Keeping Our Commitment—

Australia's support for the HIV response

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For further information about the Australian Government's aid program, contact:

Communications Section

AusAID

GPO Box 887

Canberra ACT 2601

Phone: (02) 6206 4000

Internet: www.ausaid.gov.au

Ministerial foreword

As we approach the 2011 United Nations High-Level Meeting on HIV/AIDS, when world leaders will meet in New York to focus on this global problem, it is timely that we take stock of our achievements and re-energise our commitments to go on addressing this disease. Australia has a long-standing history of responding to HIV. Thirty years ago, the first cases of HIV were recorded in Australia. The Government moved quickly, in a close partnership with community organisations, to ensure a swift and effective response to the emerging epidemic in Australia. Australia has continued to contribute to the global response and to help developing countries mount an effective response against the epidemic. Our commitment to work with developing countries to address both the health and social aspects of the epidemic is unwavering.

The global HIV epidemic is a high priority for the Australian Government. It is not acceptable that many still do not have access to the means to protect themselves from HIV infection. People living with HIV all over the world continue to be subjected to stigma and discrimination. Treatment for HIV should be available for all those who need it, regardless of where they live. We have the knowledge and the tools; we know what needs to be done to prevent and treat HIV. This publication, *Keeping Our Commitment*, sets out Australia's experience in these areas in the decade since the global community signed on to the 2001 Declaration on HIV/AIDS.

Kevin Rudd MP

Minister for Foreign Affairs, Australia

Keeping the 2001 Declaration of Commitment on HIV/AIDS

In 2001, Australia endorsed the UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS.

Ten years on, this publication sets out Australia's work in support of the 2001 Declaration, in particular:

- Strengthening country and regional leadership
- Intensifying prevention methods
- Provision of care, support and treatment
- Advocating for human rights
- Reducing vulnerability to HIV
- Providing support to orphans and vulnerable children
- Alleviating social and economic impact
- Understanding the epidemic through research and development
- Prevention and treatment in conflict and disaster-affected areas
- Sustaining resources and making the money go further.

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Leading by example

"Through education and some very basic public health tools such as condoms and needle exchanges, we can prevent the spread of HIV. Australia's brilliant response since 1983 proves how effective those tools can be...

"There is no room for complacency in the HIV/AIDS debate. This battle is not yet won, and we have not yet done enough."

The Hon Julia Gillard MP
Prime Minister of Australia[1]

In 2001, the Australian Government signed the Declaration of Commitment on HIV/AIDS. The declaration, which Australia helped to produce, sets out priorities for HIV prevention, treatment and care. It calls for global action on a global crisis.

Ten years later, Australia remains just as committed to the HIV response. While there have been some wins such as an overall decline in the rate of new HIV infections, there is still a lot to do to halt and reverse the spread of HIV by 2015 (MDG6).

On the 10th anniversary of the 2001 Declaration, *Keeping the Commitment – Australia's support for the HIV response* looks back on the successes, lessons and progress of Australia's international HIV program. In a world where 33.3 million people live with HIV and there are 2.6 million new infections annually, there is more to be done.[2]

From the beginning of the global epidemic, Australia moved quickly to avert a crisis at home—approaching HIV as a health issue and not a social issue. We studied the data and the research; we talked and worked with people who had HIV and with those most at risk; and we targeted our efforts to those areas that would have the most impact. It worked. Australia averted an epidemic.

Intensifying the response, Australia's second international HIV strategy launched in 2009, identifies six priority areas to assist developing countries to achieve universal access to HIV prevention, treatment, care and support.

1. Intensifying HIV prevention.
2. Improving health and HIV services.
3. Strengthening coordination and expansion of the HIV response.
4. Reviewing laws and policies relating to HIV.
5. Increasing HIV research.
6. Demonstrating and supporting leadership on HIV.

Australia's international HIV strategies are built on a successful program at home and helping developing countries design and implement their own national HIV strategies.

In Asia for example, Australia has worked with local and national governments on harm reduction programs that have contributed to important policy changes. This has demonstrated the benefits of targeting people who inject drugs because using non-sterile needles is one of the main ways the virus spreads in Asia.

Australia has committed $1 billion since 2000 to tackle the spread of HIV in developing countries.

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1 Speaking on World AIDS Day 2010 http://www.pm.gov.au/press-office/world-aids-day-speech

2 UNAIDS, 2010. *UNAIDS Report on the Global AIDS Epidemic.*

From policy to practice—domestic policy, international strategy

National HIV prevalence in Australia is lower than most comparable high-income countries, and the success of Australia's HIV response has been recognised globally.[3]

This success is largely due to partnerships. Australia's most recent HIV strategy was developed in close consultation with community organisations. These organisations also help oversee the implementation of the strategy along with government representatives and medical and scientific experts.

Early in the response, the Australian Department of Health and Ageing focussed on strong surveillance in order to 'know the epidemic'. It looked for ways to reach specific groups, such as social marketing targeting men who have sex with men.

Harm reduction is one part of Australia's 'three-pronged' domestic approach to drug policy. It includes the distribution of clean needles and syringes, methadone treatment and providing advice on safe injecting procedures and HIV prevention. The other two prongs are to reduce demand and reduce supply.

A recent study estimates that between 2000 and 2009, for every dollar we invested in needle and syringe programs, Australia saved four dollars and averted 32 000 HIV infections.[4] The effectiveness of harm reduction is well documented and has helped ensure ongoing funding for such programs.

[3] Australia UNGASS Country Progress Report, 2010.

[4] UNSW, 2009. Return on investment 2: Evaluation the cost-effectiveness of needle and syringe programs in Australia.

Taking the lead on HIV

"Without leadership, the fight against AIDS becomes sporadic, reactive, without focus, lacking resources, and will eventually lose steam. In most countries, national leadership spells the difference between the slowing down and the acceleration of the spread of AIDS."

H E Dr Susilo Bambang Yudhoyono,
President of the Republic of Indonesia[5]

An effective HIV response calls for strong national leadership. In Asia Pacific Australia has helped to build political leadership on HIV by encouraging domestic HIV champions.

While national governments are beginning to allocate budgets to deal with HIV, in many Asia Pacific countries political leadership needs to be strengthened.

Australia provides funding for the Asia Pacific Leadership Forum and works with other countries on the regional response as well as providing funding for the design and implementation of HIV strategies. For example in 2009, at the 9th International Congress on AIDS in Asia and the Pacific, Australia co-hosted an HIV Ambassadors and Champions Forum chaired by Indonesia's First Lady, Her Excellency Hj Ani Bambang Yudhoyono.

To address HIV, business, civil society and people living with HIV also need to be involved. Business can play a big part in raising awareness about HIV and attracting resources. In 2006, Australia's overseas aid agency, AusAID, initiated with Australia's businesses the Asia Pacific Business Coalition on AIDS (APBCA). Five years later, APBCA has helped to set up eight national business coalitions and has been recognised by the World Economic Forum for mobilising businesses to the cause.

Since 2006, Australia has had an Ambassador for HIV. This role encourages political, business and community leadership on global and regional HIV issues, and drives debate and advocacy on key policy or programming areas.

From policy to practice—strengthening civil society organisations

In the Asia Pacific, Australia supports and helps strengthen regional civil society organisations such as the Asia-Pacific Network of People Living with HIV/AIDS (APN+) and the Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters).

Australia also supports the Asia regional hub of the International HIV/AIDS Alliance in Phnom Penh. The Alliance helps develop civil society organisations' skills in advocacy, leadership and financial management. With more knowledge and confidence, these organisations can be a real voice for civil society at the regional level.

Through the HIV Consortium for Partnerships in Asia and the Pacific, Australia funds strategic partnerships between Australian groups and their counterparts in the Asia Pacific. These partnerships use Australian expertise to develop the skills of individuals and organisations working in health, HIV research and in affected communities.

[5] Speaking at the opening of the 9th International Congress on AIDS in Asia and the Pacific, Bali, Indonesia, 2009.

Intensifying HIV prevention

"The village knows about this needle syringe program. Some say it's good, some say it's bad. Those who say it's bad, say distributing needles shows I'm supporting and approving drug taking. I say to them: this isn't supporting drug use, this is disease prevention."

Ms Han Shuai Zhan
Shopkeeper and outreach worker, Yunnan Province, China

Prevention based on evidence is the cornerstone of Australia's international HIV program. HIV is not one epidemic and there cannot be a one-size-fits-all response.

Every country's experience is different. Working to the UN principle, 'know your epidemic, know your response', AusAID tailors its assistance to reflect the needs of regions and epidemics.

In the majority of Asia Pacific countries, HIV transmission continues to be driven by unprotected sex between men, commercial sex and use of non-sterile injecting equipment. Evidence shows that prevention activities that target these groups are an effective way of controlling the epidemic.

Over the past decade Australia has led and supported pilot programs and research to demonstrate the effectiveness of harm reduction, and reduce stigma and discrimination against vulnerable and marginalised groups. This has led to changes in policy and attitudes in South Asia, the Mekong and Indonesia towards people who inject drugs. A growing number of Asian countries have introduced needle and syringe and methadone programs.

In Papua New Guinea, which has the largest HIV epidemic in the Pacific, AusAID has widened its approach to prevention. While the main mode of transmission continues to be unprotected heterosexual sex, there are also concentrated epidemics among female sex workers and men who have sex with men.

Through a network of volunteers drawn from the communities of sex workers and men who have sex with men the Poro Sapot program distributes condoms and provides peer education on HIV, sexually transmissible infections (STIs)and legal and human rights to people at high risk. In 2010, a study found that over 90 per cent of Port Moresby's sex workers had received condoms from Poro Sapot during the previous 12 months.[6]

Without intervention, UNAIDS estimates that globally one in three children born to mothers living with HIV will be infected.[7] AusAID has funded a number of programs and pilots to prevent parent-to-child transmission of HIV. In Mozambique, AusAID has supported the country's integration of prevention with antenatal care services, which has helped to significantly improve coverage. By 2009, 70 per cent of HIV-positive pregnant women were receiving antiretroviral therapy, compared with 4.5 per cent just four years earlier.[8]

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[6] Kelly, A., Kupul, M., Man, W.Y.N., Nosi, S., Lote, N., Rawstorne, P., Halim, G., Ryan, C. & Worth, H., 2011. Askim na save (Ask and understand): *People who sell and/or exchange sex in Port Moresby. Key Quantitative Findings.* Papua New Guinea Institute of Medical Research and UNSW: Sydney, Australia.

[7] http://www.unaids.org/en/strategygoalsby2015/verticaltransmissionandmaternalmortality/

[8] Instituto Nacional de Saude, 2009. National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS (INSIDA).

From policy to practice—harm reduction in Indonesia

In the late 1990s, HIV prevalence in Indonesia among people who inject drugs was growing. By 2001, prevalence had reached over 50 per cent in some parts of the country.[9] Effective services were needed, and fast.

In 1998, Australia funded Indonesia's first harm reduction project in Bali. AusAID, in partnership with the United States' aid agency, USAID, and the Ford Foundation, also carried out a rapid assessment of HIV and drug use in eight Indonesian cities.

The results showed a clear need for HIV interventions among people who injected drugs. AusAID funded representatives from the Indonesian Ministry of Health, civil society and the Prison Directorate to visit various Australian harm reduction sites and see first-hand the success of our approach to HIV to build support for a harm reduction approach. Over the past decade, Australia's research and interventions have helped the Indonesian Government to progressively introduce harm reduction into its national response to HIV.

AusAID's harm reduction assistance to Indonesia has also focused on Indonesia's prisons. This has included funding a study tour by members of the Prison Directorate to Iran to see how harm reduction can work in a predominantly Islamic country.

Following a Decree in 2009, HIV education is now compulsory in Indonesian prisons. In 2011, AusAID is supporting the development of a National AIDS Plan for the country's prison system and the introduction of a pilot needle and syringe program in two prisons.

[9] Indonesian National AIDS Commission, 2001. *HIV/AIDS and other sexually transmissible infections in Indonesia: challenges and opportunities for action.*

Improving care and treatment

> *"… Prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic."*
>
> *UNGASS Political Declaration on HIV/AIDS, 2006*

More than 10 million people living with HIV still do not have access to essential treatment.[10] In spite of advances, affordable medicines remain out of reach for many. Access to antiretroviral therapy remains a priority for developing countries.

Better care and treatment means more than just providing antiretroviral drugs. It means having functioning health systems, well-trained health workers and a comprehensive approach to care.

HIV and AIDS increases pressure on health care systems that are often already overburdened. This makes it harder for governments to buy drugs and provide HIV treatment. Australia is therefore helping countries to improve the supply of quality drugs, train health workers, and encourage a sustained response to treatment and care. Australia is also supporting non-government organisations to provide services to marginalised and vulnerable groups as part of broader national responses.

In the Pacific, where HIV prevalence appears low but there is growing evidence of very high rates of untreated STIs, Australia is supporting the Pacific Islands HIV and STI Response Fund. The Fund provides consistent and flexible funding to address HIV and STIs in the Pacific at the national and regional level.

Since 2006, Australia has also funded Clinton Health Access Initiative projects in China, Vietnam, Indonesia and Papua New Guinea. The aim is to remove obstacles to people receiving antiretroviral therapy by improving the distribution and access to anti-retroviral drugs.

From policy to practice—increasing access to antiretroviral therapy in China

In 2004, the Chinese Government launched its program of free antiretroviral drugs for all eligible people. However, in the Xinjiang Uygur Autonomous Region, where HIV prevalence was high and capacity for treatment and care low, providing antiretroviral therapy soon became a challenge.

Over three years, AusAID funded the Clinton Health Access Initiative to increase the number of eligible people receiving antiretroviral therapy, to maximise numbers of people retained in care, and to create models of care that could be sustained by the regional government.

An important component was improving the ability of local health workers to diagnose and treat HIV. At the start of the project only three treatment sites in Xinjiang had full-time doctors trained in antiretroviral therapy. By the end of the project more than 200 doctors and 120 nurses had been trained. Community-based care workers were also trained in outreach services, especially the administration of drugs.

Over the course of the project, nearly five times as many people had access to treatment. By 2009, close to 2000 patients were receiving antiretroviral therapy. In early 2010 the Chinese Government took over the delivery of the service and the number of patients on treatment is estimated to have doubled.

[10] UNAIDS, 2010. UNAIDS Report on the Global AIDS Epidemic.

Advocating for human rights

"By repealing these punitive laws and making what is "hidden" no longer "hidden" and by attacking discrimination, harassment, black mail and sexual abuse, vulnerable groups will be able to access services far more effectively than at present. This is not only about the interests of these vulnerable groups but reflects on the total well being of a genuinely inclusive society that respects the human rights framework of the Constitution of Papua New Guinea."

Dame Carol Kidu
Minister for Community Development, Papua New Guinea
and Member of the Global Commission on HIV and the Law

Australia helps partner countries to review laws and policies to prevent discrimination against people living with HIV and those who engage in high risk behaviours. Cultural stigmas attached to HIV can make it difficult for people to be open about issues, and the fear of persecution deters people from using services. To help overcome this, AusAID has provided funding for the Global Commission on HIV and the Law, which was launched by the United Nations Development Programme at the 2010 Vienna International AIDS Conference.

The Commission is investigating how punitive laws and human rights violations can block effective HIV responses. Former Australian High Court Justice, the Hon Michael Kirby, is a member of the Commission and serves as Co-Chair on its Technical Advisory Group. In late 2011, the Commission will publish recommendations on how the law can better support universal access to HIV prevention, treatment, care and support.

AusAID's interventions among people who inject drugs have included working with government and communities to explain the need for, and demonstrate the effectiveness of, a harm reduction approach. In 2008, Sri Lanka changed from compulsory to voluntary forms of drug treatment. In Vietnam, AusAID has supported HIV prevention training for police officers, counter-narcotic police and soldiers.

From policy to practice—supporting legal reform in Papua New Guinea

In Papua New Guinea, the AusAID HIV program supports an initiative to reform laws that criminalise sex work and consensual male to male sex. In 2011, a national workshop will bring together civil society organisations, members of the church and the media to explore legal issues and strengthen support for the initiative.

This is in line with the Papua New Guinea Government's HIV/AIDS Management and Prevention Act, 2003, which protects people living with and affected by HIV and promotes the right of every Papua New Guinean to HIV treatment and other health services.

Reducing vulnerability

"Before we can talk about the empowerment of women, we need to ensure systems are in place and working for them. We should never lose sight of the fact that there are still many obstacles women face on a daily basis and violence is just one of them."

Edwina Kotoisuva
Deputy Coordinator, Fiji Women's Crisis Centre[11]

The proportion of women living with HIV is still over 50 per cent of the global total.[12] Gender inequality continues to affect women's ability to make informed choices about their health, negotiate safe sex, take responsibility for matters relating to their own bodies, and gain access to sexual and reproductive health care.

Australia believes the views, needs, interests and rights of women and girls are equal to men and boys.[13] To that end, all AusAID's regional and country HIV programs integrate gender equality. In Papua New Guinea, AusAID has trained District Women Facilitators to promote women's participation in decision-making and the importance of educating girls. The Facilitators are local women who are respected as leaders in their communities and are seen as role models for other women.

Reducing economic vulnerability is another important step towards the empowerment of women and HIV prevention. For example, in Bangladesh, AusAID supports extremely poor women to establish small businesses and earn an income.

Gender vulnerability does not only affect women. It can also affect men and transgender people. Interventions need to take into account the role men play in preventing HIV and challenge ideas such as violence against women.

From policy to practice—reducing violence against women in Fiji

The Fiji Women's Crisis Centre opened in 1984 to provide legal, medical and other practical support services for women and children survivors of violence. The Centre was founded by a group of women concerned about the frequency of sexual assaults on women and the lack of support services for survivors.

In addition to support services, the Centre offers community education, training and public advocacy on gender violence. It provides advisory services to similar organisations in other Pacific island nations. Australia began giving funds to the centre in 1989.

Over the years the Centre has received national and regional recognition, and has made considerable progress towards breaking the culture of silence around gender-based violence. Dealing with violence against women in turn deals with their vulnerability to HIV.

In 2002, the Centre initiated the regional Male Advocates Program, which uses influential men to raise awareness of gender equality as a fundamental human right. The program challenges traditional beliefs on gender relations and has helped to change attitudes and behaviour.[14]

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[11] As quoted by Fiji Times *Centre refutes police claims* Wednesday, March 09, 2011 http://www.fijitimes.com/story.aspx?id=167877

[12] UNAIDS, 2010. Report on the Global AIDS Epidemic.

[13] AusAID, 2007. Gender equality in Australia's aid program – why and how.

[14] AusAID, 2008. Violence against Women in Melanesia and East Timor – Building on Global and Regional Promising Approaches.

The Centre helped draft Fiji's Domestic Violence Bill which came into force in 2009, and has since worked with the Government and the media to make sure the legislation is enforced.

Supporting vulnerable children

"I draw a picture: it is as if the children are in a pit. The way we used to work was to give them things – food, clothes – but leave them in the pit. Now I realise that we need to help children to climb out and do things for themselves."

Student, Children at Risk Open and Distance Learning Certificate, Swaziland

In 2009, 16.6 million children were estimated to have lost their parents to AIDS. Almost 90 per cent of these children live in sub-Saharan Africa.[15] Studies have shown that children who are orphaned or made vulnerable by AIDS often end up having to care for themselves, don't have enough food, miss out on education or live on the streets.

The needs of these children are often neglected. Programs that provide cash, education, food and even treatment for HIV are needed to break this cycle of vulnerability.

In Africa, AusAID's five-year partnership with UNICEF has given vulnerable children in Tanzania, Malawi and Mozambique access to basic services and support. In 2009 Australia support benefitted 500 000 vulnerable Tanzanian children with food, shelter, education and psychosocial support.

Investing in national social protection schemes also helps vulnerable households and children affected by HIV. Social cash transfers help keep children in school. A girl who is educated is at less risk of contracting HIV.[16]

Australia has helped Malawi develop a national social protection policy and a social cash transfer program. This gives grants to over 24 000 extremely poor households, and directly benefits 62 000 children. The Government of Malawi has also allocated funds from its 2010–11 budget to the cash transfer program.

From policy to practice—supporting caregivers in Africa

There are insufficient accredited training courses in East and Southern Africa for carers of vulnerable children. To fill this gap, AusAID and UNICEF have tested a pilot open distance learning course for community-based staff working with children made vulnerable by AIDS.

In 2009, the Regional Psychosocial Support Initiative (REPSSI) and UNICEF rolled out the course 'Working with Children, Families and Communities affected by HIV & AIDS, Poverty and Displacement in Africa' to 553 community workers aged between 19 and 70 in eight countries.

A remarkable 89.5 per cent of the students finished the course. Graduates say they are now doing a better job and are more aware of the needs of children. Australia is providing more funds so that 1000 students in 10 countries can take the course.

[15] UNAIDS, 2010. UNAIDS Report on the Global AIDS Epidemic.

[16] UNAIDS, 2010 Children and AIDS: Fifth Stocktaking Report.

Alleviating social and economic impact

"HIV deepens poverty, exacerbates hunger and contributes to higher rates of TB and other infectious diseases."

Ban Ki-moon,
Secretary-General of the United Nations[17]

HIV is not just a public health issue. In many developing countries, it threatens to reverse previous economic gains. Efforts to eradicate extreme poverty and hunger (MDG1) can help reduce the spread of HIV and its impact.

Nutrition and food security are essential for the effective care and support of people living with HIV. Malnourished people are less likely to benefit from antiretroviral therapy.[18]

The World Food Program was one of the first agencies to provide nutritional support to people on antiretroviral therapy. Since 2001, AusAID has been funding the World Food Program in Zimbabwe – a major component of this operation is support and food assistance to people living with HIV and their carers.

HIV primarily affects people between the ages of 16 and 49, the 'working population' which can leave individuals and families without income. Australia provides support to the business sector, the community and civil society organisations to help reduce the impact of HIV on people's livelihoods and help meet the multiple needs of people living with HIV.

From policy to practice—the private sector response to HIV

In the Asia Pacific, AusAID has supported the establishment of eight national business coalitions on AIDS. These coalitions offer workplace education, care and support programs and shoulder some of the responsibility for the impact that HIV has on communities.

Left unchecked, HIV can and will affect an entire generation of children. In particular, many will miss out on education. This will leave the workforce without enough skilled staff.

The Papua New Guinea Business Coalition on HIV/AIDS has established the Serendipity Education Fund to educate children whose lives have been affected by HIV.

In 2010, the Fund made it possible for 105 children to study at primary, secondary or tertiary level. One of these students has gone on to win a prestigious national government scholarship.

In Burma, the business coalition has broadened its mandate beyond HIV prevention and care. Its philosophy is that healthier people are more resilient to infectious diseases. As a result the coalition has helped vulnerable people by providing health and HIV services as well as rebuilding houses and communities in the wake of Cyclone Nargis.

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[17] Report of the Secretary-General of the United Nations, 2011. Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths.

[18] http://www.avert.org/hiv-nutrition.htm

Understanding the epidemic

"With a really low prevalence epidemic, you need to target your money. To do this you need evidence. That's what research does, it gives you evidence."

Professor Heather Worth
International HIV Research Group,
University of New South Wales

The delivery of effective HIV programs is often hampered by a lack of research. Better research and surveillance provides countries with critical information to help them develop and deliver relevant and effective services.

Australia has built improved monitoring and surveillance into many of its HIV programs, including in Papua New Guinea. Since 2008, Australian funding has helped establish over 100 HIV testing sites in Papua New Guinea—half of the country's total public testing sites.

In Bangladesh, Bhutan, India, Nepal and Sri Lanka, AusAID has conducted rapid assessments of risk behaviour and HIV knowledge among people who inject drugs and their sexual partners. These studies aim to fill knowledge gaps in HIV and drug use at the national level, and to provide evidence for using harm reduction approaches to HIV prevention.

At a regional level, the AusAID HIV Research Initiative funds research that will help achieve MDG6 in the Asia Pacific. This research identifies gaps in the HIV evidence-base, in particular socio-economic factors.

From policy to practice—sex work in the Pacific

AusAID has recently funded a series of targeted research studies into sex work and HIV risk in Papua New Guinea, Kiribati, and Fiji. A key finding has been that different attitudes and behaviours in each country require interventions that recognise these differences.[19]

The research was conducted by the International HIV Research Group at the University of NSW. It trained researchers and worked with sex workers who helped to identify research needs implement the findings.

The research findings have had a positive impact. The research formed a large part of Fiji's 2010 UNGASS report and has also been central to the sex work section of the forthcoming National AIDS Strategic Plan. The Ministry of Health has now funded a similar study into HIV among men who have sex with men.

[19] Kelly, A., Kupul, M., Man, W.Y.N., Nosi, S., Lote, N., Rawstorne, P., Halim, G., Ryan, C. & Worth, H., 2011. *Askim na save (Ask and understand): People who sell and/or exchange sex in Port Moresby. Key Quantitative Findings.* Papua New Guinea Institute of Medical Research and UNSW: Sydney, Australia.

McMillan K., and Worth, H., 2010. Risky Business Kiribati: HIV prevention amongst women who board foreign fishing vessels to sell sex. International HIV Research Group, UNSW, Sydney, Australia McMillan K., and H. Worth (2010) Risky Business: Sex work and HIV prevention in Fiji. International HIV Research Group, UNSW, Sydney, Australia.

McMillan K., and Worth, H., 2010. Risky Business: Sex work and HIV prevention in Fiji. International HIV Research Group, UNSW, Sydney, Australia.

HIV in conflict and disaster affected regions

"Although progress has been made in advancing reproductive health in conflict and disasters, displaced women and girls continue to be raped, contract HIV and die in childbirth. This is simply unacceptable."

Dr Anna Whelan
Regional Director, IPPF-ESEAOR[20]

Conflict and natural disasters destabilise populations and limit access to basic services, including health care. This in turn heightens vulnerability to HIV, particularly among women and children.

Australia has included HIV in its disaster management programs and is developing strategies to link HIV prevention and relief programs.

AusAID's response to HIV in emergency situations is channelled through the Sexual and Reproductive Health Programme in Crises and Post-crises in East, South East Asia & Pacific (SPRINT) Initiative.[21] SPRINT was developed to close gaps in the provision of sexual and reproductive health services during crises.

SPRINT'S response includes a focus on HIV in situations where there is instability and limited services. For example, establishing safe blood transfusion practices and providing post-exposure prophylaxis after sexual attacks, to minimise HIV transmission.

To date, SPRINT has trained more than 4700 people from 82 countries on priority sexual and reproductive health interventions and HIV prevention during humanitarian emergencies.

From policy to practice—after the cyclone

In May 2008, Cyclone Nargis crossed the Irrawaddy Delta in Burma. The cyclone affected 2.4 million people and claimed up to 140 000 lives. As part of the relief effort, SPRINT trainees led a national working group which brought together about 30 agencies working in sexual and reproductive health and HIV.

The working group helped the agencies identify priorities and strategies for sexual and reproductive health and HIV. Bringing together the agencies helped to establish and reinforce strong links between them.

In addition to the working group, SPRINT held a number of trainings and workshops for more than 3000 humanitarian personnel on issues including sexual and reproductive health, gender-based violence and HIV prevention.

[20] Quoted in IPPF World Refugee Day 2010 Press Release http://www.ippfeseaor.org/NR/rdonlyres/C593C3A2-89F4-4EC0-9567-A06365118E80/0/IPPFWorldRefugeeDay.pdf

[21] The SPRINT partners include the International Planned Parenthood Federation in the East Southeast Asia and Oceania Region (IPPF ESEAOR), the University of New South Wales, United Nations Population Fund (UNFPA) and Australian Reproductive Health Alliance.

Maintaining the momentum

"I usually have to twist the arms of political leaders to think more about the world's poor but I actually don't have to do that in Australia, there's bipartisan support for 0.5 per cent … [that] means lots of people who will owe their lives to Australian taxpayers."

Bono, lead singer of U2 and co-founder of non-government organisations ONE and RED[22]

To begin to halt and reverse the spread of HIV will require substantial and sustained resources dedicated to achieving results.

The Australian aid program has doubled in size over the last five years to an estimated $4.3 billion in 2010–11. The Government has committed to increase overseas aid until it reaches 0.5 per cent of gross national income by 2015–16.

Australia's aid helps build stronger health systems in countries which are burdened by HIV. At a global level, Australia supports the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since 2004 Australia has provided or committed a total of $420 million to the Global Fund. Australia works on the Global Fund board to support the Fund continuing to make a major contribution to the international HIV response and be responsive to the health plans and systems of implementing countries.

In the 2008–09 budget, Australia revitalised its commitment to the UN through its Partnership for the MDGs initiative, which provides increased core funding on a multi-year basis. Australia's contributions to seven selected UN agencies, including UNAIDS and the World Health Organization, have increased by a total of $200 million.

From policy to practice—supporting countries' Global Fund processes

The Global Fund provides 20 per cent of all international HIV financing. It is therefore an important source of funding for countries.

Australia is a donor to the Fund and also provides technical support to partner countries to help write and implement grants.

In Papua New Guinea, the National Department of Health requested support from the Australian HIV program to prepare its grant application. Australia also supports the Country Coordinating Mechanism to review national funding applications.

We have also helped the National Catholic AIDS Office in Papua New Guinea to make the most of its Global Fund grant. While the Fund and the office have supplied the antiretroviral drugs, testing kits and other consumables, AusAID has built clinics and trained staff to greatly expand the number of voluntary testing and counselling services in Papua New Guinea.

[22] http://www.abc.net.au/news/stories/2010/11/28/3078641.htm

Australia: we do what we say.