestically, the challenge of combating AIDS remains. It is one where Australia has an obligation to continue to work in our region and beyond to prevent HIV infections and AIDS-related deaths.

Australia has a strong record in medical research. Investment in this sector; combined with education, is critical to ensure Australia continues to make the necessary advances in science that have seen death rates from AIDS fall over recent decades.

I commend the vision of an AIDS-free generation by 2015, and it is my great pleasure to be able to welcome the 14,000 conference delegates to Victoria for what I trust will be a very rewarding and important week of discussions and learning.

The Hon Peter Dutton MP
Minister for Health
Minister for Sport

World AIDS Day is one of the most globally recognised events of the year. It raises awareness across the world and in the community about the issues surrounding HIV/AIDS.

As well as promoting the global theme of ‘getting to zero’ this year, World AIDS Day in Australia will be promoting the International AIDS Conference being held in Melbourne in 2014.

AIDS 2014 will be the largest health and development conference in Australia.

As a community and as individuals, there is a lot we can do in relation to HIV. Working in partnership with people living with HIV/AIDS, we can encourage others to understand how the virus is transmitted.

We can support people to access testing and treatment, as we know that getting treatment at the early stages of infection results in better health outcomes. And, last but not least, we can raise awareness that HIV positive people have the right to participate in a community free from stigma and discrimination.
World AIDS Day is a time for remembering people who have died from AIDS-related illnesses, honouring family and friends whose lives have been affected by the virus, celebrating people living with HIV, and renewing our commitment to ending the epidemic.

We are now over 30 years into the epidemic and there are more than 34 million people living with HIV worldwide. Right now in Victoria we have more than 6,000 people living with HIV, with around 265 new cases identified each year.

Victorian HIV notifications have stabilised over the past five years, however we need to do more if we are to end the burden HIV places on individuals, families, and communities.

All of us can work toward a future where people need not fear disclosing their HIV status. A future in which they have access to easy, early and frequent testing, and where - should they receive a positive diagnosis - they have access to the support and treatment they choose.
Looking back we can be proud of what we have achieved in New South Wales with our partnership of researchers, clinicians, government, and affected communities. Yet while it is important to acknowledge our prior successes, it is imperative that we now look forward and refocus our efforts. We must achieve significantly higher rates of testing in affected communities and treatment of people with HIV in order to drive down new infections.

On World AIDS Day last year I launched the NSW HIV Strategy – A New Era. This strategy adopts challenging targets based on the targets of the 2011 UN Political Declaration on HIV/AIDS. The strategy commits NSW to a continued involvement of affected communities and treatment of people with HIV in order to drive down new infections.

Evidence that increased HIV testing, treatment, condom use, and safer injecting can turn the HIV epidemic around has given us encouragement.

People newly diagnosed with HIV need access to the right clinical and support services. To ensure they have this access, NSW Health has established the HIV Support Program. This program ensures that key support services are available to every person who is newly diagnosed with HIV including appropriate clinical management, psychosocial support, counselling about preventing transmission to others, and linkage to relevant support services.

Evidence that increased HIV testing, treatment, condom use, and safer injecting can turn the HIV epidemic around has given us encouragement.

The theme for the Melbourne AIDS 2014 Conference is 'Stepping Up the Pace'. Through the remarkable advances in testing and treatment, continued promotion of safe behaviour and by staying true to the principles that have underpinned the HIV response since the beginning – partnership, a bipartisan approach, harm minimisation, and the involvement of affected communities – we now have the means to end the HIV epidemic.

In recent years, science has brought us the knowledge that HIV treatment can prevent HIV transmission. This is a game-changer in our efforts to get to Zero New HIV Infections.

One of our most challenging goals remains the elimination of stigma, discrimination and injustice against people who are affected by HIV. No one should endure discrimination. Not men who have sex with men, not sex workers, not people who inject drugs, not migrants, not prisoners, and especially not people living with HIV. In this, we look to Australia for inspiration and bold leadership.

In this time when many countries are still facing financial constraints, we cannot afford to take our foot off the pedal and lose the momentum we have worked so hard to achieve.

It is my honour to join UNAIDS Global Advocate Aung San Suu Kyi to celebrate Australia as our host for the 20th International AIDS Conference (AIDS 2014) in Melbourne. It will be an excellent opportunity to engage with the Government of Australia to reaffirm its long history of leadership on HIV within Australia and throughout the Asia Pacific region.

Australia has always been a model of a progressive, evidence-informed response to AIDS that has controlled the epidemic while respecting the rights and dignity of people living with HIV and key populations. Australia’s compassionate, yet pragmatic approach to harm reduction programmes for people who inject drugs, for example, has set the scientific benchmark for the world, demonstrating that such interventions deliver a significant return on investment – both dollars and lives saved. Such policies embody our goal of Zero Discrimination and a people-centred approach to achieving a world without AIDS.

The world has made amazing progress against AIDS in recent years. By dramatically scaling up HIV treatment, reducing new HIV infections and AIDS-related deaths, our investments are delivering results. The international community now has the unique opportunity and momentum to eliminate HIV infections among children, which has already been virtually achieved in Australia.
Daw Aung San Suu Kyi
UNAIDS Global Advocate for Zero Discrimination

Michel Sidibé: “I want to just to ask you… You have been always fighting for social justice. Fighting for people without voice. For human rights. Why is HIV/AIDS so important for you?”

Daw Aung San Suu Kyi: Because they were the people most discriminated against. They were the most vulnerable. And I always think that the level of human rights in any country must be judged by how the most vulnerable are treated. So I thought I would make a start with HIV/AIDS.

Michel Sidibé: “Compassion is an important word for you. Why?”

Daw Aung San Suu Kyi: Because this is what binds us to other human beings regardless of race, religion, regardless of national borders. I have been the recipient of much compassion and I need it, so I feel very much for people who need it.

Michel Sidibé: And discrimination… you have been fighting against discrimination. Why?

Daw Aung San Suu Kyi: Because I don’t understand what use discrimination is. I don’t believe in useless objects. Discrimination is harmful, it’s useless. It does nothing positive. If you discriminate against others, you are narrowing your own world. So we who discriminate narrow the world of others as well as our own world. In the end he is leading us towards a world in which we cannot be open, which we cannot flower, we cannot blossom.

Nobel Peace Prize winner Daw Aung San Suu Kyi accepts role as UNAIDS Global Advocate for Zero Discrimination
Yangon, 20 November 2012

Mr James Chau
UNAIDS Goodwill Ambassador
CCTV News Anchor

For the first time ever both Melbourne and the Asia-Pacific is playing host to the International AIDS Conference, in which the human family will be represented in this great city.

We need to ensure AIDS 2014 benefits not only our friends who will be visiting, but first and foremost, those of us who live in this region, and who live with HIV.

Our priorities are clear. There must be a strategic scale-up of treatment, including a significant scale-up in testing. In parallel, there must be a focused prevention for key populations and also in key geographic hotspots.

And, we must never forget the ongoing fight against stigma and discrimination – two words we use often, yet don’t always fully understand. Battling them requires addressing issues that we, as a society, sometimes feel unwilling to address – policies, punitive laws, and practices that narrow access to HIV-related services.

We all have responsibility to ensure AIDS 2014 in Melbourne will be one to remember.

Ms Charlize Theron
Founder
Charlize Theron Africa Outreach Project
United Nations Messenger of Peace

Sometimes it feels like some problems in our world are so large that they cannot be solved. But our progress in the fight against AIDS has renewed hope and shown that each of us has a part to play in making a difference. In the 25 years we have been recognizing World AIDS Day, we have witnessed tremendous transformations. Treatment is available worldwide despite early fears that poor countries would never be able to afford access. Infection rates are dropping despite stark predictions that the epidemic would overwhelm entire regions. And despite the fact that nobody could imagine these discussions happening 15 years ago, we now talk about an AIDS-free generation and the beginning of the end of AIDS. As a global community, we have seen that joining together for a common cause can better the lives of individuals and families all around the world. Quite literally, our collective humanity has created hope and inspired action, and as a result saved millions of lives. But we are not finished. Young people are slipping through the cracks and this epidemic will not be defeated without reaching them.

As a global citizen and a mother, it is my wish that ALL our children grow up healthy and strong. I wish for a world where being born in one place gives you the same hope and the same start at life as being born in another.

A world where all young people are empowered to keep themselves healthy. Where they have access to health services, education, and the tools to achieve their goals.

“The spirit of Ubuntu means ‘I am because we are.’” It captures the interconnectedness of people everywhere. We are united in our fight against AIDS, and together, we will win.

AIDS2014 represents our collective humanity – the global community coming together to learn from each other and to inspire each other to work harder, smarter, and faster towards realizing a world free of AIDS. Let us hope that AIDS2014 will be remembered as marking the final surge of the AIDS response – the moment key populations are no longer ignored or marginalized, the moment we said, “This last push will end AIDS,” and the moment that sets the stage for what will be our legacy for every generation to come.
To end AIDS, we must stay invested in research and development to produce tools that women and men can use to protect themselves.

Mr Bill Gates  
Co-Chair  
Bill & Melinda Gates Foundation

In the past decade, the world has started to turn the tide against HIV. Thanks to the commitment of donor governments, developing countries, communities affected by HIV, and critical organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, incidence and AIDS-related deaths have declined significantly.

I often say that the Global Fund is one of the kindest things that people have ever done for each other, but it’s also one of the smartest investments we can make. When you look at the impact of what the Global Fund does, there is perhaps no clearer link between dollars invested and lives saved.

But the fight against AIDS is far from over. In many developing countries, the number of people who are newly infected with HIV each year still exceeds the number of people who gain access to treatment.

As Chair of the Board of the Global Fund, and also as Minister of Health in Indonesia, I have the privilege of working with experts, administrators, and health workers of every type to present new research and share best practices. It also provides an opportunity for world leaders to reaffirm the moral commitment that they made a decade ago to stop this epidemic, everywhere. I believe that no challenge is equal to the power of human innovation, and I am more confident than ever that we can win the fight against HIV.

When the finish line comes, it will be a product of the role we all played in looking after each other. It will be because we all took responsibility for one another.

However, data also show that if we do not expand investment now we could lose the opportunity and incur staggering costs later. We must realize that these diseases sometimes settle into pockets and live on. If we wish to be the generation that defeats them, we have to leave no one behind. We have to be especially mindful and inclusive of the most vulnerable to infection.

If we can continue to solidify our alliances, we can turn these highly infectious diseases into low-level pandemics.

When the finish line comes, it will be a product of the role we all played in looking after each other. It will be because we all took responsibility for one another. Then we will have lived the calling of a true global village.
Dr Mark Dybul  
Executive Director  
The Global Fund to Fight AIDS, Tuberculosis and Malaria

If there is one crystal clear fact we have learned in the past decade of fighting these deadly diseases, it is that we can only win by coordinating our actions. The sum of our efforts far exceeds what we can do individually. It is a fundamental principle on which the Global Fund to Fight AIDS, Tuberculosis and Malaria was established. We promote partnerships between governments, civil society, the private sector and affected communities, in an effort to hone in on the most effective way to help reach those in need.

Since its creation in 2002, the Global Fund has supported more than 1,000 programs in more than 140 countries, providing AIDS treatment for 5.3 million people, anti-tuberculosis treatment for 1.1 million people, and 340 million insecticide-treated nets for the prevention of malaria. The Global Fund works in close collaboration with other bilateral and multilateral organisations to supplement existing efforts in dealing with the three diseases.

The principle of cooperation and coordination is also why the biennial International AIDS conferences are of such importance. We need political commitment and scientific knowledge to invest the funding in the right areas effectively. Holding AIDS 2014 in Melbourne affords us the opportunity to focus and properly recognise the threat HIV poses to the Asia-Pacific region.

When diseases transform healthy and vibrant people into those who can’t go to work, or feed their kids and send them to school, then families, communities, and nations can be destabilised and lose economic power. It is imperative that we work together to stop diseases that can be prevented with the right collective action.

In the arena of global health, when we talk about value for money we mean an investment that gets a superior return in preventing and treating infectious diseases like AIDS, tuberculosis, and malaria. Australia’s government has consistently named its primary concern in global health as effective intervention in the Asia-Pacific region. And the Global Fund has delivered.

Australian taxpayers are investing AUD$100 million in the Global Fund in 2013, and the Global Fund is investing more than AUD$300 million in the Asia-Pacific region. In the investment world, that’s called ‘leverage.’

AIDS 2014 also gives us a chance to take a step back, assess how far we have come and steel ourselves for the challenge ahead.

We truly do have the capacity to complete the job. Whether or not we realise that potential will depend on our capacity to work together.

The 25th anniversary of World AIDS Day is an important time to remember those whom we have lost to AIDS, to support those who are living with HIV/AIDS, and to recommit to the fight to eliminate the disease.

As someone who lost my first partner to AIDS, I can tell you that while we have come far in the fight against HIV, we cannot rest while infections continue to rise in a new generation.

Our goal must be no less than an AIDS-free generation. This goal is possible, it is achievable, and it is in sight, but we need to take concrete measures now to ensure that we can reach it. The President’s Emergency Plan for AIDS Relief (PEPFAR) directs the United States to make smart investments internationally in HIV prevention, treatment, and care based on sound science. In order to do so, the United States and Australia are working together through organizations like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, to use available resources efficiently, develop strategies that work, and save more lives.

Only together can we achieve our goal of an AIDS-free generation.

In order to accomplish our goal of an AIDS-free generation, we must work together to reduce new HIV infections, decrease AIDS-related mortality, and end the stigma, discrimination, legal sanctions, and human rights abuses that are so often directed against people living with HIV and those who are at risk. We must work together to educate and support at-risk populations. And we must continue to work to reduce the cost of antiretroviral drugs, streamline supply chains, and ensure that partner countries continue to invest.

When the 20th International AIDS Conference (AIDS 2014) convenes in Melbourne it will give researchers, policy experts, and people living with HIV a chance to share advances in the field, discuss best practices for prevention, and address the challenges we face in combating HIV/AIDS.

Only together can we achieve our goal of an AIDS-free generation.

I hope to see you there!
We support HIV service delivery in Papua New Guinea’s isolated and hard to reach regions; places where the need is greatest.

Mr Peter Botten CBE
Managing Director
Oil Search Limited

The Oil Search Health Foundation was established in 2011 to identify high profile health issues in Papua New Guinea and seek opportunities and partnerships to strengthen the country’s health systems and processes. We aim for high-impact interventions that result in improved delivery of services and better health outcomes for the people of Papua New Guinea.

In 2007 Oil Search partnered with the National Department of Health, with funding support from the Asian Development Bank, to work with local partners, including Provincial Governments and faith-based health services. The aim was to establish and manage HIV prevention and clinical treatment programs in rural communities in our areas of operation in the Highlands of Papua New Guinea.

We support HIV service delivery in Papua New Guinea’s isolated and hard to reach regions; places where the need is greatest. Scaling up HIV services in remote areas can be a challenging undertaking nonetheless our support to health service delivery is always in line with national standards, policies and frameworks. Accordingly, the Oil Search Health Foundation’s HIV strategy is closely aligned with the country’s five-year National HIV Strategy.

Today, our HIV Program operates in four provinces to assist local partners to roll out a range of HIV testing, treatment and support services. Since 2007 we have supported the establishment of 55 new HIV testing sites, and in July this year our HIV Program reached a milestone, performing its 30,000th HIV test.

There is increasing recognition for the HIV Program’s major role in the scale-up of HIV testing, treatment, and support in Hela and Morobe Provinces, and also for its enduring dedication to the ongoing support of HIV services in the Southern Highlands and Gulf Provinces. But the success of the Oil Search Health Foundation should also be attributed to the full engagement of Papua New Guinea’s health sector management, front line health workers, and the communities working together as a team.

It is encouraging to see that the proactive participation of the private sector in scaling-up HIV services in Papua New Guinea, in close partnership with national and provincial health administrations, is overcoming myriad health challenges to provide access to HIV services for the people most in need.
The convening of the 20th International AIDS Conference (AIDS 2014) in Melbourne, Australia, represents a tremendous opportunity to highlight the diverse nature of the Asia Pacific region’s HIV epidemic, and the unique responses to it. Gathering in Melbourne, we will work together to strengthen our efforts across all regions and around the world, building on the momentum of recent scientific advances and the momentum from AIDS 2012.

The biennial International AIDS Conference is the premier gathering for those working in the field of HIV, as well as policymakers, people living with HIV, and others committed to ending the epidemic. It will be a tremendous opportunity for researchers from around the world to share the latest scientific advances in the field, learn from one another’s expertise, and develop strategies for advancing all facets of our collective efforts to treat and prevent HIV.

AIDS 2014 is expected to convene over 14,000 delegates from nearly 200 countries, including 1,200 journalists. The conference will be held from 20-25 July 2014 at the Melbourne Convention and Exhibition Centre. The International AIDS Society, the world’s leading independent association of HIV professionals, with more than 16,000 members in 194 countries, is organizing AIDS 2014 in collaboration with international and local partners.

The Australian health policy response to HIV has been characterised as emerging from the grassroots rather than top-down, with a high degree of partnership between scientists, government, and community. AIDS 2014 will be an important opportunity to share the benefits of such partnerships with other countries.

Hosting AIDS 2014 in Melbourne will also make it possible for those from across the region to attend the conference and share their successes and challenges on a global level. The Asia-Pacific region has the largest geographic area and population in the world, dramatically varying levels of wealth, and a complex mix of structural and behavioural determinants of HIV risk. This gives experts from the region unique perspectives on the epidemic that will be of great value to their colleagues from around the world.

We are extremely pleased to partner with the City of Melbourne, the State Government of Victoria, the Federal Government of Australia, and various scientific and community leaders from Australia and the region.

We look forward to a strong global partnership in building a conference programme that will take another step toward the end of the AIDS epidemic.
Mr Robert Doyle
Lord Mayor of Melbourne

World AIDS Day and the 20th International AIDS Conference (AIDS 2014) are timely reminders of one of the most destructive epidemics of our time and the importance of the continued international fight for its eradication.

The vision of an AIDS-free generation by 2015 is a worthy one and we are extremely fortunate that it is supported by AIDS 2014 being held in Melbourne. With our strong record of fostering medical excellence and distinguished biomedical research institutions, Melbourne is in an excellent position to both learn from and contribute to the conference.

The formal conference proceedings will be supported by an extensive cultural program that will be enjoyed by conference delegates and the general public.

Around 14,000 conference delegates will have the opportunity to enjoy the very best of Melbourne – our city’s restaurants, fashion boutiques, laneway cafés, chic bars, galleries, parks, and the village-like atmosphere of our inner suburbs. As they explore one of the world’s great capital cities, they are sure to uncover some of our hidden secrets and take home warm memories of Melbourne.

Ms Clover Moore
Lord Mayor of Sydney

I’m pleased that Australia will host the 20th International AIDS Conference in 2014, which will be an important forum for discussing the major issues facing the global response to HIV. The Pacific Friends of the Global Fund’s global focus and experience will make the organisation an important voice at the conference, and I wish them every success.

While much progress has been made in the response to HIV and AIDS, sadly the epidemic still affects many people and communities all around the world. It’s important that the global community remain united in responding to HIV and AIDS and I commend the Pacific Friends of the Global Fund to Fight AIDS, Tuberculosis and Malaria on their efforts to maintain awareness about HIV and AIDS in Australia and on their significant support for investments in HIV prevention and treatment programs in our region.

It’s important that the global community remain united in responding to HIV and AIDS.

Mr Bertrand Audoin
Executive Director
International AIDS Society

The 19th International AIDS Conference (AIDS 2012) held in Washington, D.C. marked a real turning point in the history of HIV, thanks to the renewed commitment of scientists, policymakers, community leaders, and politicians. I am confident that, building on that momentum, AIDS 2014 will mark yet another milestone in the global response.

The science is telling us that we now have the potential to change the course of the HIV epidemic, and data shows that global political, advocacy and financial efforts are paying off.

However, the theme of AIDS 2014, ‘stepping up the pace’, is appropriate. Too many people in the world are regularly being denied access to treatment, care and prevention services. Key Affected Populations (KAPs) - including men who have sex with men, people who inject drugs, sex workers and transgender people - are heavily discriminated against by repressive laws and policies.

We are less than two years away from 2015, the deadline year for the Millennium Development Goal targets and KAPs must be part of any post-2015 agenda. If we don’t make sure that nobody is left behind we will never reverse the epidemic.

Assoc Professor Edwina Wright
President
Australasian Society for HIV Medicine

Holding the 20th International AIDS Conference (AIDS 2014) in Melbourne represents an exceptional opportunity to draw attention to the diverse nature of the HIV epidemic in the Asia-Pacific region and the various responses to it.

The Asia-Pacific region has the largest geographic area and population in the world, dramatically varying levels of wealth, and a complex mix of structural and behavioural determinants of HIV risk.

As the local scientific partner for AIDS 2014, the Australasian Society for HIV Medicine very much looks forward to using AIDS 2014 as an opportunity to work in partnership with our neighbours to strengthen efforts across all regions. AIDS 2014 will be a pivotal moment in the response to HIV and it is hugely exciting to be a part of it.
The search for a cure looks promising. Scientific breakthroughs such as the "Mississippi baby", the VISCONTI cohort, and the "Boston patients" all suggest that a permanent control of the infection could indeed be achievable.

Over the last decade we have witnessed exceptional improvements in the prevention and treatment of HIV. Recent UN data shows a drastic reduction in new HIV infections among adults and children, more and more people accessing treatment, and a dramatic decline of AIDS-related deaths.

In addition to these encouraging trends there have been some quite extraordinary scientific breakthroughs in the past few years, which have the potential to shape the future of the epidemic. The use of antiretroviral treatment to prevent HIV acquisition is one such example. Recent data also indicates the scale-up of antiretroviral (ART) treatment is beneficial in both public health and economic terms.

Yet despite the advances, 6,300 people globally are still infected daily, and under the new World Health Organisation treatment guidelines, only 34 per cent of people in need have access to treatment. Clearly, we need to do better.

However, it is also extremely unlikely that universal access to treatment will be sustainable in the long term. Antiretroviral regimens are costly and life-long adherence to treatment is a challenge for patients. In addition, persistent HIV infection and the subsequent inflammation are harmful even for treated patients who sustain undetectable viral load. They contribute to an increased risk of comorbidities, accelerate aging, and prevent life expectancy from being fully restored.

The infection may no longer be a death sentence, but we would do well to keep in mind that for people living with HIV it is a constant source of anxiety, combined with a terrible burden of stigma and discrimination.

So it is becoming clear that we need to vigorously accelerate the research for both a vaccine and a cure. In recent years, we have witnessed significant advances in vaccine research including the identification of new, very potent, broadly neutralising antibodies.

Similarly, the search for a cure looks promising. Scientific breakthroughs such as the 'Mississippi baby', the VISCONTI cohort, and the 'Boston patients' all suggest that a permanent control of the infection, without the requirement of antiretroviral treatment, could indeed be achievable.

I do believe we can be cautiously optimistic.

As a scientist, I am persuaded that an open-minded approach to research, paired with increased collaboration with researchers from other disciplines, will in large measure define the future path of HIV science.

I look forward to seeing science, community and leadership working together at the 20th International AIDS Conference.
Hosting an International AIDS Conference brings with it responsibilities, especially for a resource-rich country with a comparatively small and well-managed epidemic.

The Conference is in Melbourne in part because Australia has been a leader in certain aspects of the response, including building partnerships between communities, government, and researchers. It is also in Melbourne, however, because the countries most affected by the HIV/AIDS epidemic today have neither the resources, nor the political openness, to welcome a conference that brings together all those working in and affected by HIV.

It is tempting to see AIDS 2014 in Melbourne as an opportunity to showcase our achievements, but I see it rather as an opportunity to learn from others and provide space for global dialogue. At a time when Australia is cutting back on its overseas development assistance, it is important that we do not appear to be big-noting ourselves. It is vital that we recognise our achievements were possible because of a social and political system that does not exist in countries where the epidemic is most widespread today.

The Conference is an opportunity for us to acknowledge that we are hosting people who face huge problems of resources, stigma, instability, and governance that Australia has never had to confront.

I would like Melbourne 2014 to be remembered as the Conference that became a real meeting place for the global south, and a Conference at which the host country acknowledged that sometimes it is better to listen than to speak.
The phenomenon that best characterises the history of HIV/AIDS in Australia is how community activists, particularly those from the gay community, were able to demystify the public image of the disease. They not only addressed misconceptions about HIV/AIDS, but also tackled homophobia more generally.

And so the phenomenon that perhaps best characterises the history of HIV/AIDS in Australia is how community activists, particularly those from the gay community, were able to demystify the public image of the disease. They not only addressed misconceptions about HIV/AIDS, but also tackled homophobia more generally.

Activists teamed with researchers and academics to influence public debate and reconstruct the image of HIV. Members of affected communities, alongside some bold academic and health professionals, took HIV prevention into their own hands through the distribution of condoms and clean needles and syringes. New community organisations developed innovative peer-based prevention strategies.

This community activism and partnerships with academics and health experts ensured Australia’s first National AIDS Strategy in 1989 clearly articulated the notion that laws penalising homosexual behaviour were counterproductive. So, as we entered a new ‘combination prevention’ era for HIV, the history of HIV in Australia still provides important lessons for the world to follow.

One of the best things Australia can do to support global HIV prevention and achieve the bold new targets, is to lead by example and champion what we have done.
The Centre for Social Research in Health is a world leader in behavioural and social research regarding HIV prevention, diagnosis, and treatment. CSRH makes influential contributions to the Australian, regional and global fight against HIV. CSRH has been proudly involved in organising the 2014 International AIDS Conference in Melbourne.

World AIDS Day provides the global community with the opportunity to reflect on the impact HIV has on individuals and societies, what was achieved in the preceding year, and what lies ahead. Bringing together researchers, clinicians, educators, activists, policy makers, world leaders, and media will especially draw attention to HIV responses in Australia and the region.

AIDS 2014 offers a unique platform to share past achievements, acknowledge unaddressed needs, and commit to implementing effective responses, including for populations and groups that are too often marginalised.

Professor Michael Kidd AM
Chair
Australian Government Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS)

The 20th International AIDS Conference reminds us of those we love who have died from HIV/AIDS over the past decades. It reminds us of the continuing importance of prevention and education as well as the need to adopt new initiatives to keep HIV transmission rates low in this country.

It reminds us of the treatment, health, and wellbeing needs of people living with HIV. And it reminds us of the need to continue to tackle issues of discrimination and stigma which affect many people affected by HIV or at risk of HIV in Australia and around the world.

Our successive national strategies have been an important part of shaping Australia’s response to HIV/AIDS. We need to keep these issues in focus as we look forward to welcoming the International AIDS Conference to Melbourne in 2014.
UPGRADING THE AUSTRALIAN HIV RESPONSE
There should be less speaking at or about the vulnerable. There should be more speaking with the vulnerable.

In Australia, the AIDS epidemic took an early and heavy toll. Because of my own sexuality, I lost 12 gay friends to AIDS. For me, it has never been a theoretical problem.

Yet when HIV came along, we were fortunate, in Australia, in our politicians. There has been substantial unanimity in HIV policy, both at home and in our foreign aid programs. The strategy adopted included the removal of the remaining criminal laws still in place against gays, the de-criminalisation of commercial sex work, the adoption of a nationwide clean syringe exchange program, and the provision of HIV medicines on national health.

The result of these strategies is that HIV infection rates in Australia have remained remarkably stable.

So it is clear that sensible laws can help reduce transmission and, in particular, they can do so by engaging those vulnerable groups at risk in awareness, education and self-protection.

Which leads me to my five commandments. I acknowledge that there are five fewer that the Almighty proffered. I hope that the smaller number will lead to greater compliance than has proved to be the case in obedience to the ten commandments given to Moses.

1. Do not put your faith in criminal law

Criminal law is not an effective tool in seeking to reduce the spread of HIV. It is expensive to administer. Any effectiveness depends upon perceptions of the risks of being apprehended rather than of suffering draconian punishments. Because most modes of transmitting HIV invariably occur in private, often with consent, the effectiveness of the criminal law is very low.

2. Engage with and sensitise all branches of government about what works

It is important to educate legislators so that they understand the paradoxes of responding to HIV and the ineffectiveness of punitive strategies. Education of legislators, officials and judges can be undertaken and can prove beneficial. The media should be engaged and so should civil society.

In South Africa, India, and Australia, successful strategies were stimulated by civil society. Sometimes (as in South Africa and India) seminars had been conducted that informed members of the judiciary of the characteristics of HIV, its modes of transmission and the responses that work and those that fail.

3. Engage participation with vulnerable groups

At the very beginning of the HIV epidemic, the World Health Organisation – and later UNAIDS and UNDP - always insisted upon close engagement with individuals and groups representing communities at risk of HIV infection. This means engagement with men who have sex with men (MSM), injecting drug users, sex workers, transgender persons, and the broad seropositive community.

There should be less speaking at or about the vulnerable. There should be more speaking with the vulnerable.

4. Base laws and policies on empirical science

From the beginning of the global response to HIV, the UN has insisted on observing a scientific foundation for strategies to respond to HIV. Prosecuting and punishing persons who are found to have transmitted HIV in adult consensual sexual or drug using activities may sometimes be politically popular. However it is counterproductive and it has little, if any, effect on reducing transmission. Similarly, MSM, sex workers, drug users and other minorities may be unpopular. This sometimes presents an obstacle to legislators. But the only strategy with a chance of success is one that engages with such groups and individuals, seeks their views and involves them in self protection and protection of others.

5. Make yourself aware of preventive information

It is essential that legislators, officials, and leading judges should be aware of the latest information on HIV transmission and the strategies that actually work. A good starting point will be to secure UNAIDS guidance notes; a copy of the UNDP Global Commission Report on Risks, Rights and Health; and legal decisions in other countries that may have relevance at home.

There is now a rapidly expanding dossier of material judicial decisions on HIV transmission. These should be available to advocates, bar associations, law faculties, and the judiciary.

HIV/AIDS is not over. There is still no vaccine or cure.

The global financial crisis imposes a substantial burden on even middle-income countries, and promised subventions to the Global Fund have not always been delivered.

About 2.7 million people are infected worldwide by HIV, yet in addition to infection by the virus, there is another infection abroad: the infection of ineffective and counterproductive laws.

Law, for once, can be an ally to medical science and epidemiology. However, it requires informed decision makers in the legal profession, the judiciary, and in government.
With all our advantages, Australia should be leading the great global project of achieving an AIDS-free generation.
The game has changed in the fight to control HIV. We now have the scientific and political commitments to end AIDS, but we need the funding to make it happen.

In Australia, we have affordable health care, strong community-based prevention and care services, and access to first class medicines. And our human rights and legal systems now support, rather than demonise, those most affected by HIV/AIDS: people with HIV and their partners, men who have sex with men, people who inject drugs, and sex workers.

So at AFAO we will continue our advocacy and policy work with government, clinicians, and regulators to gain earlier access to HIV treatments and access to proven new prevention technologies like PREP. We will support the work of AIDS Councils in scaling up access to community-based HIV testing, because we all need to sustain and strengthen a culture that supports safe sex and informs about effective risk reduction.
For more than two decades, Australia maintained one of the lowest HIV infection rates among people who inject drugs in the world. It is drug users themselves who have been central to this successful response, along with the early introduction of needle and syringe programs (NSP), and peer education. The experience of other countries shows that without such action, HIV epidemics develop rapidly among networks of people who inject drugs. Australia has succeeded to date, but the price of this success is eternal vigilance. When it comes to HIV prevention, the job is never done and people who inject drugs remain as central to maintaining an effective response now as we were in those first critical years.

Now and in the future, we need to ensure there is no erosion in funding and support for NSP or for the frontline role drug users play in maintaining an effective national response to HIV.

Ms Annie Madden
Executive Officer
Australian Injecting & Illicit Drug Users League

HIV amongst sex workers in Australia is low due to early and ongoing efforts. The sex worker community developed a successful approach to HIV prevention that has stood the test of time. Sex workers educated one another about safe sex practices, delivering peer education and safe sex equipment into sex industry workplaces. They promoted access to services and the outcome is a strong culture of condom use and effective implementation of safe sex practices by sex workers.

The model also delivered a level of community engagement that continues today – sustaining the contribution sex workers make to Australia’s response to HIV.

The decriminalisation of sex work has also been vital. In New South Wales, decriminalisation has resulted in one of the healthiest sex industries ever documented.

The decriminalisation of sex work, and maintenance of proven prevention strategies, is therefore critically important to the future of HIV prevention.

Ms Janelle Fawkes
CEO
Scarlet Alliance
Australian Sex Workers Association

Mr Robert Mitchell
President
National Association of People with HIV Australia

As the peak organisation representing people living with HIV in Australia, NAPWHA believes the PLHIV community response is critical to the success of the Australian HIV response.

In July 2013, all Australian Health Ministers endorsed a set of agreed national targets to guide Australia’s future response to HIV. These targets are focussed on dramatically cutting the rate of HIV infections, and increasing HIV treatment uptake.

NAPWHA is building comprehensive programs under the banner of ‘Poz Action’ to advance that transformation. This includes the promotion of health and wellness for people living with HIV, as well as continuing to strive for legal, social, and policy frameworks to maximise prevention and treatment uptake.

Ms Bev Greet
Chairperson and Founder
Positive Women Victoria

Women represent 10 per cent of people living with HIV in Australia today. However in Australia women remain largely invisible in HIV prevention campaigns, research, and advocacy.

Positive Women Victoria has provided health promotion, peer support and advocacy for women living with HIV in Victoria for 25 years. It is the only specifically funded organisation to support women living with HIV in Australia.

My vision for these women is that they live free from discrimination and stigma. I want an end to the self-loathing and shame women often experience, as well as an end to the discrimination women experience within the HIV community. My vision is for women living with HIV to live long healthy lives, to have good self-esteem, loving relationships, and full sexual lives. They should have children by choice and newly diagnosed women should have access to peer support and mentoring.
Mr Brent Allan
Executive Officer
Living Positive Victoria
Living Positive Victoria is a community-based organisation dedicated to supporting, and advocating for, people living with HIV across Victoria. We are committed to ensuring that people living with HIV have a central place in the response to HIV including prevention, testing, care, and support.

We are also committed to working in partnership with our colleagues across the community response, as well as our partners in the scientific, research, policy, and government sectors to ensure that programs and services in Victoria meet the needs of people living with HIV.

We are passionate supporters of the AIDS 2014 Community Programme Committee Vision, which is focused on the greater involvement of people living with HIV who are recognised as having been at the vanguard of AIDS responses around the world for the past three decades.

We wholeheartedly endorse the notion that affected and marginalised communities and their ongoing involvement - locally and globally - is vital for an effective and sustainable response to HIV. It is the only means by which we can ensure that no one gets left behind in our collective efforts to reverse the impact of the HIV epidemic.

Mr Sonny Williams
Chief Executive Officer
Positive Life
New South Wales
Since 1988, Positive Life NSW has been empowering people living with HIV with information and advice on HIV treatment, care, and support services. We have worked closely with government, non-government, clinicians, and researchers to eliminate prejudice, stigma, and discrimination.

We are at the beginning of a new and exciting national and state response to HIV in Australia. Recent research has provided us with new knowledge to drive down infection rates, reduce the impacts of disease and death, and foresee a time when transmission of HIV is dramatically reduced.

The 2014 International AIDS Conference in Melbourne will assist in creating a renewed commitment to working toward an end to the HIV epidemic in Australia and throughout the Asia-Pacific region. Positive Life NSW hopes that all delegates to the conference leave with an increased commitment to win the battle against HIV.

Ms Alisha Ross
CEO
Youth Empowerment Against HIV/AIDS
Youth Empowerment Against HIV/AIDS (YEAH) works to build a platform for young Australians to lead community education and awareness of sexual health, sexually transmitted diseases, and HIV prevention amongst their peers.

With STI rates amongst young Australians at epidemic levels, as well as recently rising rates of HIV, our commitment is to build a community that unites young people to work together regardless of their sexual identity, gender, or HIV status.

We want the youth themselves to take the lead on how younger generations are engaging with issues related to HIV.

AIDS 2014 will be the first International AIDS Conference in history to emphasise achieving a HIV-free generation. Yet we cannot achieve this goal without implementing policy and developing peer-based programs that put young people’s leadership at the centre of our local, national and international response to HIV and AIDS.

Please ask yourself, what can I do to engage and support more young people to be an active part of the solution to HIV in the world?

Mr Terry Clout
Chief Executive
South Eastern Sydney Local Health District
In 2012 we saw a substantial increase in HIV notifications in New South Wales, and South Eastern Sydney Local Health District has the highest incidence of HIV in the state. Yet with the NSW HIV strategy setting ambitious targets to reduce HIV, I am proud to say that as a member of the HIV strategy implementation committee, the District is working hard to ensure services are innovative, dynamic, and responsive to the evolving challenge.

Our efforts include making testing access faster by introducing community-based, rapid HIV testing, providing earlier access to treatment, and continuing to provide a world-class needle and syringe program.

The International AIDS Conference in Melbourne will provide us with the opportunity to come together and share evidence-based strategies that already have us on the way to ending HIV.
Twenty10 is reminded on a daily basis of the living impact of HIV within our communities. Our role is to work with young people, who through the impacts of homophobia and transphobia, are vulnerable and at a high risk of HIV infection.

We all need to find ways to better engage young people in conversations around HIV that are relevant and meaningful, so that they will actually have an impact on their decision making and enable them to live healthy lives.

We also need our communities to better educate themselves to end the transmission of HIV and be willing to learn from the lessons that the history of HIV and AIDS in Australia has taught us. Collectively, we have many stories to be shared that can create a healthier future for our young people.

Mr Atari Metcalf and Mr Brendan Doggett Co-Chairpersons Twenty10 Sydney

Mr David Riddell CEO Bobby Goldsmith Foundation Sydney

In 1984, Bobby Goldsmith became one of the first Australians to die from an AIDS related illness. The Bobby Goldsmith Foundation (BGF) is the legacy of a dedicated group of friends. It is a legacy born out of love that has persevered for over 30 years, and will continue into the future.

BGF is Australia’s oldest HIV charity and provides direct support for men, women, and children living with HIV. BGF acts in place of family or friends for more than half our clients. Through risk reduction, harm minimisation, and medication adherence we provide a range of programs to support physical and mental health. We also provide self-management tools to ignite the capacity of people living with HIV to take charge of their lives and live well.

Over 1,200 people rely on BGF for support, and we welcome 200 new people every year.
HIV IN THE ASIA-PACIFIC REGION

Ms Wendy McCarthy AO
Chair
Pacific Friends of the Global Fund

Holding AIDS 2014 in Melbourne is a tremendous opportunity for Australia to refresh our perspective on what we have achieved, what we are capable of from here, and why it is important.

Now more than ever, rich nations need to boost support for the Global Fund. It’s in everyone’s interests to make the world a safer and healthier place.

I believe the Global Fund - which operates to the highest levels of transparency, accountability and proven outcomes - is absolutely critical to making our region a more stable and prosperous part of the world. Since 2002, its investments in Indonesia, Timor Leste and Papua New Guinea have saved tens of thousands of lives.

This is not just about being humanitarian. It is about our region being part of an international community.

In effect, during the first decade of AIDS, the world witnessed an experiment in social policy-making on the grandest scale, with millions of human beings as unwilling participants.

Two approaches to dealing with disease emerged around HIV/AIDS.

One approach was based on non-science, emotion and the confusion of cause and effect. The other was the accumulated knowledge of evidence underpinned by a belief in the inherent worth and dignity of each human being at risk of HIV infection.

Where HIV policies were based on evidence and pragmatism and applied with compassionate common-sense, HIV infection rates declined reasonably quickly, with a consequent decline in deaths from AIDS.

But where policies were based on blind assertion, prejudice and wishful thinking, HIV infection rates increased exponentially.

The world could not agree on a common strategy to prevent the spread of HIV/AIDS.

After 1996, slowly at first but then at an accelerating pace, a global HIV strategy was hammered out.

A great collective effort thus brought into being a sane and sensible HIV strategy, sustained by the dedication and insights of hundreds of thousands of activists, researchers, clinicians, carers, administrators and politicians.

It took far too long to get our act together to deal effectively with HIV/AIDS.

But, in the end, we did.

We learnt from our mistakes and errors, and brought into being a truly global, highly-effective mobilisation to defeat the disease.

The world has the right strategy; the dedicated people and effective treatments and tools to consolidate the impressive gains made by the increased investments of the last two decades.

As Australia and Melbourne prepare to host AIDS 2014, now is the time to double down on increased support from national governments, the private sector and philanthropists, most impressively of course those working through and with the Bill & Melinda Gates Foundation.

As we look back on the last three decades of HIV/AIDS, we can only marvel at the chaos, confusion, pain and misery caused to humanity by the emergence of a simple, not especially infectious, virus.

Mr Bill Bowtell AO
Executive Director
Pacific Friends of the Global Fund

If they are to be dealt with properly, big problems require big thinking, lots of money and people, and time to work.

No threat to global public health has been greater or more sustained than that posed by the emergence of HIV/AIDS.

We know now that people had been dying from the consequences of unreported HIV infection for many years prior to the first cases of AIDS appearing in the developed world some three decades ago.

During the 1980s and 1990s, this silent toll of deaths was rapidly eclipsed by the hundreds of thousands, then millions, of people who succumbed to AIDS caused by HIV infection.

Millions died from HIV/AIDS because many countries refused to base their HIV care and prevention policies on scientific evidence and the observable facts about the transmission of the HIV virus.

In the early 2000s, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) together became the generators and sources of tens of billions of new funding for HIV/AIDS.

A great collective effort thus brought into being a sane and sensible HIV strategy, sustained by the dedication and insights of hundreds of thousands of activists, researchers, clinicians, carers, administrators and politicians.

The politics of the new global strategy were forged at top level through the work of successive international AIDS conferences, and innumerable regional, national and provincial agencies, meetings and committees.

This strategy was underwritten by new institutions including PEPFAR and the Global Fund and increased support from national governments, the private sector and philanthropists, most impressively of course those working through and with the Bill & Melinda Gates Foundation.

As we look back on the last three decades of HIV/AIDS, we can only marvel at the chaos, confusion, pain and misery caused to humanity by the emergence of a simple, not especially infectious, virus.

It took far too long to get our act together to deal effectively with HIV/AIDS.

But, in the end, we did.

We learnt from our mistakes and errors, and brought into being a truly global, highly-effective mobilisation to defeat the disease.

The world has the right strategy; the dedicated people and effective treatments and tools to consolidate the impressive gains made by the increased investments of the last two decades.

As Australia and Melbourne prepare to host AIDS 2014, now is the time to double down on HIV/AIDS.

Increased investment will mean further decreasing the annual caseload of new HIV infections and fewer deaths from AIDS.

We have long since passed the end of the beginning of HIV/AIDS.

At IAS Melbourne 2014, let’s show the world how close we now are to the beginning of the end of the HIV epidemic.
A breakthrough, but not a silver bullet

Ms Annmaree O’Keeffe
Fellow
Lowy Institute for International Policy
Former Australian Ambassador for HIV/AIDS

Thirty years after HIV first started to make global headlines, it’s still doing it – but this time for very different reasons.

At the latest International AIDS Conference in Kuala Lumpur, it was announced that two previously HIV-positive men no longer had any trace of the virus after receiving stem cell transplants to treat their respective cancers. This follows a similar case reported last year when a man diagnosed with leukaemia and infected with HIV also appeared to be cured after a stem cell transplant. News coverage of this development has been global. At first blush, it seems like the breakthrough researchers have been searching for. But anyone who has experience of stem cell transplants knows that this process is very unlikely to be HIV’s silver bullet. Stem cell transplants used to treat life-threatening blood and bone cancers are themselves life-threatening. The procedure is complex and while there have been significant improvements in survival rates, the risk of death from the side effects of stem cell transplants is still unacceptably high. On top of that, these procedures are very expensive, which doesn’t readily translate into an across-the-board option – particularly in developing countries where the HIV epidemic has its strongest grip.

But what this discovery does is offer greater insight into the makeup and behaviour of this virus, which has killed around 35 million in the three decades since its discovery. Australia has been a global leader in the response to HIV, which in part is why the incidence of HIV/AIDS-related deaths in the same period in Australia has been around a comparatively very low 7,000.

HIV is a unique disease in how it has broken free from the confines of being treated solely as a medical phenomenon. It has brought together the most unlikely international collection of fellow advocates and activists. Because of its tendency to impact disproportionately on society’s minorities and marginalised – the gay community, sex workers, injecting drug users, women in developing countries, prisoners – its existence has shed powerful spotlights on human rights abuse. This, in turn, has brought eminent jurists and human rights activists into the colourful fold.

Its pace of infection in the 1990s led to major funding initiatives in the 2000s which have reshaped international health funding. Its real and potential negative impact on the social and economic fibre of communities has led some governments to adopt innovative policies and practices previously considered dangerous - even illegal - such as Australia’s clean needle exchange programs. And along the way, it has enlisted a swag of celebrities and global leaders as champions of the cause.

Because of HIV’s tendency to impact disproportionately on society’s minorities and marginalised – the gay community, sex workers, injecting drug users, women in developing countries, prisoners - its existence has shed powerful spotlights on human rights abuse.

Medical researchers too are also leading characters in this broad church. Every two years, this disease becomes the focal point for a mega conference, which brings the entire church together to debate where this pernicious disease is going and how to arrest it. This year in Melbourne, it is expected to attract 14,000 international participants, making it the largest conference ever held in Australia.

Most HIV infections in the Asia-Pacific region now occur in marginalised populations: injecting drug users, sex workers, and – the population which is now the largest single contributor to new HIV infections in the region - gay men and other men who have sex with men (MSM). Yet quite a few people are still surprised to hear that when I point it out. Because most governments in the Asia Pacific region are reluctant to prioritise these populations in their policies, funding or public discourse, we still face major challenges in defeating HIV.

We can see an end to AIDS, not just through a vaccine or a cure, but through scientific findings, technological developments, program design changes, policy setting adjustments, and legislative actions. With national leadership we can, in effect, see the defeat of HIV/AIDS as a significant epidemic in every country in the region. But this will require transformation of all of the HIV responses currently in place. It will require governments to face up squarely to which sections of their populations are most at risk and transforming their responses to make gay men/MSM, sex workers, and people who inject drugs the key priority focus of their programs.

The changes needed are now very clear. They will need to reform and expand their HIV testing and treatment services so as to welcome and prioritise these populations, to invest in strengthening their community organisations, to encourage and facilitate regular HIV testing and adherence to treatment for those infected, and to review policy settings that inhibit and discourage these populations from engaging with their health systems. Most of these measures have long been fundamental to Australia’s early success against AIDS and our current intensification of HIV testing availability and early treatments access will ensure we consolidate that success.

As a board member, I am proud that the Global Fund has been a world leader in embedding these transformative developments and approaches into its new Strategic Plan (2012) and into its New Funding Model (2014) - as has the US Government’s President’s Emergency Plan for AIDS Relief (PEPFAR).

I look forward to the Australian Government continuing to work closely with the Global Fund and PEPFAR to encourage governments across the Asia-Pacific region to transform their HIV responses to focus on the key populations.

If successful we can all see AIDS under control early in the next decade. And soon after that, we just need the cure.
The engagement of the private sector in managing the delivery of multilateral development aid is seen as a very promising pathway for the future. We believe that the proactive participation of the private sector can change the face of HIV.

Mr Ross Hutton
Strategy, Partnerships and Resource Mobilisation
Oil Search Health Foundation

Building partnerships is at the core of high-impact health interventions. In Papua New Guinea, the Oil Search Health Foundation operates a public-private partnership to scale-up HIV treatment and prevention.

Working with national and provincial governments, as well as a range of non-government organisations and other agencies, this partnership allows the private and public sector to truly leverage their respective skills and experience to deliver the best possible HIV program outcomes.

A significant cornerstone of this public-private partnership is our close relationship with Papua New Guinea’s National Department of Health.

We have cultivated strong ties with the Department to create productive and close working relationships, but also aligned our HIV Program and support services to the country’s national standards.

Another important partner in meeting Papua New Guinea’s HIV challenges is the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2011, the Oil Search Health Foundation became Papua New Guinea’s Principal Recipient for the Global Fund Round 10 HIV grant, totalling US$46 million. This makes us part of a new approach to public health that harnesses the power of markets and employs the private sector to deliver for those who need it the most.

The Oil Search Health Foundation is now part of a small group of private sector companies involved directly in managing Global Fund grants.

The engagement of the private sector in managing the delivery of multilateral development aid is seen internationally, and in particular by the Global Fund, as a very promising pathway for the future.

Public-private partnerships have the potential for an unprecedented impact on the reach and scale-up of HIV services in countries like Papua New Guinea. We believe that the proactive participation of the private sector can change the face of HIV.

HIV Program
Provides support to 50 health facilities that have performed over 35,000 HIV tests and distributed over 600,000 condoms since 2008.

Maternal and Child Health Program
Conducts over 120 clinical support visits to remote health facilities each year, which has helped local healthcare staff to administer over 5,600 Depo injections to prevent pregnancy and over 36,000 vaccinations since 2010.

Malaria Program
Provides technical and logistical support to 40 clinical and non-clinical sites, which has resulted in over 33,000 malaria tests being performed since 2005. Along with effective treatment pathways, this has reduced malaria incidence in the Health Foundation’s operating areas from over 45% in 2008 to below 5% in 2012.

The Oil Search Health Foundation was established in 2011 to identify and address high-profile health issues in Papua New Guinea. It works closely with government, donor and development partners, including faith and civil society organisations, to strengthen health systems and improve healthcare outcomes.

The Health Foundation is supported by its parent organisation, Oil Search Limited, Papua New Guinea’s largest oil and gas operator.

Since 2011, the Health Foundation has attracted grants worth nearly US$80 million, in addition to Oil Search’s contribution of AU$10.8 million.

Today, nearly 100 Health Foundation staff work in 7 of the 22 provinces in Papua New Guinea, focussing on HIV, malaria and maternal and child health.

The Health Foundation has demonstrated that the proactive participation of the private sector goes a long way to saving lives in countries like Papua New Guinea where national health systems are overburdened.

The Oil Search Health Foundation supports HIV clinic staff (above) at Tari Hospital in Hela Province, Papua New Guinea under the country’s Global Fund HIV grant.

Oil Search is stepping up the pace as a good corporate citizen by building an effective public-private partnership with my government to amplify the impact of healthcare interventions across Papua New Guinea.

The Hon Peter O’Neill CMG MP, Prime Minister of Papua New Guinea

www.oilsearchhealthfoundation.org
Nelson Mandela was right when he said, “We cannot win the battle against AIDS if we do not also fight TB.”

Among the one in three people on the planet infected with latent TB, a person living with HIV is 34 times more likely to develop active TB. The two diseases form a lethal combination, with TB causing one in four HIV-related deaths.

As HIV becomes an increasingly urgent issue in the Asia Pacific region, our public and political attention must turn to fighting TB as an HIV/AIDS issue. It is vital that our proposed solutions to these challenges are integrated and well funded.

AIDS 2014 in Melbourne will be a critical moment for advocates, experts, policy makers, and funders to join with RESULTS and our global partners at ACTION.org to address this dual epidemic.

We must be bold in setting audacious goals to ensure those living with HIV no longer die of TB.

Policy Cures is a global leader in policy relating to infectious diseases that affect neglected populations, such as HIV.

The opportunity that AIDS 2014 provides to catch up and share ideas with colleagues from around the world will be of undoubted benefit. However, more importantly, the scale and public profile of the event is a real opportunity to raise awareness in Australia of the global fight against HIV and related diseases.

Despite the fact that we are very much an Asia-Pacific nation with countries on our doorstep with high HIV incidence, like Papua New Guinea, HIV/AIDS can seem like a very remote threat to the majority of Australians. AIDS 2014 provides an avenue to address that.

The International AIDS Conferences have become an eagerly anticipated global event, and the fact that AIDS 2014 is being held here in Australia is extremely welcome.
We currently have the knowledge and tools to save lives and dramatically reduce new HIV infections. An AIDS free generation is in our reach. What we need now is the leadership and resources to make it happen.

PROFESSOR SHARON LEWIN