



Australian Government
AusAID



Intensifying the response: Halting the spread of HIV

Australia's international development strategy for HIV





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Cover: The Anglicare STOPAIDS theatre group is just one of many non-government organisations across Papua New Guinea staging plays at local markets, schools and other community meeting places to help inform and educate people about HIV. Photo: Rocky Roe

Ministerial foreword

The international vision of a world free of poverty and preventable disease is strongly supported by the Australian Government. Prime Minister Kevin Rudd has called for concerted action to assist our neighbours in the Asia Pacific region to reach the Millennium Development Goals—the targets that aim to reduce poverty, stop the spread of HIV and bring health, education and development to all.

Intensifying the response: Halting the spread of HIV, Australia's new international development strategy for HIV, will guide AusAID's work on Millennium Development Goal Six—to combat HIV/AIDS and work towards universal access to HIV prevention, support, care and treatment by 2010.

In the Asia Pacific region nearly five million people are living with HIV. The epidemic is expanding in many countries in our region, including in some of Australia's nearest neighbours. HIV prevalence reached 1.6 per cent in rural Papua New Guinea in 2008 and 2.4 per cent in the Indonesian provinces of Papua and West Papua in 2006.

Increases in the number of new infections undermine our efforts in providing care and treatment to those already infected. Unless we can reach more people, more swiftly and with better prevention services, more communities across the Asia Pacific region will bear the burden of illness and untimely deaths.

Different epidemics require different approaches. Researchers in Asia report that the spread of HIV can be stopped if prevention programs reach 80 per cent of the key populations at higher risk: drug users, sex workers and their clients, and men who have sex with men. In the Pacific, where the patterns of the spread of the epidemic are different, comprehensive prevention is needed for broader populations, as well as for those at greater risk. In PNG, support and treatment are also required. More than one per cent of the country's population is living with HIV and many more people will require medical care in the next few years.

I am proud of Australia's strong record of contributions to the global HIV response but the rapid spread of the epidemic leaves no room for complacency. As the United Nations Secretary-General Ban Ki-moon has said, mounting an effective response requires political courage and leadership.

This strategy will focus AusAID's programming and partnerships with our neighbours and lead us further and faster along the path to halting the spread of HIV in the Asia Pacific region.



A handwritten signature in black ink, appearing to read 'Stephen Smith'. The signature is fluid and cursive, written over a light blue background.

Stephen Smith MP
Minister for Foreign Affairs



Australia will support partner countries to increase and better target HIV prevention activities that focus on the populations at higher risk, and key behaviours and settings that impact on the spread of HIV.
Photo: AusAID

Contents

| | |
|---|-----------|
| Ministerial foreword | i |
| Executive summary | 1 |
| Introduction | 5 |
| Understanding the epidemic | 6 |
| Africa | 6 |
| Asia | 6 |
| Pacific | 9 |
| Australia's response | 13 |
| Goal | 13 |
| Cross-cutting issues | 13 |
| People with disability | 13 |
| Gender | 13 |
| Priority One: Intensifying HIV prevention | 15 |
| Priority Two: Optimising the role of health services within HIV responses | 18 |
| Priority Three: Strengthening coordination and capacity to scale up HIV responses | 21 |
| Priority Four: Reviewing legal and policy frameworks to enable effective responses to HIV | 25 |
| Priority Five: Building the evidence base for an effective HIV response | 27 |
| Priority Six: Demonstrating and fostering leadership on HIV | 29 |
| Tracking progress, achievements and challenges | 32 |
| Appendix | |
| 1 Summary of <i>Intensifying the response: Halting the spread of HIV</i> . Australia's international development strategy for HIV (2009) | 33 |
| Acronyms and Glossary | 34 |
| Acknowledgments | 37 |

Boxes

| | |
|--|----|
| The regional Pacific approach | 10 |
| HIV prevention efforts in PNG must account for a diverse range of complex social, cultural, economic and political factors | 12 |
| Empowerment of women and equality between men and women – the impact on HIV | 14 |
| Australia’s response in Papua New Guinea | 17 |
| Drawing on Australian expertise to build capacity and strengthen international responses | 23 |
| Features of AusAID’s engagement strategy with the Global Fund to Fight AIDS, Tuberculosis and Malaria | 28 |
| Promoting business engagement in the response to HIV | 29 |

Figures

| | |
|--|----|
| 1 Summary of <i>Intensifying the response: Halting the spread of HIV</i> Australia’s international development strategy for HIV (2009) | 2 |
| 2 Projected new HIV infections in adults in Asia, by key population | 7 |
| 3 Projected trend of Asia’s HIV epidemic up to 2020 | 8 |
| 4 HIV prevalence projections in PNG to 2012 | 11 |

Executive summary

Intensifying the response: Halting the spread of HIV is the Australian Government's new strategy on HIV, which will guide the country's international development assistance on the epidemic. It builds on the lessons learned and the significant changes that have taken place in the HIV arena since 2004, when Australia's first international development strategy for HIV, *Meeting the Challenge*, was launched.

Most countries are tracking well behind schedule to achieve the Millennium Development Goal (MDG) for HIV by 2015. In addition, the target set by the Political Declaration on HIV/AIDS, which states that every person who needs it should have access to comprehensive prevention services, treatment, care and support by 2010 is unlikely to be met.

Combined, these realities make it clear that the global response to HIV must be dramatically scaled up. Australia's goal is to make a significant and sustained effort to achieve the MDG target of halting and beginning to reverse the spread of HIV and AIDS by 2015, by assisting partner countries to achieve universal access to HIV prevention, treatment, care and support.

This is not just a question of doing more, but also doing it better. It is about making more effective use of limited resources. And it underlines the importance of supporting inclusive, country-led and managed responses and of donors prioritising support within an agreed division of labour to ensure a harmonised approach (in line with the Accra Agenda for Action).

Australia will deliver its international HIV development assistance by focusing on six priorities. These priorities will support partner countries to:

- > intensify HIV prevention
- > optimise the role of health services within HIV responses
- > strengthen coordination and capacity to scale up HIV responses
- > review legal and policy frameworks to enable effective responses to HIV
- > build the evidence base for an effective HIV response
- > demonstrate and foster leadership on HIV.

An overview of *Intensifying the response: Halting the spread of HIV* is at Figure 1.

The principle focus for Australia's support to the global HIV effort will continue to lie with the Asia Pacific region, particularly Papua New Guinea (PNG), East and South Asia and the Pacific Island countries. The role in the African response will be relatively small in comparison.

The global response to HIV must be dramatically scaled up. This is not just a question of doing more, but also doing it better.

**Figure 1: Summary of *Intensifying the response: Halting the spread of HIV*
Australia's international development strategy for HIV (2009)**

| Goal | Make a significant and sustained effort to achieve the MDG target of halting and beginning to reverse the spread of HIV and AIDS to 2015, by assisting partner countries to achieve universal access to HIV prevention, treatment, care and support. | |
|-------------------|--|--|
| | Australia will support partner countries in... | Australia will... |
| Priorities | Intensifying HIV prevention | Support partner countries to increase and better target HIV prevention activities that focus on the populations at higher risk, and key behaviours and settings that impact on the spread of HIV. |
| | Optimising the role of health services within HIV responses | Support partner countries to improve integration of HIV services into other health services, including primary healthcare. Support Papua New Guinea to improve HIV treatment and care programs. |
| | Strengthening coordination and capacity to scale up HIV responses | Support partner countries to strengthen the systems that are essential to overcome the barriers to universal access. |
| | Reviewing legal and policy frameworks to enable effective responses to HIV | Support partner countries to review and improve laws and policies to prevent discrimination against people on the basis of HIV status or higher risk behaviours, and to address gender inequality and the empowerment of women. |
| | Building the evidence base for an effective HIV response | Support partner countries to develop national HIV research agendas to better understand the epidemics and the impacts of HIV responses. |
| | Demonstrating and fostering leadership on HIV | Demonstrate leadership on HIV, drawing on Australian expertise and increasing engagement with key multilaterals. Support leadership on HIV within partner countries, including from within government, key community-based organisations and the private sector, and by encouraging high-profile local champions. |

Priority One: Intensifying HIV prevention

While HIV prevention is the cornerstone of an effective response, current efforts are falling far short of the scale needed and not adequately reaching the people most at risk.

A key priority for Australia will therefore be to assist partner countries to increase and better target HIV prevention activities that focus on populations at higher risk of infection, and key behaviours and settings that impact on the spread of HIV.

In PNG, Pacific Island countries and the Indonesian provinces of Papua and West Papua, the populations at higher risk are less defined than in the rest of the Asia Pacific region. This requires a broad approach to address issues such as concurrent sexual partners, sex work, men who have sex with men, mobility, and gender inequalities. In PNG specifically, preventing parent-to-child transmission also requires additional support.

In Asia, Australia will focus its prevention efforts on the needs of two key populations at higher risk—injecting drug users and men who have sex with men. Preventing HIV transmission among injecting drug users has been the main focus of Australia's support to date. However, men who have sex with men, a group largely ignored in most HIV responses, are emerging as the key population where new infections are accelerating most rapidly. Australia has significant technical expertise in these areas and can add value in both, especially with injecting drug users where some other donors have faced policy constraints, creating gaps in the response.

Priority Two: Optimising the role of health services within HIV responses

HIV services are frequently established as stand-alone, specialised services. While this can be justified in some circumstances, it is usually more effective—in terms of quality, accessibility and cost—to integrate them into primary healthcare. Where this is not feasible, an appropriate system of referrals should be implemented. Australia will therefore support the integration of HIV services into primary healthcare. Stronger linkages will also be promoted between services for HIV and services for health issues that share risk factors or cross-over user groups. These include tuberculosis, maternal and child health, and sexual and reproductive health (including sexually transmissible infections, STIs).

Australia will not usually provide direct assistance for treatment and care in Asia. However, in the Pacific region, including PNG, where Australia is a major donor, Australia will support comprehensive responses that include treatment and care as well as prevention.

Priority Three: Strengthening coordination and capacity to scale up HIV responses

Scaling up HIV responses to achieve universal access is placing significant burdens on countries. Therefore, Australia is assisting partner countries to strengthen the systems needed to implement comprehensive, multisectoral HIV responses. One way Australia is doing this is to work with countries to strengthen their health systems by improving workforce development and health financing systems.

Australia is also providing technical assistance and support to help priority countries improve their capacity to successfully apply for, manage and report on Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grants, recognising the prominent role the Fund now plays as a key funder of HIV responses.

Australia is committed to supporting an inclusive approach in all aspects of developing and implementing HIV responses and this includes involving people living with HIV. The growing number of government and non-government stakeholders and the large number of other donors involved makes it even more important to work in a coordinated way. It also makes it important for governments to lead the way to avoid fragmentation of responses and improve efficiency and sustainability of outcomes.

Priority Four: Reviewing legal and policy frameworks to enable effective responses to HIV

The legal and policy environments have become more supportive of HIV responses in many countries in the Asia Pacific region over recent years. Nonetheless, gaps remain that inhibit people from wanting to know their HIV status, accessing condoms and clean needles and syringes, and receiving treatment. Likewise, improvements to laws can help reduce people's vulnerability to HIV infection and its impacts. Australia therefore will support governments to review and improve their laws and policies, and their implementation.

Australia is committed to supporting an inclusive approach in all aspects and this includes involving people living with HIV.

Priority Five: Building the evidence base for an effective HIV response

The success of HIV responses depends on quality of knowledge about the epidemics and the evidence of what works as well as the ability to use it to greatest effect. Understanding the local epidemic and context means decision makers can make more informed choices about where to focus effort. Without better understanding, responses will remain constrained and unable to adequately reach target populations. However, HIV surveillance remains limited and surprisingly little is still known about the social, political, cultural and economic factors that influence HIV epidemics, particularly in the Pacific region. Australia will therefore encourage partner countries to establish national HIV research agendas, including on the factors that impact on HIV transmission and behaviour change.

Priority Six: Demonstrating and fostering leadership on HIV

Australia will encourage leadership on HIV issues globally and regionally, as well as demonstrate leadership—including through the position of Ambassador for HIV—in driving debates and advocating for policy or programming change in neglected or arising areas, particularly those important for the Asia Pacific region.

Local leadership is key to driving change and to ensuring responses are inclusive and meet local needs. Australia will therefore support approaches to engage political, business and community leaders at the national, sub-national and community level.

Tracking progress, achievements and challenges

Australia is committed to increasing its focus on performance to help managers improve development effectiveness and account for results. The Australian Agency for International Development (AusAID) will therefore continue to strengthen its monitoring and review processes to more accurately determine the progress, achievements and challenges in implementing HIV assistance.

Performance of Australia's HIV development assistance is measured through a number of complementary reporting processes that will together be used to assess implementation of this strategy. This will include ongoing assessments at the activity, country, regional and thematic levels to assess quality, progress, impact and relevance.

Introduction

Intensifying the response: Halting the spread of HIV is the Australian Government's new strategy on HIV, which will guide the country's international development assistance on the epidemic. It replaces Australia's first strategy, *Meeting the Challenge*, launched in 2004.

The new strategy takes into account the significant changes that have taken place in the HIV arena since 2004. Today, the understanding of the epidemic is broader and deeper, the global aid architecture¹ is different and the way of working with donors has shifted to become more strategic and harmonised.

The global commitment to addressing HIV is beginning to work, but despite overall progress, most countries are unlikely to achieve the MDG target² of halting and beginning to reverse the spread of HIV by 2015 unless the response to the epidemic is urgently and dramatically expanded.³ The Political Declaration on HIV/AIDS made at the 2006 High Level Meeting on AIDS⁴ confirms this and commits donors and partner countries to scale up responses in an attempt to bring progress back on track. The Declaration set a target of 2010 for achieving universal access to HIV prevention, treatment, care and support services, but this commitment is also notably behind schedule and the deadline unlikely to be met.

Intensifying the response: Halting the spread of HIV represents Australia's contribution to the challenges of meeting both the MDG and universal access commitments. The strategy builds on Australia's achievements and lessons learned. It forms part of the country's commitment to substantially expand development assistance to 0.5 per cent of Gross National Income by 2015 and sharpen the focus on aid efficiency and effectiveness.

Australia's most pressing responsibility in international development is to its closest neighbours, particularly PNG, East and South Asia and Pacific Island countries, and this strategy reflects this. The Asia Pacific region is home to two-thirds of the world's poor, yet the region receives less than one-third of international development assistance. As a major donor, Australia will provide more intensive and broad-ranging support to help implement a scaled-up and comprehensive response to HIV in PNG and Pacific Island countries.

While Australia's role in the African response will be relatively small in comparison, work will continue through the Global Fund and UNAIDS and through partnerships in strategic areas where Australia can influence and add value.



The Anglicare STOPAIDS theatre group is just one of many non-government organisations across Papua New Guinea staging plays at local markets, schools and other community meeting places to help inform and educate people about HIV. Photo: Rocky Roe

1 Includes factors such as increasing volume of donor funding, channelling aid through multilateral (such as the Global Fund) versus bilateral institutions, donor harmonisation versus aid fragmentation, and aligning with government-owned and government-lead plans and priorities.

2 MDG 6 is to 'combat HIV/AIDS, malaria and other diseases'. There are three targets within this MDG: 6.A—Have halted by 2015 and begun to reverse the spread of HIV/AIDS; 6.B—Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; 6.C—Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

3 *The Millennium Development Goals Report 2008*. United Nations 2008.

4 Follow-up to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2001 Declaration of Commitment on HIV/AIDS.

Understanding the epidemic



The number of new HIV infections each year (*incidence*) has been declining globally for close to a decade. After peaking at 3.4 million in 1998, incidence has dropped to 2.7 million in 2007. Increased access to antiretroviral therapy over recent years has contributed to the decline in AIDS-related deaths from 2.2 million in 2005 to 2 million in 2007.⁵

Although this is encouraging, HIV epidemics are diverse and this trend is not uniform across all countries. And while, today, more people with HIV are living longer, healthier lives, there is still no cure.

Africa

Most epidemics across Africa have stabilised, although at very high levels, and AIDS-related illnesses remain the leading cause of death in the continent.

The seven countries in the world with a total number of adults living with HIV (*prevalence*) exceeding 15 per cent are in Sub-Saharan Africa, the region most affected by the epidemic. It is home to 67 per cent of all people living with HIV and 75 per cent of the world's AIDS-related deaths in 2007 occurred there.⁶

In Sub-Saharan Africa epidemics are considerably more advanced and most cases of HIV are heterosexually acquired and correlate to having concurrent sexual partners. Women make up 60 per cent of people living with HIV and the region is home to 90 per cent of the world's children living with HIV.

Africa continues to receive funding for HIV from many key donors and partner countries. Recognising this, and to stay focused on its closest neighbours, Australia's role in the African response will be relatively small.

Asia

In a small number of Asian countries, such as Thailand, Burma and Cambodia, HIV prevalence has peaked and is now stable or been in decline for a number of years. Few other Asian countries, however, are reducing HIV nationally and keeping levels down. Indeed, new infections continue to rise rapidly in some, including Vietnam and China.

In Asia, AIDS is the single-largest cause of death from disease and of lost workdays among people in their productive prime (aged 15 to 44). The impact is acutely felt at the household level, where the burden of illness, loss of income and changes to livelihood are carried by individuals living with HIV and their families, costing Asian households around US\$2 billion annually.⁷ The effects are most harshly felt in poorer households.

In Asia, AIDS is the single-largest cause of death from disease and lost workdays among people aged 15 to 44.

5 2008 Report on the Global AIDS Epidemic. UNAIDS 2008.

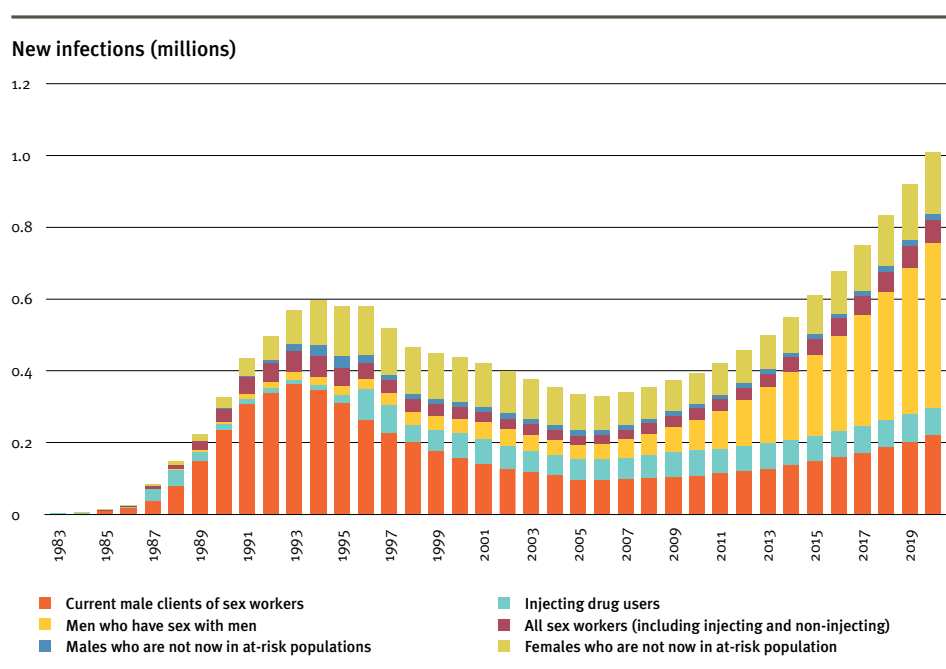
6 *ibid*

7 *Redefining AIDS in Asia: Creating an Effective Response*. Report of the Commission on AIDS in Asia 2008.

Redefining AIDS in Asia: Creating an Effective Response, by the Commission on AIDS in Asia,⁸ reports that at least 75 per cent of new HIV infections occur within three sub-populations: injecting drug users; sex workers and their clients; and men who have sex with men. While injecting drugs has ignited many Asian epidemics over the last 15 years, sexual transmission is increasingly maintaining these epidemics and is now the major cause of new infections in most countries. Figure 2 shows the number of adults newly infected with HIV each year in key populations at higher risk.

In most Asian settings, more men live with HIV than do women, and this is expected to remain the case for several years, reflecting the role of male drug users, men who have sex with men, male mobility and sex work (where male clients significantly outnumber female workers) in driving the epidemic.⁹ Over time, it is likely that increasing numbers of women will be infected by their husbands and long-term partners, and at younger ages.

Figure 2: Projected new HIV infections in adults in Asia, by key population¹⁰



The HIV epidemic is entering a secondary phase of expansion in Asia.

The net result is that after a period in the mid-2000s when new infections declined slightly, the HIV epidemic is entering a secondary phase of expansion in Asia,¹¹ which, without expanded prevention efforts, may push the cumulative total of people living with HIV in the region from approximately 5 million in 2007 to almost 10 million by 2020 (Figure 3).¹² In addition, men who have sex with men, a group largely ignored in most HIV responses to date, is emerging as the key population where new HIV infections are accelerating most rapidly in Asia. Projections indicate that unless effective prevention services are intensified, by 2020 around 46 per cent of new infections in Asia will be among men who have sex with men, up from around 13 per cent today (Figure 2).

8 *Redefining AIDS in Asia: Creating an Effective Response*. Report of the Commission on AIDS in Asia 2008.

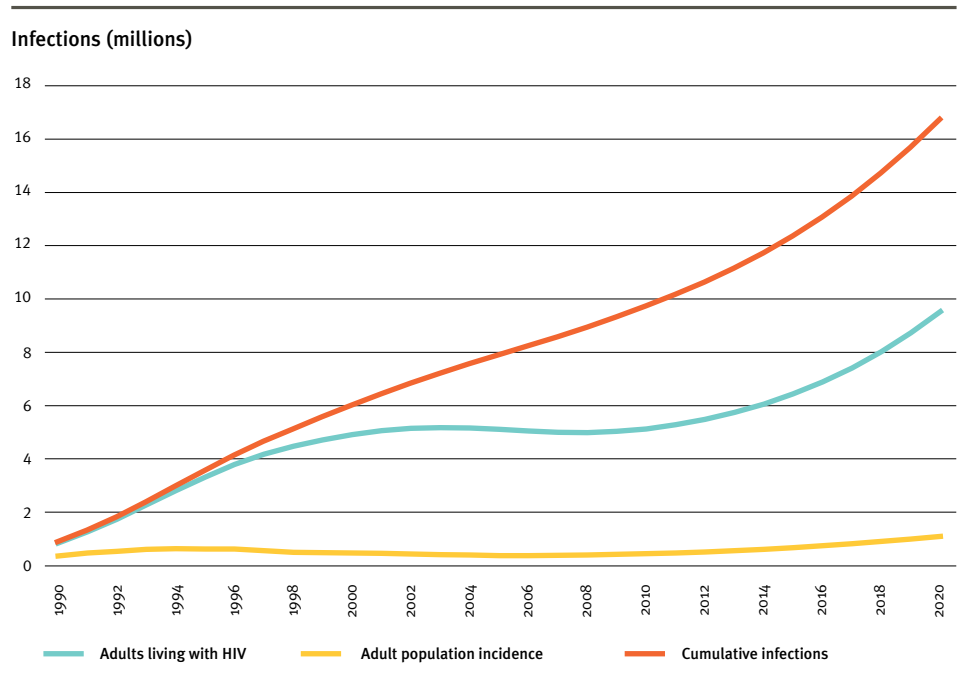
9 *ibid*

10 *ibid*

11 Some countries had early success by focusing responses on preventing HIV transmission among sex workers and their clients. However, the lack of adequate prevention efforts within injecting drug users and men who have sex with men has enabled HIV epidemics to continue to expand, producing a second wave of the epidemic, including, as in the case of Thailand, a growing number of women being infected by their husbands and partners who have engaged in unprotected sex or injected drugs.

12 *Redefining AIDS in Asia: Creating an Effective Response*. Report of the Commission on AIDS in Asia 2008.

Figure 3: Projected trend of Asia's HIV epidemic up to 2020¹³



Indonesia

While the overall prevalence of HIV in adults in Indonesia is just 0.2 per cent, the epidemic is growing rapidly, particularly in the provinces of Papua and West Papua where it is approximately 2.4 per cent.¹⁴

Injecting drug use is the main way HIV has been transmitted in Indonesia for many years, especially in West Java, East Java and Bali. More recently, however, the majority of new cases are people who have acquired HIV from heterosexual sex,¹⁵ with epidemics spreading quickly among sex workers and their clients.

Papua and West Papua are experiencing a generalised epidemic¹⁶ strongly associated not only with heterosexual sex (particularly with sex workers and long-term concurrent partners), but also with alcohol misuse, sexual violence and poor knowledge of HIV and its prevention.¹⁷ In these provinces, men remain disproportionately affected, with 2.9 per cent prevalence compared to 1.9 per cent among women.¹⁸

13 *Redefining AIDS in Asia: Creating an Effective Response*. Report of the Commission on AIDS in Asia 2008.

14 *2008 Report on the Global AIDS Epidemic*. UNAIDS 2008.

15 Particularly from a network originating from injecting drug users.

16 Generalised epidemics are generally defined by more than one per cent of the total population living with HIV.

17 Republic of Indonesia. National AIDS Commission. Reporting period 2004-2005.

18 *2008 Report on the Global AIDS Epidemic*. UNAIDS 2008.



Love Patrol is a soap drama dealing with the gritty issues of everyday life. The program has been particularly successful in breaking down barriers around HIV. The show is produced by well-known theatre group Wan Smolbag based in Vanuatu. Photo: Rob Maccoll

Extremely high rates of STIs further indicate that unprotected sexual practices are prevalent and that Papua and West Papua are at significant risk of a rapidly escalating epidemic.¹⁹

If there is no significant increase in response, predictions are that Indonesia will experience a generalised epidemic by 2025, with adult HIV prevalence in Papua and West Papua rising to 7 per cent and, in the rest of Indonesia, to 1 per cent.²⁰

19 The presence of ulcerative STIs (genital herpes, syphilis and chancroid) is also likely to be associated with increased biological susceptibility to HIV infection, although the evidence is not conclusive.

20 *Impacts of HIV/AIDS 2005–2025 in Papua New Guinea, Indonesia and East Timor. Final Report of the HIV Epidemiological Modelling and Impact Study.* AusAID 2006.

Numerous intersecting social, cultural, economic and political factors are also at play.

Pacific

In the Pacific region where surveillance is limited, HIV prevalence is understood to be very low outside PNG (see below), with 1166 people diagnosed with HIV to the end of 2006.²¹ In Fiji, however, an increase in reported diagnoses indicates expanding, although still low-level, HIV prevalence.

HIV transmission in the Pacific region (including PNG) primarily occurs through heterosexual sex, including sex work and other transactional sex. Numerous intersecting social, cultural, economic and political factors are also at play, increasing people's vulnerability to HIV and making it more difficult to define those at higher risk and reach them with prevention services. Factors include the prevalence of sex workers and other transactional sex, multiple and concurrent sexual partners, gender inequality associated with significant physical and sexual violence, and low condom use. More broadly are factors including the lack of empowerment of women; young populations with limited knowledge about how HIV is transmitted; use of drugs (particularly marijuana) and alcohol (legal and homebrew) associated with sexual violence and failure to use condoms; sex among young people from early ages; high labour mobility (including seafarers); and cultural influences that restrict people's willingness to talk about sex.

Pacific Island countries cannot afford to be complacent. While these countries currently have low-level epidemics, they are at significant risk of a worsening epidemic. The countries are dealing with very high rates of untreated STIs²² and have other multiple risk factors in common with PNG, where a generalised epidemic already exists.

The regional Pacific approach

The primary mechanism for Australian funding of new activities for Pacific Island countries is through the multi-donor Pacific HIV and STI Response Fund 2009–2013, managed by the Secretariat of the Pacific Community (SPC). The Response Fund is a predictable and flexible mechanism enabling the scale up of assistance to country-led programs, civil society groups and regional activities. It will support the *Pacific Regional HIV and STI Strategy* as a coordinated and strategic collaboration led by governments and supported by UN agencies, regional agencies, non-government organisations (NGOs), donors and other development partners. Prevention approaches for Pacific Island countries will focus on integration into sexual and reproductive health services, stronger involvement of NGOs and community groups, improved research and surveillance, and improving organisational capacity to plan and manage programs.

In addition to managing the Response Fund, the SPC acts as the Principal Recipient for Global Fund grants. Together the two funding mechanisms will bring a large increase in financial resources to the region that will join together in support of the *Pacific Regional Strategy Implementation Plan 2009–2013* and is a positive example of action being taken to harmonise Australia's support with other development partners.

21 *Draft Pacific Regional HIV and STI Strategy 2009–2013*. Secretariat of the Pacific Community 2008.

22 *Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in Six Pacific Island countries (2004–2005)*. Ministries of Health 2005.

Papua New Guinea

PNG is at a critical point with HIV where the adult prevalence lies at around 1.5 per cent and is expanding.²³

Estimates indicate that HIV is entering a period of unprecedented growth in rural PNG where 85 per cent of the country's population lives and where, by 2007, HIV prevalence had overtaken urban prevalence (1.65 per cent and 1.38 per cent respectively). While there are roughly equal numbers of men and women living with HIV in PNG, there is a disproportionate number of young women affected, with prevalence more than twice as high in women aged 15 to 29 as men in the same age group. Conversely, the majority of men diagnosed with HIV are between 30 and 34.²⁴

It is estimated that in 2007, 954 children (0 to 14 years) were newly infected with HIV in PNG, up from 353 four years earlier.²⁵ Most of this could have been prevented if prevention of parent-to-child transmission approaches were more widely available to parents.

PNG's heterosexually driven HIV epidemic is both generalised and concentrated in key populations at higher risk. As in the rest of the Pacific region, its spread is exacerbated by the complex relationship between the factors described above.

Without significantly increased prevention, it is predicted there will be a dramatic increase in prevalence in PNG, with more than one in 20 adults living with HIV by 2012, mostly in rural locations (where it is difficult to reach people with services) at 5.74 per cent adult prevalence compared to an urban estimate of 1.44 per cent (Figure 4).²⁶

While the epidemic is unlikely to affect national economic output in the short term, if additional measures are not taken immediately, PNG's national economy is likely to be significantly affected by the many repercussions of HIV in the decade after 2015.²⁷

Without significantly increased prevention, it is predicted there will be a dramatic increase in prevalence in PNG, mostly in rural locations.

Figure 4: HIV prevalence projections in PNG to 2012²⁸

| | Adult prevalence (%) | People living with HIV | Urban prevalence (%) | Rural prevalence (%) |
|------|----------------------|------------------------|----------------------|----------------------|
| 2007 | 1.61 | 59 537 | 1.38 | 1.65 |
| 2009 | 2.56 | 98 757 | 1.45 | 2.76 |
| 2010 | 3.22 | 127 121 | 1.46 | 3.55 |
| 2011 | 4.05 | 163 245 | 1.46 | 4.53 |
| 2012 | 5.07 | 208 714 | 1.44 | 5.74 |

23 2007 Estimation Report on the HIV Epidemic in PNG. National AIDS Council Secretariat and National Department of Health 2007.

24 *ibid*

25 *ibid*

26 *ibid*

27 *Impacts of HIV/AIDS 2005–2025 in Papua New Guinea, Indonesia and East Timor. Final Report of the HIV Epidemiological Modelling and Impact Study.* AusAID 2006.

28 2007 Estimation Report on the HIV Epidemic in PNG. National AIDS Council Secretariat and National Department of Health 2007.

HIV prevention efforts in PNG must account for a diverse range of complex social, cultural, economic and political factors

Transmission of HIV in PNG occurs through individual behaviours taking place within a complex social, cultural, economic and political context. To be effective, prevention strategies must take this into account. Also, more research is needed to better inform how these factors link to broader social issues so donors can make more informed decisions on future investment and action.

Factors at play in PNG include:

- > High unemployment, leading to the exchange of sex for cash, goods and services.
- > High mobility of the male workforce, increasing the likelihood of transactional sex and new sexual relationships.
- > Drug and alcohol use, leading to sexual violence and failure to use condoms.
- > Gender inequality, leading to a high prevalence of physical and sexual violence (including gang rape).
- > Sexual practices, including early sexual debut, polygamous relationships and other concurrent and multiple sexual partnerships.
- > Sharing of instruments for tattooing and skin-cutting ceremonies.
- > High prevalence of untreated STIs in the general population, possibly increasing the risk of HIV transmission during unprotected sex.
- > Stigma and discrimination, contributing to misconceptions and myths about how HIV is transmitted.
- > Poor facilities and infrastructure at district level, limiting access to services for testing, treatment and care.
- > Geographical, cultural and language differences, presenting formidable difficulties to delivering prevention, education, treatment, care and support programs.

Australia's response

Goal

The goal of Australia's international development assistance to the HIV epidemic is to make a significant and sustained effort to achieve the MDG target of halting and beginning to reverse the spread of HIV and AIDS by 2015 by assisting partner countries to achieve universal access to HIV prevention, treatment, care and support.

This will be delivered through focusing on six priorities:

- > intensifying HIV prevention
- > optimising the role of health services within HIV responses
- > strengthening coordination and capacity to scale up HIV responses
- > reviewing legal and policy frameworks to enable effective responses to HIV
- > building the evidence base for an effective HIV response
- > demonstrating and fostering leadership on HIV.

To maximise the impact of development assistance, Australia will be selective in areas it will support within these priorities. Decisions will be based on where Australia has expertise and can therefore add the most value, gaps in donor support, national and regional priorities, and priorities of strategic importance to Australia.

A comprehensive overview of *Intensifying the response: Halting the spread of HIV* is at Appendix 1.

Cross-cutting issues

People with disability

Australia supports an inclusive approach to ensure that people with disability have access to the same opportunities as everyone else to improve the quality of their lives. People with disability have often not been included in HIV prevention and treatment programs because it is assumed they are at little or no risk of infection. Research reveals that this assumption is wrong—people with disability have equal or greater exposure.²⁹ Australia therefore supports the need to consider people with disability in HIV service delivery.

29 *HIV/AIDS and Disability: Capturing Hidden Voices. Report of the World Bank and Yale University Global Survey on HIV/AIDS and Disability.* World Bank 2004.

Gender

Equality between men and women lies at the heart of a fair and productive society. This principle is applied in Australia and throughout the international development assistance program.³⁰

Prevention strategies must address the vulnerabilities of both men and women to HIV infection. Ideas about masculinity, particularly those related to power and violence against women, have a significant impact on women's rights and increase HIV vulnerability for women and girls. Sustainable programs to change men's behaviour are therefore vital in reducing the spread of HIV. Gender roles and stereotypes also affect men and boys, however, and have negative impacts on their health. These too need to be addressed.

Prevention strategies must also recognise that women often carry the greater load of HIV where they or a family member are living with HIV. Countries need to address discriminatory practices and economically empower women, including through fair inheritance laws.

Australia's support for gender equality includes a commitment to addressing the social and economic structures underlying inequality, as well as harmful gender roles and discriminatory practices faced by women and men of diverse gender identities and sexual orientations.

Empowerment of women and equality between men and women – the impact on HIV

Effective responses to HIV require comprehensive approaches to address the gender issues influencing HIV transmission and impact. Programs need to consider:

- > women's vulnerability to gender-based violence
- > violence against sex workers by clients and law enforcement officers
- > women likely to be exposed to HIV by their husbands and boyfriends, including the sexual partners of injecting drug users
- > prevention, treatment, care and support programs based on an assessment of the different ways men and women access services
- > impact mitigation for women-headed households
- > women's poverty reduction and economic empowerment, (for example, the right to own and inherit land and property), the lack of which increases their vulnerability to HIV
- > laws and policies that protect women and girls against violence and disinheritance, and laws that protect against discrimination on the grounds of sex, sexuality or transgender status
- > women's representation in policy development and decision making on HIV
- > gender-sensitive performance indicators in monitoring and evaluation, collecting data disaggregated by sex, age and marital status to better monitor equal access to treatment for men and women, and assessing the differential impact of interventions on men, women and people with different sexualities.

³⁰ Gender equality in Australia's aid program – why and how. AusAID 2007.

Priority One: Intensifying HIV prevention

Australia's commitment

Australia will support partner countries to increase and better target HIV prevention activities that focus on the populations at higher risk, and key behaviours and settings that impact on the spread of HIV.

UNAIDS calculates that targeted prevention services must reach 80 per cent of populations at higher risk of HIV infection.³¹ Current HIV prevention efforts, however, are falling far short of the scale needed to meet MDG and universal access targets and are not adequately reaching the people most at risk. As of 2006, for example, prevention services only reached 36 per cent of sex workers, 9 per cent of men who had sex with men and 5 per cent of injecting drug users.³²

Tailoring prevention approaches to the epidemiological and social context of each country is needed and this is reflected in Australia's approach. Even so, comprehensive prevention must incorporate these four basic elements—voluntary confidential counselling and testing, HIV education, access to condoms and lubricants, and STI education.

In PNG, Pacific Island countries and the Indonesian provinces of Papua and West Papua, Australia will target behaviours and settings where HIV transmission is most likely to occur. The populations at higher risk of HIV infection are less defined in these locations than in the rest of the Asia Pacific region and are influenced by a diverse range of underlying factors. Targeting prevention where it will be most effective has therefore been difficult and requires a broad approach that addresses factors such as concurrent sexual partners, sex work, men who have sex with men, mobility and gender inequalities.

UNAIDS calculates that targeted prevention services must reach 80 per cent of populations at higher risk of HIV infection.



No one is too young to know about HIV or to join the campaign to prevent its spread in Vanuatu. Photo: Rob Maccoll

31 *Financial Resources required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*. UNAIDS 2007.

32 *Declaration of Commitment on HIV/AIDS: five years later*. 60th session of the UN General Assembly 2006.

In PNG in particular, significantly greater coverage of prevention efforts within rural settings is needed, where the most rapid expansion of the country's epidemic is set to occur over the next few years. Australia will therefore support comprehensive prevention in rural contexts to facilitate and sustain change. Prevention education will promote condom use, reducing the number of concurrent sexual partners and delaying first sexual experiences.

While significant effort is already being made to address preventing parent-to-child transmission in Asia, in PNG—where most births take place at home—increased effort is needed and will be supported by Australia. In PNG, services to prevent parent-to-child transmission cover less than five per cent of needs,³³ even though infants whose mothers are living with HIV have a one-in-three chance of acquiring it through pregnancy, birth or breastfeeding, without intervention.³⁴ This is despite the technology and knowledge that exists to prevent the vast majority of such transmissions, including preventing HIV infection in women; preventing HIV transmission to infants from pregnant mothers through such means as using antiretroviral treatment; providing family-planning services that prevent unintended pregnancies in women living with HIV; and ensuring access to treatment and care for parents or infants diagnosed with HIV.³⁵

In Asia, Australia will focus prevention efforts on addressing the needs of two key populations at higher risk—injecting drug users and men who have sex with men. Australia has significant technical expertise in these areas and can add value in both. With injecting drug users, where some other donors have faced policy constraints, Australia is also able to address a significant gap in the response.

A comprehensive approach to prevention for injecting drug users should incorporate the means to protect from HIV transmission and other viruses and infections (such as hepatitis C) through access to sterile injecting equipment (*harm reduction*), and help people who choose to cease using illicit drugs through a range of drug-dependence treatment options, including substitution therapy (*demand reduction*). UNAIDS calculates that to achieve universal access to HIV prevention, 40 per cent of injecting drug users should receive opiate substitution therapy and 60 per cent access to needle and syringe exchange programs.³⁶

Governments increasingly accept that harm reduction and demand reduction strategies are both essential to reducing HIV transmission among injecting drug users, and the number of related projects is growing. However, substantial control of the epidemic among injecting drug users has still not been made. The scale of existing interventions must be significantly increased to improve impact. They must shift from stand-alone to more comprehensive and multisectoral approaches, and be better integrated within a continuum of care in primary healthcare settings (where feasible and practical) and in national HIV responses more generally.

In the Asia Pacific region, men who have sex with men represent a significant and growing component of HIV epidemics. Success in addressing HIV transmission in this population will have a direct and significant impact on the size of national epidemics and the cost of responses.³⁷ Yet this group has largely been ignored as a consequence of the stigma associated with, and denial surrounding, male-with-male sex as well as the diversity within the population (comprising men with a broad spectrum of sexual preferences and male identities). User-friendly, comprehensive prevention services that incorporate outreach to men who have sex with men are needed to ensure accessibility of services.

33 *2008 Report on the Global AIDS Epidemic*. UNAIDS 2008.

34 There are currently more than two million children living with HIV globally, 90 per cent of whom were infected by way of these modes.

35 *2008 Report on the Global AIDS Epidemic*. UNAIDS 2008.

36 *Financial Resources required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*. UNAIDS 2007.

37 *Men who have Sex with Men. The Missing Piece in National Responses to AIDS in Asia and the Pacific*. UNAIDS 2007.

Australia will support partner countries to intensify HIV prevention responses by:

- > In PNG, Pacific Island countries and the Indonesian provinces of Papua and West Papua, increasing prevention interventions that target key behaviours and settings where HIV transmission is most likely to occur.
- > In PNG, Pacific Island countries and the Indonesian provinces of Papua and West Papua, supporting programs that address women's vulnerability to violence and poverty.
- > In PNG, partnering with multilaterals and technical agencies to support universal access to comprehensive approaches for preventing parent-to-child transmission of HIV.
- > In PNG, focusing on more effectively reaching and engaging with rural communities.
- > In Asia, expanding holistic harm reduction and demand reduction services for injecting drug users.
- > In Asia, supporting comprehensive approaches to address the rapid rise of new infections among men who have sex with men.

Australia's response in Papua New Guinea

Australia supports a strengthened, coordinated and effective national response to the HIV epidemic in PNG through a broad program. This builds on the achievements of the *PNG National HIV/AIDS Support Project*, which concluded in December 2006. Support includes:

The Papua New Guinea-Australia HIV and AIDS Program, *Sanap Wantiam (Stand Together)* 2007–2010, supports PNG's *National Strategic Plan on HIV/AIDS 2006–2010*. The program is working through PNG Government systems, civil society organisations and the private sector to prevent the spread of HIV and provide treatment, care and support for people living with HIV.

Support for an expanded health-sector response to HIV and AIDS, including building the capacity of PNG's National Department of Health to coordinate its HIV program and build 38 STI clinics across the country. Assistance is improving HIV-treatment services with partners such as the Clinton Foundation, and with NGOs and faith-based organisations to scale-up services for diagnosing and treating STIs.

HIV activities are being supported across sectors to mainstream HIV, including in education, law and justice, rural development and infrastructure as well as through partnerships with churches and other civil society organisations.

The PNG National Department of Education has shown strong leadership in mainstreaming HIV through the *HIV/AIDS Policy for the National Education System of Papua-New Guinea 2005* and the *HIV/AIDS/STIs Implementation Plan 2007–2010*. In 2008, Australia supported a case study to document critical success factors and enhance policy implementation. The case study identified significant achievements in providing prevention education to students, with most progress made in curriculum reform, materials development and teacher training. It also uncovered information on good practices from other countries and recommended how the Department of Education and donors could further strengthen the education response. Recommendations included supporting the teaching workforce and student population, improving coordination at national and provincial levels and introducing measures to address gender inequalities.

Priority Two: Optimising the role of health services within HIV responses

Australia's commitment

Australia will support partner countries to improve integration of HIV services into other health services, including primary healthcare.

Australia will support PNG to improve HIV treatment and care programs.

Integrating HIV within primary health care and other relevant health services

HIV-specific services can be more effective and better meet individual needs when they are integrated into a continuum of care. This approach improves outcomes by addressing the health needs of the individual as a whole.

Primary healthcare is typically a person's first point of contact within the health system, providing an effective means of accessing HIV-related services. This approach can reduce stigma associated with accessing HIV services, and is an effective way to scale up programs, making them more cost effective and efficient and enhancing sustainable outcomes in the longer term.

Services for certain health issues are relevant to HIV in terms of shared risk factors or cross-over of user groups, including tuberculosis, maternal and child health, and sexual and reproductive health (including STIs). Integrating, or appropriately linking HIV within such services can be effective and efficient. The relative importance of each, however, depends on the local context.

People living with HIV are twice as likely to develop multi-drug resistant tuberculosis.

Too little attention is paid to the links between HIV and tuberculosis, despite the clear synergies. People living with HIV are 50 per cent more likely to become infected with tuberculosis than people without HIV. As a result, tuberculosis has increased threefold in countries with high HIV prevalence since 1990,³⁸ now accounting for 13 per cent of AIDS-related deaths worldwide.³⁹ In addition, people living with HIV are twice as likely to develop multi-drug resistant tuberculosis⁴⁰ as people who are not infected with HIV.⁴¹ This is partly due to difficulties in managing concurrent treatment regimens for HIV and tuberculosis.

Maternal and child health programs and sexual and reproductive health services provide opportunities to reach sexually active women who may be at higher risk of HIV infection. This includes prevention and voluntary confidential counselling and testing services and, in the case of women living with HIV, services to minimise the risk of HIV transmission to infants and to avoid unintended pregnancies. This is especially important in the Pacific region (including PNG) and Papua and West Papua, where the majority of infections are sexually transmitted and often associated with high rates of STIs.

Injecting drug users have significant health problems that must be considered in the context of HIV prevention programs. More comprehensive services can be delivered by integrating harm reduction services into mainstream health services. For example, hepatitis C and HIV co-infection is common, as both are highly infectious when injecting

38 *TB/HIV Facts Sheet*. WHO 2008.

39 *Tuberculosis and HIV Policy Brief*. UNAIDS 2008.

40 Defined as resistance to at least the two most effective first-line drugs (isoniazid and rifampicin). Approximately eight per cent of these have the highly lethal strains of tuberculosis known as 'extensively drug-resistant tuberculosis' which are resistant to the most effective second-line drugs.

41 *Anti-Tuberculosis Drug Resistance in the World. Fourth Global Report*. WHO 2008.

equipment is shared.⁴² In many Asian countries, people so co-infected are dying from liver failure associated with chronic hepatitis C.

There is poor access to hepatitis C virus testing, poor expertise in managing co-infection, and a lack of appropriate antiretroviral drug regimens for co-infected individuals, which may result in injecting drug users being initiated onto HIV antiretroviral therapy without adequate assessment of the potential harmful impacts on people with hepatitis C.

In some circumstances, HIV-specific services are justified, particularly when they provide better quality and, in the case of more marginalised sections of communities, greater access. In such cases, an appropriate system of referrals should be implemented.

HIV treatment and care

Universal access to antiretroviral treatment is an important component of prevention strategies, helping people live significantly longer, healthier lives and providing them with a compelling reason to be tested so they know their HIV status. UNAIDS estimates that providing 80 per cent of people in need⁴³ with antiretroviral treatment will equal around 13.7 million people worldwide by 2010, and 21.9 million in 2015. Yet despite the obvious benefits, in Asia only 26 per cent of people in need currently have access to antiretroviral therapy (up from 9 per cent in 2004). In PNG, 36 per cent of adults and 29 per cent of children who needed treatment were receiving it at the end of 2007, making a total of 35 per cent of the total in need.⁴⁴



Support to PNG's Institute of Medical Research in Goroka is helping to build in-country social and medical research capacity in key health priorities. Photo: Jacqueline Smart

42 WHO fact sheet 164. WHO 2000.

43 Defined as three years on average before death without antiretroviral treatment.

44 Papua New Guinea UNGASS 2008 Progress Report. PNG National AIDS Council Secretariat and Partners 2008.

Outcomes for people receiving antiretroviral treatment have not been as successful in low and middle income countries as in high income countries. Reasons include initiating treatment at more advanced stages of disease, higher prevalence of additional health conditions and reduced adherence rates.

The emergence of antiretroviral drug resistance is increasing the cost of treatment—more expensive second-line drugs are needed—making delivery of treatment more complex and placing further stress on health systems. Adherence can be influenced by disrupted drug supplies due to inadequate health systems or pharmaceutical supply chains, by a lack of education and support for people receiving antiretroviral therapy, and in some cases the cost of treatment where drugs are not supplied free of charge. Inadequate training and support for health professionals also contributes to treatment failure and sub-optimal health outcomes, especially given the increasing complexity of clinical management as patients with access to antiretroviral drugs live longer.

Recognising that the Pacific region is the highest priority for Australia’s development assistance, broader support will be provided—to PNG in particular—that includes direct support for treatment and care for people living with and affected by HIV. Given Australia’s comparative advantage, strategic priorities and gaps in donor support, as discussed earlier, Australia will not usually provide direct assistance for treatment and care in Asia but rather, will provide system-strengthening assistance that supports those services (discussed in Priority Three).

Australia will support partner countries to optimise the role of health services within HIV responses by:

- > Supporting integration of HIV services into primary healthcare, wherever possible and feasible.
- > Promoting stronger linkages between services for HIV and services for tuberculosis, maternal and child health, sexual and reproductive health, and other blood-borne viruses, as appropriate for the local context.
- > In PNG, implementing comprehensive responses that include treatment—including adherence constraints—and care in addition to prevention.

Trained volunteers give talks to communities like the Six Mile Settlement in Port Moresby about how HIV is transmitted and how they can protect themselves by using condoms. These talks help to de-stigmatise the disease and to reduce the fear many people have about coming into contact with people living with HIV. Photo: Lorrie Graham



Priority Three: Strengthening coordination and capacity to scale up HIV responses

Australia's commitment

Australia will support partner countries to strengthen the systems that are essential to overcome the barriers to universal access.

Institutional strengthening

The importance of supporting countries' efforts to strengthen their institutional systems so they can lead, finance, implement and monitor HIV responses is made even more important by the magnitude and urgency of scale up needed to achieve universal access.

UNAIDS estimates that to scale up the HIV response to the level needed, global funding must increase to between US\$32 and US\$51 billion per year by 2010, and between US\$45 and US\$63 billion by 2015. This represents a significant increase over the US\$10 billion spent in 2007.⁴⁵ But inadequate funding is just one institutional barrier. Others reflect inadequacies within financial or planning systems; a lack of capacity within workforces, either through insufficient numbers or a shortage of technical and managerial skills and experience; or an overburdened or failing health system struggling to implement even basic health services. An immediate consequence is poor procurement and distribution systems for a reliable and continuous supply of condoms, antiretroviral drugs and other medical supplies.

The long-term process of helping health systems to function more effectively is a key priority for Australia's health development program, particularly through strengthening financing systems and addressing workforce constraints.⁴⁶ This is in line with UNAIDS' figures that one-quarter of resources required for HIV will support health system strengthening. It is estimated, for example, that an additional 427 500 full-time physicians, nurses and laboratory technicians will be needed by 2010 to cope with the growing burden of providing diagnosis, treatment and care for people living with HIV.⁴⁷

The Global Fund has emerged as a major source of financing for many countries' HIV responses—including countries that are a priority for Australia such as Indonesia, PNG, East Timor and Pacific Islands countries. The Global Fund provides almost 25 per cent of international financing for HIV, and more than 60 per cent for tuberculosis and malaria. Global Fund performance-based approaches require countries to meet rigorous standards and processes, particularly when applying for grants, managing their implementation, and monitoring and reporting on progress. However, a number of countries struggle to meet these requirements and have had their funds withheld or cut by the Global Fund as a result. Australia will therefore work with key participants to help them comply in applying for and managing grants.

One-quarter of resources required for HIV will support health system strengthening.

45 *Financial Resources required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*. UNAIDS 2007.

46 *Helping health systems deliver. A policy for Australian development assistance in health*. AusAID 2006.

47 *Financial Resources required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*. UNAIDS 2007.

Effective development should be aligned to government priorities.

Improving coordination and participation to implement country-led responses

The partnership approach underpinning Australia's HIV assistance seeks to increase aid effectiveness by reducing the costs associated with fragmented responses, harmonising donor support with country-owned and country-led responses and adopting country systems as the first option. This approach reflects Australia's commitments to the 'Three Ones' principles,⁴⁸ the 2006 Political Declaration on HIV/AIDS, the 2005 Paris Declaration on Aid Effectiveness, and the recommendations of the Global Task Team on Improving AIDS Coordination.⁴⁹ The recent Accra Agenda for Action⁵⁰ reaffirms that effective development should be aligned to government priorities, and commits developing and donor countries and multilateral organisations to accelerating and deepening implementation of the Paris Declaration.

The International Health Partnership, to which Australia is a signatory, is a commitment between development partners and partner countries to fund one national health plan. Established in 2007, it seeks to accelerate progress through a coordinated, country-led plan to scale up financial, technical and political support for health-related MDGs and universal access commitments, and facilitate country access to more predictable financing to strengthen health systems.

For HIV responses to be effective, stakeholders must be encouraged and supported to participate fully so that responses benefit from a diverse range of expertise and perspectives. Australia will provide capacity building assistance to key stakeholders (including partner governments, healthcare providers, private enterprise, people living with HIV, community groups and researchers), who together are responsible for delivering an effective national response.

Facilitating the meaningful participation of people living with HIV in responses is a key priority for Australia. This approach recognises they are entitled to the same rights as everyone else, including the right to self-determination and to participate in decisions affecting their quality of life. Australia's largely successful domestic HIV policy is built on the principle of supporting the rights of people living with HIV, and values and seeks their involvement in all aspects of designing, implementing and monitoring HIV responses, as enshrined in the Greater Involvement of People Living with HIV/AIDS (GIPA) principle.⁵¹ It helps ensure that programs are relevant, ethical, effective and accountable.

Mainstreaming HIV within non-health sectors

Mainstreaming HIV within non-health sectors is particularly important in countries experiencing a generalised epidemic, especially in the education, law and justice, industry, transport and social welfare sectors. It minimises the impacts of the epidemic and ensures people affected by HIV can access appropriate support. In PNG, Australia will therefore continue to work with the Government to help implement a multisectoral HIV response.

One group needing greater attention is the children orphaned by HIV. Their needs are often neglected and would benefit from a coordinated, multisectoral approach. In PNG, it is estimated that 3730 children were orphaned⁵² by HIV in 2007 alone⁵³ and it is expected

48 Principles agreed in 2004 by the UN and donors: one agreed policy framework; one agreed coordinating authority; and one agreed monitoring and evaluation system.

49 *Global Task Team on Improving AIDS Coordination by Multilateral Institutions and International Donors: Final Report*. UNAIDS 2005.

50 Statement from the Third High Level Forum on Aid Effectiveness 2008.

51 Declaration of the Paris AIDS Summit 1994.

52 Defined as children who have lost one or more parents to AIDS-related illness.

53 *Papua New Guinea UNGASS 2008 Progress Report*. PNG National AIDS Council Secretariat and Partners 2008.

that 19 million orphans worldwide will require support by 2010.⁵⁴ Support ranges from addressing the financial burdens placed on children as they become the heads of households, providing access to education and adequate nutrition, and health needs (especially if they, too, are infected with HIV).

Development can have a direct impact on vulnerability to HIV. Mainstreaming HIV within development assistance seeks to minimise the potential to negatively impact on transmission, to mitigate the impact of HIV on development investments and to capitalise on opportunities to directly address the epidemic. Australia will therefore mainstream HIV into non-HIV development assistance in priority sectors where there is deemed to be a significant cost-benefit.

Australia will support partner countries to strengthen coordination and capacity to scale up HIV responses by:

- > Assisting partner countries to strengthen their health systems by improving workforce development and financing systems through Australia's health development program.
- > Providing the technical assistance and support needed to help priority countries improve their capacity to successfully apply for, manage and report on Global Fund to Fight AIDS, Tuberculosis and Malaria grants.
- > Strengthening the institutional architecture of the HIV response, especially national HIV coordinating bodies.
- > Supporting country-led programs that: align with national and regional priorities and results frameworks; harmonise with other donors; and work within existing country systems wherever possible and feasible, including through the International Health Partnership in participating countries.
- > Valuing and advocating for inclusive responses in partner countries, including government and non-government partners.
- > Drawing on Australian expertise by supporting twinning of Australian organisations with counterparts in the region to help build capacity of in-country workforces in the areas of research, medical organisations and community-based groups.
- > Mainstreaming HIV within Australia's international development assistance program.
- > In PNG, supporting partner countries to integrate HIV prevention and impact mitigation policies into non-health sectors.
- > In PNG, supporting the Government's efforts to protect and support children affected by HIV, including those who have lost one or both parents to HIV.

Drawing on Australian expertise to build capacity and strengthen international responses

Australia's domestic response to HIV was successful in large part because it was based on an inclusive partnership approach. Australia is helping other countries benefit from this experience, especially by linking Australian HIV organisations with in-country counterparts in the Pacific, Indonesia, East Timor and the Mekong.

A consortium of Australian HIV researchers, medical groups and NGOs is helping build the capacity of those working on responses in-country. The nine members of the Regional Capacity Building Program's Consortium, established in 2008 with AusAID support, includes community organisations representing key populations at higher risk of HIV such as sex workers, men who have sex with men and injecting drug users.

⁵⁴ *Financial Resources required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*. UNAIDS 2007.

Priority Four: Reviewing legal and policy frameworks to enable effective responses to HIV

Australia's commitment

Australia will support partner countries to review and improve laws and policies to prevent discrimination against people on the basis of HIV status or higher risk behaviours, and to address gender inequality and the empowerment of women.

The policy environment for halting the spread of HIV has significantly improved in the region in recent years. Commitments to new national and regional HIV strategies and plans are in place and there is broader acceptance of harm reduction approaches for injecting drug use.

Despite these gains, there is growing global recognition that gaps remain in the legal and policy frameworks required to support successful implementation of HIV responses. Non-discrimination, gender equality and promotion of participatory approaches underpin effective responses. Australia will therefore work with countries to assist them to review such frameworks and their implementation. Advocacy from within the policing and judicial systems is needed to remove legal impediments.

Discrimination against people living with HIV undermines the public health efforts that encourage people to undergo HIV testing.

Discrimination against people living with HIV undermines the public health efforts that encourage people to undergo HIV testing. Protection is most often provided through laws and policies that prohibit discrimination on the basis of 'health status' or 'disability', although some may specifically refer to HIV or AIDS.⁵⁵ Laws exist in many countries to protect people living with HIV from discrimination in the workplace and prohibit mandatory HIV screening for potential or current employees or testing without informed consent.

Societal and legal discrimination against the behaviours that place people at higher risk to HIV infection can make it difficult for people to be open about these issues and to access services due to fear of prosecution. Greater success can be achieved through laws that encourage people to seek support rather than punishing them.

Harm reduction strategies for injecting drug users—such as access to clean needles and syringes and drug substitution programs—can be implemented from a public health rather than law enforcement perspective and within the context of strategies that aim to reduce demand and supply of illicit drugs. Countries have used the discretion existing within international conventions against illicit drug use and trafficking to adopt a harm reduction approach as a 'medical' approach.⁵⁶

Sex workers are especially vulnerable to HIV because their work is often criminalised and highly stigmatised. As a consequence, they can be reluctant to access healthcare or to report acts of violence perpetrated against them, and they have limited power to negotiate safe sex. In many countries, sex workers may be subjected to harassment, physical and sexual violence, or other abuses against their human rights by members of the police force.

Protecting people from discrimination on the basis of sexual orientation can remove secrecy by men who have sex with men, and increase their likelihood of accessing HIV services. Protections may be provided through statutory or constitutional law or by giving international treaties the force of law.⁵⁷

55 *Legal Aspects of HIV/AIDS. A Guide for Policy and Law Reform.* The World Bank 2007.

56 *ibid*

57 *ibid*



Injecting drug users are at higher risk of HIV transmission in China. Due to the stigma attached to drug usage, it is difficult for volunteers to access populations at higher risk and provide support and education.
Photo: Ingvar Kenne

Laws and policies that protect women and girls against sexual violence, disinheritance and gender discrimination (including harmful traditional practices and sexual violence) can have a huge impact on their ability to negotiate safe sex and address underlying causes of HIV transmission.

Australia will support partner countries to review and improve legal and policy frameworks to enable effective responses to HIV by:

- > Supporting governments to review and improve the laws and policies that address discrimination against people living with HIV and bias against people at higher risk of infection, and to remove the legal impediments to accessing prevention and treatment services.
- > Supporting governments to review and improve the laws and policies that address gender inequality and promote the empowerment of women, particularly regarding sexual violence and inheritance laws.
- > Supporting the implementation of policies and laws through education and training for service providers, law enforcement personnel, the media, and decision makers by involving affected communities and people living with HIV.
- > Promoting a whole-of-government approach that promotes partnerships between health and law enforcement in developing and implementing policy.

Greater success can be achieved through laws that encourage people to seek support rather than punishing them.



Drug users in Vietnam's detention centres are educated about HIV and how to protect themselves from infection.
Photo: Lorrie Graham

Priority Five: Building the evidence base for an effective HIV response

Australia's commitment

Australia will support partner countries to develop national HIV research agendas to better understand the epidemics and the impacts of HIV responses.

The success of HIV responses depends on the quality of knowledge, evidence for what works and the ability to use information to greatest effect. Understanding the epidemic in its local context enables decision makers to make more informed choices about where to focus effort. The recent report of the Commission on AIDS in Asia⁵⁸ provides the most comprehensive analysis to date of the Asian epidemic. Work is underway to undertake a similar exercise for the Pacific region.

HIV surveillance remains limited and surprisingly little is still known about the social, political, cultural and economic factors that influence HIV epidemics, particularly in the Pacific region. Without a better understanding of these factors, responses will remain constrained and not adequately reach target populations. Greater knowledge will better inform the development of more accurate models for projecting where new infections will occur and helping to prioritise responses for greatest impact. It can also be powerful in advocating for change and leadership.

Research is needed to track progress, learn lessons (locally and beyond), keep abreast of global, regional and local developments and innovations, and help ensure the most effective strategies are adopted. Equally important is building the skills of key stakeholders so they can use that knowledge and translate it into action for more effective and better targeted prevention, treatment, care and support strategies.

It cannot be assumed, however, that possessing knowledge automatically transfers into behaviour change. Research on the barriers preventing people from translating their knowledge of HIV and its risk factors into behaviour change is therefore also needed.

Australia will support partner countries to build the evidence base for an effective HIV response by:

- > Encouraging partner countries to establish national HIV research agendas to guide more effective HIV responses, including on the factors that impact on HIV transmission and behaviour change.
- > Helping strengthen surveillance and monitoring and evaluation systems.
- > Increasing knowledge on HIV issues of sub-regional significance through multi-country studies and by promoting sharing of lessons learned between neighbouring countries.
- > Strengthening the skills of stakeholders to use research findings in policy and program design, implementation, evaluation and advocacy.

⁵⁸ *Redefining AIDS in Asia: Creating an Effective Response*. Report of the Commission on AIDS in Asia 2008.

Priority Six: Demonstrating and fostering leadership on HIV

Australia's commitment

Australia will demonstrate leadership on HIV, drawing on Australian expertise and increasing engagement with key multilaterals.

Australia will support leadership on HIV within partner countries, including from within government, key community-based organisations and the private sector, and by encouraging high-profile local champions.

The policy framework to implement HIV responses has improved significantly over recent years. For example, countries in the region are generally contributing more from their national budgets to respond to the epidemic. Nonetheless, political leadership on HIV, key to realising sustainable change, remains weak across much of the Asia Pacific region and commitment to predictable long-term financing for the HIV response is needed from donor and partner countries.

UNAIDS and its co-sponsors have a pivotal role in demonstrating leadership in HIV. Australia values its relationship with the UN and is keen to increase engagement with UN agencies and other key multilaterals to maximise global, regional and country-level contributions in advocacy, policy leadership and technical assistance. Australia will use opportunities afforded through seats on governing bodies of UN agencies to ensure the needs of the region are considered, to influence policy directions and to hold UN agencies accountable for the work they have agreed to do. Australia will advocate for improved linkages between UNAIDS co-sponsors, alignment of their governance structures, and effective mechanisms for information sharing and monitoring of member states' commitments.

Since the first round of grants was awarded in 2002, the Global Fund has emerged as a major funder of HIV responses for most countries in the region⁵⁹ and is therefore an important and strategic partner for Australia. While the Global Fund is not an implementing body, it has become highly influential in setting policy direction and shaping country responses, ensuring a focus on quality and accountability, and in promoting inclusive approaches. Australia will continue to engage with the Global Fund at global, regional and national levels, including as a Global Fund Board member (currently sharing a constituency with the United Kingdom), as a Country Coordinating Member in priority countries, and through targeted in-country technical support.

Regional forums such as the Association of Southeast Asian Nations (ASEAN), Pacific Islands Forum, and South Asian Association for Regional Cooperation (SAARC) have the potential to provide a strong leadership platform for HIV in the region, developing and adopting policies that help achieve the health MDGs and universal access targets. Australia will advocate for such forums to take full advantage of opportunities in this area.

New approaches are required to engage political leaders at the national level—particularly in countries where commitment is wavering and in neglected areas. Local champions can play a powerful role in engendering commitment from government, fostering open and direct communication within countries on sensitive issues, promoting policy dialogue and change, and addressing stigma and discrimination.

The Global Fund is an important and strategic partner for Australia.

59 Of the total funding approved by the Global Fund globally, US\$1.3 billion (or 21 per cent) has been disbursed in the Asia Pacific region, funding major components of HIV responses of priority countries for Australia including Indonesia, PNG, East Timor and Pacific Island countries.

Dr Banare Bun former chair of the Papua New Guinea Special Parliamentary Standing Committee on HIV/AIDS addresses business leaders, HIV service providers and HIV workplace champions. Over 100 people attended this Tokaut in Lae in May 2008. Photo: Ann Clark.



Leadership and advocacy are needed at the sub-national level in decentralised systems and among civil society, including from people living with HIV, populations at higher risk, faith-based groups, women, youth, trade unions, business and traditional leaders. Civil society activism, engagement and leadership in HIV responses helps ensure that progress towards the fulfilment of national priorities is monitored, community concerns are addressed and communities are empowered to contribute to decision-making.

Including through the position of Ambassador for HIV, Australia will encourage political, business and community leadership on global and regional HIV issues, drive debates and advocate for policy or programming change in neglected or arising areas.

Features of AusAID's engagement strategy with the Global Fund

Australia places a high priority on the Global Fund at the global and country level and actively engages to help improve outcomes through:

- > Advocacy at Board level to ensure appropriate consideration of issues within the best interests of the Asia Pacific region, particularly with regard to fragile states.
- > Advocacy at Board level for rapid implementation of National Strategy applications, health systems approaches and for gender to be integrated into Global Fund systems.
- > Promotion at Board level of flexible ways to respond to country or regional circumstances (particularly those of small and/or fragile states), streamline processes, promote harmonisation with partners and align systems and operations.
- > Assisting countries and regions to access technical assistance for preparing applications and implementation, reporting on and reviewing projects.
- > Provision of resources for technical assistance to help resolve bottlenecks in grant implementation at country level in priority countries.
- > Membership of Country Coordinating Mechanisms, particularly in PNG, Indonesia and the Pacific region.
- > Strengthening of Country Coordinating Mechanisms, to enable greater local ownership and decision making, and more meaningful participation of people living with HIV.

Promoting business engagement in the response to HIV

The case for business engaging in the response to HIV is strong. Business should respond for economic reasons as well as out of humanitarian concern. HIV strikes at the most economically active age groups—men and women aged 15 to 49 years—and has the potential to undermine a country's economic growth. Businesses face increasing costs relating to employee health care, recruitment and training. The epidemic reduces company profits, increases expenses, causes service delivery to fall behind schedule, and reduces consumer spending.

In the Asia Pacific region, Australia has committed to working with the private sector to harness the capacity of business to respond to the HIV epidemic. Australia has formed a partnership with the Asia Pacific Business Coalition on AIDS to provide resources and services and support best-practice approaches. The Coalition helped establish and now coordinates a network of 11 country-level business coalitions, including the recently established Papua New Guinea Business Coalition against HIV and AIDS (BAHA) and the Indonesian Business Coalition on AIDS.

BAHA's work to date has resulted in: 40 private sector organisations developing HIV workplace policies; a hotline providing information and counselling on HIV issues; HIV and TB awareness raising through targeted television, radio and print media campaigns; and the weekly distribution of 10,000 condoms to workers and the general public.

In Indonesia, PT Gajah Tunggal, the largest tyre producer in Southeast Asia and a member of the Indonesian Business Coalition on AIDS, plays a strong leadership role in the HIV response. Visible and unwavering senior management leadership has led to the development of an extensive HIV workplace prevention program that includes compulsory HIV training that has reached all 10,000 employees.

Australia will demonstrate leadership in HIV by:

- > Advocating for appropriate consideration of the needs of the Asia Pacific region within global agendas.
- > Advocating for intensifying prevention for key populations at higher risk and for enabling legal and policy environments.
- > Further increasing engagement (at global, regional and national levels) with key multilaterals that play a central role in the HIV response, including UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Australia will support leadership on HIV in partner countries by:

- > Supporting regional advocacy and leadership groups, networks and forums such as the Asia Pacific Business Coalition on AIDS.
- > Supporting partner countries to identify high-level, local champions at national and sub-national levels.
- > Supporting local communities to take a leadership role in global, regional and national forums—particularly those representing people living with HIV and women.

Australia's work with local Muslim Imams in the Xinjiang region of China has used mosque-based programs to raise awareness of HIV and AIDS in Muslim communities.

This has been crucial in creating support for the fight against HIV and has enabled the government of Xinjiang to establish its first needle and syringe program.

Australia's work with the local Muslim Imams to inform and support affected communities has been so effective it has been recognised by the World Health Organization as world's best practice. Photo: Lorrie Graham



Tracking progress, achievements and challenges



AusAID will consider HIV when developing country strategies to determine how Australia can best help countries respond to HIV epidemics. Guidelines will be developed to help program areas determine how the priorities identified in this strategy can inform that process.

Australia is committed to increasing its focus on performance to help managers improve development effectiveness and account for results. AusAID is therefore continuing to strengthen its monitoring and review processes to more accurately determine the progress, achievements and challenges in implementing assistance.

Performance of Australia's HIV development assistance is measured through a number of complementary reporting processes that will be used collectively to assess this strategy's implementation. At the activity level, formal assessments of quality are undertaken before implementation, on an annual basis during implementation, and upon completion of each activity. Data from all HIV activities across AusAID will be collated and tracked annually. At the country level, annual performance reporting is undertaken to assess progress against the objectives of country and regional program strategies, including HIV-specific indicators, where appropriate. In addition, AusAID periodically undertakes assessments (often independent) at the activity, country or thematic level to evaluate impact and relevance in greater depth. Performance reporting is largely managed by AusAID country program areas.

AusAD will endeavour to align its HIV activity, program and country strategy performance indicators with partner country reporting frameworks wherever possible. This will include identifying appropriate gender-sensitive indicators.

Australia will also participate in processes that monitor progress toward MDG targets⁶⁰ and the UNGASS 2001 Declaration of Commitment on HIV/AIDS.⁶¹ AusAID will help partner governments and people living with HIV to fully participate in these processes.

This strategy will be reviewed in 2012 to assess lessons learned, outcomes achieved and any need for a shift in policy direction or priorities.

Australia is committed to increasing its focus on performance to help managers improve development effectiveness and account for results.

⁶⁰ MDG Indicator 6.1: HIV prevalence among population aged 15 to 24 years; Indicator 6.2: Condom use at last high-risk sex; Indicator 6.3: Proportion of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS; Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10 to 14 years.

⁶¹ *Monitoring the declaration of commitment on HIV/AIDS: Guidelines on construction of core indicators*. UNAIDS 2007.

Appendix 1

Summary of *Intensifying the response: Halting the spread of HIV*.

Australia's international development strategy for HIV (2009)

| Goal | |
|---|---|
| <p>Make a significant and sustained effort to achieve the MDG target of halting and beginning to reverse the spread of HIV and AIDS by 2015, by assisting partner countries to achieve universal access to HIV prevention, treatment, care and support.</p> | |
| Priority 1: Intensifying HIV prevention | |
| <p>Australia will support partner countries to increase and better target HIV prevention activities that focus on the populations at higher risk, and key behaviours and settings that impact on the spread of HIV.</p> | <p>In PNG, Pacific Island countries and the Indonesian provinces of Papua and West Papua, increasing prevention interventions that target key behaviours and settings where HIV transmission is most likely to occur.</p> <p>In PNG, Pacific Island countries, and the Indonesian provinces of Papua and West Papua, supporting programs that address women's vulnerability to violence and poverty.</p> <p>In PNG, partnering with multilaterals and technical agencies to support universal access to comprehensive approaches for preventing parent-to-child transmission of HIV.</p> <p>In PNG, focusing on more effectively reaching and engaging with rural communities.</p> <p>In Asia, supporting comprehensive approaches to address the rapid rise of new infections among men who have sex with men.</p> |
| Priority 2: Optimising the role of health services within HIV responses | |
| <p>Australia will support partner countries to improve integration of HIV services into other health services including primary healthcare.</p> | <p>Supporting integration of HIV services into primary healthcare, wherever possible and feasible.</p> <p>Promoting stronger linkages between services for HIV and services for tuberculosis, maternal and child health, sexual and reproductive health, and other blood-borne viruses, as appropriate for the local context.</p> |
| <p>Australia will support PNG to improve HIV treatment and care programs.</p> | <p>In PNG, implementing comprehensive responses that include treatment—including adherence constraints—and care in addition to prevention.</p> |
| Priority 3: Strengthening coordination and capacity to scale up HIV responses | |
| <p>Australia will support partner countries to strengthen the systems that are essential to overcome the barriers to universal access.</p> | <p>Assisting partner countries to strengthen their health systems by improving workforce development and financing systems through Australia's health development program.</p> <p>Providing the technical assistance and support needed to help priority countries improve their capacity to successfully apply for, manage and report on Global Fund to Fight AIDS, Tuberculosis and Malaria grants.</p> <p>Strengthening the institutional architecture of the HIV response, especially national HIV coordinating bodies.</p> <p>Supporting country-led programs that: align with national and regional priorities and results frameworks; harmonise with other donors; and work within existing country systems wherever possible and feasible, including through the International Health Partnership in participating countries.</p> <p>Valuing and advocating for inclusive responses in partner countries, including government and non-government partners.</p> <p>Drawing on Australian expertise by supporting twinning of Australian organisations with counterparts in the region to help build capacity of in-country workforces in the areas of research, medical organisations and community-based groups.</p> <p>Mainstreaming HIV within Australia's international development assistance program.</p> <p>In PNG, supporting partner countries to integrate HIV prevention and impact mitigation policies into non-health sectors.</p> <p>In PNG, supporting the Government's efforts to protect and support children affected by HIV, including those who have lost one or both parents to HIV.</p> |

Priority 4: Reviewing legal and policy frameworks to enable effective responses to HIV

Australia will support partner countries to review and improve laws and policies to prevent discrimination against people on the basis of HIV status or higher risk behaviours, and to address gender inequality and the empowerment of women.

Supporting governments to review and improve the laws and policies that address discrimination against people living with HIV and bias against people at higher risk of infection, and to remove the legal impediments to accessing prevention and treatment services.

Supporting governments to review and improve the laws and policies that address gender inequality and promote the empowerment of women, particularly regarding sexual violence and inheritance laws.

Supporting the implementation of policies and laws through education and training for service providers, law enforcement personnel, the media and decision makers by involving affected communities and people living with HIV.

Promoting a whole-of-government approach that promotes partnerships between health and law enforcement in developing and implementing policy.

Priority 5: Building the evidence base for an effective HIV response

Australia will support partner countries to develop national HIV research agendas to better understand the epidemics and the impacts of HIV responses.

Encouraging partner countries to establish national HIV research agendas to guide more effective HIV responses, including on the factors that impact on HIV transmission and behaviour change.

Helping to strengthen surveillance and monitoring and evaluation systems.

Increasing knowledge on HIV issues of sub-regional significance through multi-country studies and by promoting sharing of lessons learned between neighbouring countries.

Strengthening the skills of stakeholders to use research findings in policy and program design, implementation, evaluation and advocacy.

Priority 6: Demonstrating and fostering leadership on HIV

Australia will demonstrate leadership on HIV, drawing on Australian expertise and increasing engagement with multilaterals.

Advocating for appropriate consideration of the needs of the Asia Pacific region within global agendas.

Advocating for intensifying prevention for key populations at higher risk and for enabling legal and policy environments.

Further increasing engagement (at global, regional and national levels) with key multilaterals that play a central role in the HIV response, including UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Australia will support leadership on HIV within partner countries including from within government, key community-based organisations and the private sector, and by encouraging high-profile local champions.

Supporting regional advocacy and leadership groups, networks and forums such as the Asia Pacific Business Coalition on AIDS.

Supporting partner countries to identify high-level, local champions at national and sub-national levels.

Supporting local communities to take a leadership role in global, regional and national forums—particularly those representing people living with HIV and women.

Acronyms and Glossary⁶²

Acronyms

| | |
|---------------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ASEAN | Association of Southeast Asian Nations |
| AusAID | Australian Agency for International Development |
| BAHA | PNG Business Coalition against HIV and AIDS |
| GIPA | Greater Involvement of People Living with HIV/AIDS |
| HIV | human immunodeficiency virus |
| MDG | Millennium Development Goal |
| NGO | non-government organisation |
| PNG | Papua New Guinea |
| SAARC | South Asia Association for Regional Cooperation |
| SPC | Secretariat of the Pacific Community |
| STI | sexually transmissible infection |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |

62 *UNAIDS Terminology Guidelines*. UNAIDS 2008.

Glossary

| | |
|--|---|
| Affected communities | Refers to groups of people affected by HIV and AIDS directly (people living with HIV) and indirectly (orphans, carers, partners etc). |
| ARV and ART | <p>HIV is a type of virus called a retrovirus, and drugs developed to disrupt the action of HIV are known as antiretroviral drugs or ARVs. HIV mutates rapidly, which makes it extremely skilful at developing resistance to drugs. To minimise this, people with HIV are generally treated with a combination of ARVs that attack the virus on several fronts at once. The introduction of ARVs in 1996 transformed the treatment of HIV and AIDS, greatly prolonging and improving the quality of the lives of many infected people (in those places where the drugs are available). Nevertheless, ARVs are not a cure. If treatment is discontinued the virus becomes active again, so a person on ARVs must take them for life. Although the price of ARVs has fallen significantly in recent years, their cost remains an obstacle to access in the developing world.</p> <p>The term ART is an acronym for antiretroviral therapy or antiretroviral treatment and is used when referring to a triple antiretroviral drug combination.</p> |
| Concurrent relationships | Simultaneous long-term sexual relationships, which may mean that condom use is reduced as a result of trust between partners. |
| Epidemic (low-level, concentrated, generalised or hyperendemic) | <p>Refers to a disease that has spread rapidly through a segment of the human population in a given geographic area. HIV epidemics are often referred to as low-level, concentrated, generalised or hyperendemic and are defined in the following way:</p> <ul style="list-style-type: none">> In a low-level epidemic, HIV infection may have existed for many years but has never spread to significant levels in any subpopulation.> In a concentrated epidemic, HIV has spread rapidly in a defined subpopulation, but is not well established in the general population. This pattern suggests active networks of risk within the subpopulation. The future course of the epidemic is determined by the frequency and nature of the links between highly infected subpopulations and the general population.> In a generalised epidemic, HIV is firmly established in the general population. Although subpopulations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic, independent of the subpopulations at higher risk of infection.> In a hyperendemic country, the overall prevalence of adult HIV infections exceeds 15 per cent. |
| Epidemiology | The branch of medical science that deals with the study of the incidence, distribution and determinants of patterns of a disease as well as its prevention in a population. |
| Evidence-informed | Refers to an approach to developing effective HIV policy and programs that is informed by the best available evidence about the nature of any given HIV epidemic. It is preferred to 'evidence-based' in recognition of the several elements that may play a role in decision making around effective strategies for addressing HIV, only one of which may be evidence; others may include cultural appropriateness, cost, feasibility and concerns about equity. |
| Faith-based organisations | The preferred term for churches, synagogues, mosques or religious organisations, as it is inclusive (non-judgmental about the validity of any expression of faith) and moves away from historical (and typically European) patterns of thought. |
| First-line drugs (treatment or therapy) | Refers to the optimal starting drug therapy for a patient with no history of previous treatment for HIV. Also see second-line drugs (treatment or therapy). |
| Gender and sex | The term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments. |

| | |
|--|--|
| GIPA—the greater involvement of people living with HIV/AIDS | Refers to the ‘greater involvement of people living with HIV/AIDS’ in all aspects of the response to HIV, and is based on the principle of involving and valuing the experience and insight of people living with HIV and those affected by HIV in the broad response. GIPA was formally adopted as a principle at the Paris AIDS Summit in 1994, where 42 countries declared it to be critical to ethical and effective national responses to the epidemic. |
| Harm reduction | Refers to policies and programs that aim to reduce the harm associated with particular behaviours. It is most often used in relation to harm associated with injecting drug use and focuses on preventing drug-related harm rather than discouraging drug use. |
| Key populations at higher risk of HIV | UNAIDS does not use the term ‘high-risk group’ because it implies that the risk is contained within a group whereas, in fact, all social groups are interrelated. It may also lull people who do not identify with such groups into a false sense of security. Moreover, it can increase stigma and discrimination. Membership of groups does not place individuals at risk, whereas behaviours may. UNAIDS prefers the term ‘key populations’ because it emphasises that these populations, while being important to the dynamics of HIV transmission in a setting, are equally essential partners for an effective response to the epidemic. |
| Incidence | HIV incidence is the number of new cases arising in a given period in a specified population. UNAIDS normally refers to the number of people (of all ages) or children (from birth to age 14) who have become infected during the past year. In contrast, HIV prevalence refers to the number of infections at a point in time. |
| Millennium Development Goals | Eight goals developed at the United Nations Millennium Summit in September 2000. Goal 6 refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic. http://www.un.org/millenniumgoals/ |
| Men who have sex with men or males who have sex with males | Includes not only men who self-identify as gay or homosexual and have sex only with other men but also bisexual men, and heterosexual men who may, at times, have sex with other men. |
| Prevalence | Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population living with HIV at a given time. HIV prevalence can also refer to the absolute number of people living with HIV. |
| Prevention of parent-to-child transmission | Refers to approaches designed to prevent HIV transmission from pregnant mothers to their infants through pregnancy, birth or breastfeeding. Some countries prefer the term ‘parent-to-child transmission’ to avoid stigmatising pregnant women and to encourage male involvement in HIV prevention. |
| Second-line drugs (treatment or therapy) | In the context of HIV, this refers to the second preferred drug therapy for treating HIV, used after first-line treatment fails or when a person cannot tolerate side-effects from first-line drugs. |
| Sexually transmissible infection | Also called venereal disease (VD), an older public health term, or sexually transmitted disease (STD), terms that do not convey the concept of being asymptomatic in the same way that the term sexually transmissible infection does. Sexually transmissible infections are spread by the transfer of organisms from person to person during sexual contact. |
| Universal access | Refers to the goal of achieving universal access to HIV prevention, treatment, care and support by 2010 as contained in the United Nations 2006 Political Declaration on HIV/AIDS. |
| Voluntary confidential counselling and testing | All HIV testing should be voluntary and conducted in an environment that adheres to and implements the ‘Three Cs’—confidentiality, informed consent, and counselling. |

Acknowledgments

This strategy was developed through an extensive process that included consultations with a broad range of Australian and international stakeholders. Internal AusAID feedback from an initial discussion paper informed the development of a consultation paper for external audiences. Two formal consultation meetings were subsequently held with domestic stakeholders from Australian development organisations and the HIV sector in Melbourne and Sydney. International consultations were held in Bangkok, Suva, New York and Port Moresby.

The outcomes of these consultation meetings informed the development of a draft strategy for Australia's development assistance in HIV, which was refined following a peer review by AusAID representatives and external experts to produce this strategy, *Intensifying the response: Halting the spread of HIV*.

The following organisations and individuals were consulted throughout this process: Adventist Development and Relief Agency Australia; AIDS ACCESS Foundation; AIDS Action Council of the ACT; AIDS Council of NSW; AIDS Projects Management Group; Albion Street Centre; Anglican Board of Mission; Anglicare StopAIDS; Anton Breinl Centre for Public Health and Tropical Medicine; Asian Development Bank; Asian Harm Reduction Network; Asia Pacific Business Coalition on AIDS; Asia Pacific Network of People with Living with HIV/AIDS; Asia Pacific NeuroAIDS Consortium; Australian Business Volunteers; Australian Council for International Development; Australian Department of Health and Ageing; Australian Federation of AIDS Organisations; Australian Foundation for the Peoples of Asia and the Pacific; Australian Injecting and Illicit Drug Users' League; Australian Red Cross; Australian Reproductive Health Alliance; Australian Volunteers International; Australasian Society for HIV Medicine; Bill Whittaker; Burnet Institute; Cardno Acil; CARE Australia; Caritas Australia; Chinese Ministry of Health; Clinton Foundation; Dennis Altman; European Union; Family Health International; Fiji Department of Health; Fiji Network for People Living with HIV/AIDS; Fiji School of Medicine; Global Fund to Fight AIDS, Tuberculosis and Malaria; Government of PNG; GRM International Health; HIV Consortium for Capacity Building in Asia and the Pacific; International Development Support Services; International Development Law Organization; International Federation of Red Cross and Red Crescent Societies; International HIV/AIDS Alliance; International Planned Parenthood Federation; International Women's Development Agency; Japan International Cooperation Agency; Johanna Audley; Joint United Nations Programme on HIV/AIDS (UNAIDS) Bangkok; Marie Stopes International Australia; Marie Stopes International Pacific; Medecins Sans Frontieres; National Association of People Living with HIV/AIDS; National Centre in HIV Epidemiology & Clinical Research; National Centre in HIV Social Research; National Drug and Alcohol Research Centre; National Serology Reference Laboratory Australia; New Zealand's International Aid and Development Agency; Nick Crofts; Nossal Institute for Global Health; Oxfam Australia; Pacific Counselling and Social Services; Pacific Islands AIDS Foundation; Peter Drahos; Peter Lunding; Peter Piot; Plan Australia; PNG National AIDS Council; Regional Rights Resource Team; Results Australia; Salvation Army; Satish Chand; Save the Children

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In Papua New Guinea the business community is playing an important leadership role in the response to HIV. Since its launch in 2007, the PNG Business Coalition on HIV and AIDS has established a HIV information line which receives 20 calls a day and distributes 10,000 condoms a week. Photo: Ann Clarke

