

**AusAID**

**Towards a New International HIV Strategy  
for Australia**

**Consultation Paper**

AusAID Health and HIV Thematic Group  
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## **1 Introduction and summary of key questions**

The purpose of this paper is to inform consultations with domestic and international stakeholders on developing a new International HIV Strategy for Australia.

Based on internal discussions, some key issues and consultation questions have been identified to focus the consultation process. In addition, AusAID welcomes comments on any other aspect of the Strategy.

The current Strategy, *Meeting the Challenge* (2004), is available on the AusAID website at: [www.ausaid.gov.au/publications/pdf/aids\\_strategy.pdf](http://www.ausaid.gov.au/publications/pdf/aids_strategy.pdf)

Consultation meetings will be held in Australia and with development partners in Asia and the Pacific.

A new Strategy will be launched in 2008.

## **Summary of consultation questions**

### Overarching questions

- 1 What new developments should be taken into account in updating the HIV Strategy?
- 2 What should the aims and priorities of Australia's new HIV Strategy be?
- 3 What should the guiding principles of Australia's new HIV Strategy be?

### Specific issues

- 4 How can we best integrate gender equality considerations into HIV policies and programs?
- 5 What connections need to be made between Australia's domestic National HIV Strategy and Australia's International HIV Strategy?
- 6 What actions should Australia take to support stronger leadership on HIV in Asia Pacific countries?
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- 11 What should Australia's priorities be in supporting PNG's HIV response?
- 12 What should Australia's priorities be in supporting the HIV response of the Pacific island nations?
- 13 What strategies should Australia adopt to respond to new trends in the epidemic in Asia?
- 14 How can AusAID better link HIV services with services addressing TB, malaria and sexual and reproductive health?
- 15 How can AusAID improve its efforts to mainstream HIV across sectors?
- 16 What should Australia's HIV research priorities be?

## **2 Key developments informing a new Strategy**

*Meeting the Challenge: Australia's International HIV/AIDS Strategy* (referred to in this paper as 'the HIV Strategy') was launched in 2004. The HIV Strategy is considered to have been a sound basis for informing the expansion of Australia's global HIV response over the last four years. The overarching aims, priorities and principles of *Meeting the Challenge* remain highly relevant.

However, the HIV Strategy requires adjustment to reflect the shifts that have occurred in the policy environment, institutional responses and our understanding of the epidemic since 2004.

### **Changes in our understanding of the epidemic**

It is greatly concerning that the epidemic is still expanding in many Asia Pacific countries including PNG, Indonesia, Fiji, Viet Nam and China. PNG has been confirmed as experiencing a generalised epidemic affecting more than 1% of adults. On the other hand, with comprehensive responses now in place and a history of leadership on the issue, the epidemics in Cambodia and Thailand are considered to be declining.<sup>1</sup>

There have been no major technical developments in HIV prevention or treatment that would, in themselves, warrant a change in overall Strategy. However, our Strategy can be better targeted as our understanding of the epidemic's trends, social drivers, and impacts at regional, national and sub-national levels improves.

Community-based education and access to condoms and needles and syringes are still considered the mainstay of prevention. More attention is being paid to the need to address socio-economic determinants of vulnerability, including gender inequalities. Effective approaches to prevention of parent to child transmission are being introduced. There have been no breakthroughs in the search for a vaccine or microbicide, but new data from Africa suggests that under certain conditions circumcision may play an important role in prevention.

There have been ongoing improvements in treatment options for HIV. New funds available from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and significant price reductions for antiretroviral drugs (ARVs) have made treatments more affordable and increasingly available. But there is still no cure, and in Asia in 2008 still only 26 per cent of people in need of treatment had access to antiretroviral therapy (up from 9 per cent in 2004).

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<sup>1</sup> *AIDS Epidemic Update 2007* UNAIDS; In 2007 UNAIDS adjusted prevalence estimates downwards in India (to 2.5 million or 0.36% of adults), Cambodia (to 0.9%) and PNG (to 1.28%) due to improved measurement (not decreased disease prevalence).

## **Australian Government policy developments**

Through 2008, AusAID is updating the strategic policy framework for the overseas aid program, focusing on key areas of importance including HIV. The aid program has a renewed focus on poverty reduction including: extending its reach to the most marginalized; a focus on the Millennium Development Goals (MDGs); and a commitment to expanded efforts in the delivery of basic health and education services.

The Government has committed to a significant expansion in the aid program, aiming to scale up development assistance to 0.5% of Gross National Income by 2015. The effectiveness of aid delivery programs will be central to our decisions about where to focus our efforts. The Government is committed to increasing our engagement with the UN at all levels. The Government will continue the policy of untied aid, which has been AusAID policy since 2006.

Australia proposes to pursue Pacific Partnerships for Development with PNG and our other Pacific island neighbours. These Pacific Partnerships for Development will provide a new framework for Australia and the Pacific island nations to commit jointly to achieving shared goals, including the MDGs.

Improving aid effectiveness through new approaches is an important theme of the aid program. Since 2004 Australia has worked with other donors and UN agencies to promote an agenda of harmonisation of donor responses and alignment with national systems and priorities e.g. through supporting implementation of the ‘Three Ones’ principles and the recommendations of the Global Task Team on Improving AIDS Coordination.<sup>2</sup> AusAID has moved away from traditional contractor-led project models and is increasingly adopting programmatic and sector-wide approaches that align with national HIV strategies and plans.

AusAID is also looking to implement programs through a range of new partnerships. In April 2008, Australia joined the International Health Partnership to promote country-led coordination of health sector responses. AusAID is working with other donors to promote health systems strengthening in countries and for better governance in global health in order to improve health outcomes.

## **Partner government policy contexts**

The policy environment for HIV programming has significantly improved in the region since 2004. Domestic policies are more supportive in many of our key partner countries, with commitments to new national and regional HIV Strategies and Plans in PNG, Indonesia and the Pacific, and broader political acceptance of harm reduction approaches in Asia. Although there are exceptions, countries in the region are generally contributing

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<sup>2</sup> *Global Task Team on Improving AIDS Coordination by Multilateral Institutions and International Donors: Final Report*, UNAIDS 2005.

more from national budgets towards HIV responses. Nonetheless, continuing to build and sustain political commitment to HIV as an issue remains a major challenge for the region.

The new HIV Strategy will need to take into account the emergence of the Global Fund as the major source of finance for many countries' HIV responses. The Global Fund's performance-based approach and inclusive processes, particularly Country Coordinating Mechanisms (CCMs), have added a new dimension to national policy contexts.

❖ **What new developments should be taken into account in updating the HIV Strategy?**

### **3 Aims, priorities and principles of the HIV Strategy**

Appendix 2 provides an overview of the current HIV Strategy.

#### **Aims and priorities of the existing Strategy**

The existing HIV Strategy, formulated in 2004, has two overarching aims:

- 1 To reduce the spread of HIV/AIDS, particularly in the Asia-Pacific region
- 2 To mitigate the effects on people living with HIV/AIDS, their families and the societies to which they belong.

These overarching aims are considered to still be highly relevant.

The existing HIV Strategy has focused on five priorities:

- 1 Strengthening leadership and advocacy
- 2 Building capacity
- 3 Changing attitudes and behaviour
- 4 Addressing HIV transmission associated with injecting drug use
- 5 Supporting treatment and care.

#### **Principles**

The existing HIV Strategy has been informed by three underlying principles:

- 1 Expanding and deepening partnerships
- 2 Increasing knowledge
- 3 Strengthening implementation capacity

The HIV Strategy also committed the Australian Government to the GIPA principle (Greater Involvement of People Living with HIV/AIDS).

The HIV Strategy has focused Australia's efforts on the Asia Pacific region, in line with AusAID's overall strategic focus on our region. Australia has also provided some targeted assistance for HIV responses in southern and eastern Africa, primarily through support to Australian NGOs and UNICEF.

Factors influencing Australia's future priorities include:

#### **Australia's international commitments**

Australia is committed to the Millennium Development Goals, including the target of halting and beginning to reverse the spread of HIV, and to the UNGASS<sup>3</sup> targets including universal access to prevention, treatment, care and support. Australia is supporting the implementation of global targets through our bilateral and regional programs.

#### **An intensified prevention response**

Australia has been a consistent supporter of prevention in its program investments, policy and advocacy. Ensuring that there is a sufficiently strong focus on prevention continues to be a pressing issue for the region, given the continued expansion of the epidemic in many of our priority countries and the low coverage of prevention services for the most vulnerable populations.

#### **HIV as a development issue**

HIV is increasingly recognized as a cross-cutting development issue with implications beyond the health sector. By 2015, HIV will have caused a further six million households in Asia to fall below the poverty line at the current rate of response.<sup>4</sup> To address the social drivers and impacts of the epidemic requires a multi-sectoral response, the nature of which will vary according to local factors and the stage of the epidemic.

#### **An increased emphasis on health systems**

AusAID health policy has a clear focus on the long-term process of building health systems. This includes health financing, workforce development, procurement and supply issues and community engagement. For HIV, this implies focus on developing and strengthening primary health services, home and community-based care, training for healthcare workers, community participation in planning and delivery, laboratory strengthening and epidemiological surveillance capacities.

#### **HIV as a whole-of-government issue**

Australia's HIV Strategy should guide the work not just of AusAID but also of other Australian Government agencies engaged in the region and with global health issues. HIV is an issue of broad relevance to the global work of the Department of Foreign Affairs and Trade and Department of Health and Ageing, as well as other departments and agencies such as Australian Defence Force, Australian Federal Police and the Department of Immigration and Citizenship.

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<sup>3</sup> Targets set at the UN General Assembly Special Sessions (UNGASS) on HIV/AIDS, 2001 and 2006.

<sup>4</sup> *Report of the Commission on AIDS in Asia*, Oxford University Press 2008 p.8.

### **An increased focus on gender**

Gender equality is now recognized as a cross-cutting theme of the aid program. Efforts are required to:

- Promote equal participation of women in decision-making and leadership, including women living with HIV
- Ensure improved and equitable health outcomes for women
- Integrate gender equality into the design, implementation and monitoring of activities.

Promoting gender equality requires more than the inclusion of women. Programs need to understand and engage with gender relations, gender power differentials and sexual violence. Addressing gender inequality requires working with both men and women, and addressing the social and economic structures that determine inequalities. Ideas about masculinity, particularly those related to power and the acceptability of violence against women, have a significant impact on women's rights and increase HIV risk for women and girls. Gender-based norms and stereotypes also affect men and boys, and have negative impacts on their health.

HIV positive men still far outnumber women in most Asian settings, reflecting the role of male drug use, male mobility, and sex work (where male clients significantly outnumber female workers) in driving epidemics. As epidemics mature and cases of HIV acquired by wives and young women increase, women are at increasing risk because of gender inequalities. In countries such as PNG and Cambodia the trend is toward increasing numbers of women being infected by their husbands and long term partners, and at younger ages.

- ❖ **What should the aims and priorities of Australia's new HIV Strategy be?**
- ❖ **What should the guiding principles of Australia's new HIV Strategy be?**
- ❖ **How can we best integrate gender equality considerations into HIV policies and programs?**
- ❖ **What connections need to be made between Australia's domestic National HIV Strategy and Australia's International HIV Strategy?**

## **4 Australia's role in the global response**

### **A leadership role for Asia Pacific**

Australia has sought to build on the success of its domestic HIV response to position itself as a global leader on HIV policies and programs, with a particular focus on the Asia

Pacific epidemic. Although we are a small donor compared to some other OECD donors, we are recognized for our leadership on HIV policy and for technical strengths in prevention, treatment and research.

The commitment to leadership has been demonstrated through Australia's role in convening three regional Ministerial meetings on HIV, support to UNAIDS leadership initiatives including the Asia Pacific Leadership Forum on HIV/AIDS and Development, the creation of the position of an Australian Ambassador for HIV/AIDS, and advocacy for Asia Pacific needs in global meetings including the UN General Assembly Special Sessions.

However, with few exceptions, political leadership on HIV remains weak or fragile in most countries in the region, including in countries where Australia has had significant HIV programs such as PNG and the Pacific. New approaches are required to engage political leaders, particularly in countries where commitment is wavering.

**❖ What actions should Australia take to support stronger leadership on HIV in Asia Pacific countries?**

**A supporter of strengthened UN leadership on HIV**

Australia could further strengthen its leadership role through a more strategic and committed partnership with the UN. Australia can leverage on the UN's ability to engage with advocacy and policy issues at many levels, and to provide technical assistance in our partner countries. Australia has the opportunity to drive reform among multilateral organisations through the UNAIDS Programme Coordinating Board and the governing bodies of its co-sponsors. UN forums, including the General Assembly (and especially the 2011 High-Level Meeting on HIV/AIDS) and the Executive Boards of the funds and programs, provide Australia with an opportunity to promote a comprehensive response to HIV, to share our approach and influence the approach of others, and to hold UN agencies accountable for the work they have agreed to do.

There are several UN agencies that play a pivotal role in the global HIV response and are also key partners for Australia. In addition to UNAIDS, these include WHO, UNICEF, UNDP, UNFPA and UNODC. Australia provides core resources to, and sits on the governing bodies of, WHO, UNICEF, UNDP, UNFPA and UNAIDS. Australia can look at ways to not only use the expertise and advocacy platform of these organisations, but also look at how we can use our position as a donor to influence and support their programs in HIV.

**❖ How should Australia support UN leadership on HIV?**

## 5 Australia's engagement with the Global Fund

Since 2002, the Global Fund has consolidated its role in the global HIV response and now funds major components of HIV responses of AusAID priority countries including Indonesia, PNG, East Timor and the Pacific Islands. Since 2004, the Australian Government has contributed \$117 million to the Fund (total pledged \$210 million to 2010). In 2007-08, the Government more than doubled its annual contributions as a donor. Of the total funding approved by the Fund globally, \$1.3 billion (or 21%) has been disbursed in the Asia Pacific region. Australia is a Global Fund Board member, sharing a constituency with the UK.

In areas such as performance management, the Global Fund is demonstrating leadership. However, the Fund's programs do not always align well with national systems, can have high transaction costs at country level, particularly for small or fragile states, and can skew health sector priorities.

To ensure optimal health outcomes for the region, Australia needs to actively engage with the Global Fund's processes at national, regional and global levels.

Features of AusAID's engagement with the Global Fund include:

- Advocacy at Board level for Asia Pacific interests, particularly fragile states
- Advocacy at Board level for rapid implementation of National Strategy applications, health systems approaches and for gender to be integrated into the Fund's systems
- Promotion at Board level of flexibilities to respond to country or regional circumstances (particularly those of small and/or fragile states), streamlining processes and promoting harmonisation with partners and alignment of systems and operations to implementing countries
- Assisting countries and regions to access technical assistance for preparing grant applications, grant implementation, reporting and review
- Membership of Country Coordinating Mechanisms in PNG, Indonesia and the Pacific.

**❖ How can Australia engage more strategically with the Global Fund to maximize the impact of its grants?**

## 6 Civil society partnerships

Civil society partnerships are recognized as essential to support the broad-based community mobilization and community leadership that are required for a comprehensive response.

Important partnerships during the life of the current HIV Strategy have been with:

- People living with HIV and their organisations.
- Australian HIV technical agencies, including national peak organisations representing community-based groups. Through the Australian HIV/AIDS Partnership Initiative, Australia has drawn on its comparative advantage in providing technical assistance, education and training, developed largely within the context of the domestic response. A new AusAID HIV Capacity Building Program further supports Australian researchers, medical groups and NGOs to collaborate with regional counterparts in Asia Pacific.
- Development NGOs, principally through the AusAID NGO Cooperation Program.
- The Clinton Foundation HIV/AIDS Initiative, for strengthening treatment services with a focus on PNG, Indonesia, Viet Nam and China.
- Regional HIV advocacy bodies such as the Asia Pacific Network of People Living with HIV/AIDS (APN+), Asia Pacific Council of AIDS Service Organizations (APCASO), and the Coalition of Asia Pacific Regional Networks on HIV/AIDS (the Seven Sisters).
- The business sector, through the Asia Pacific Business Coalition on HIV/AIDS and its partnerships with national business coalitions.
- Faith based organizations, which have been engaged as partners through country programs in Indonesia, PNG, the Pacific and China.

❖ **What civil society partnerships are most important to the HIV Strategy?**

❖ **How can we best engage civil society at country and regional level?**

## **7 A strategy for PNG and the Pacific**

The Prime Minister's visit to PNG and Solomon Islands in March 2008 confirmed that an intensified response to the epidemic in PNG and the Pacific is a Government priority.

The HIV epidemic in PNG is outpacing the response. Pacific island countries have very high STI rates, and other factors such as young populations and labour mobility add to risk. Data from Fiji indicates an expanding, although still low level, HIV epidemic.

This suggests that Australia should scale up its HIV support to PNG and neighbouring Pacific countries. Since 2004, AusAID has developed new programs of assistance to PNG and the Pacific which are less reliant on contractor-led project models and are closely aligned with national and regional HIV Strategies and Plans. In the Pacific, the primary mechanism for funding new activities from 2009 will be the new multi-donor Pacific HIV and STI Response Fund 2009-2013, which will enable scale up of assistance to country-led programs and civil society groups, as the existing Pacific Regional HIV Project concludes in 2008. For PNG, enhancement of the budget of the PNG-Australia HIV and AIDS Program (*Sanap Wantaim*) will be required if the response is to be scaled up.

New AusAID investments will support a comprehensive response to ensure prevention remains the cornerstone of our strategy, while also providing targeted capacity building assistance for care, support and treatment. Funding for testing and treatment, including antiretroviral drugs, is primarily sourced from the Global Fund.

In early 2008, an AusAID internal review of future directions for Australia's HIV response in PNG and the Pacific identified the following as priorities for consideration:

### **Leadership**

- Supporting new local champions and engaging political leaders at the highest levels e.g. through Pacific Islands Forum meetings.
- Working with parliamentary groups, including PNG's Special Parliamentary Committee for HIV/AIDS, leadership training and development of resources specific to the needs of leaders.
- Strengthening the role of HIV positive people in all areas of the response.
- Mobilising a stronger public sector response to HIV mainstreaming.
- Strengthening the PNG National AIDS Council and Secretariat.

### **Expanding approaches to prevention**

- Rethinking prevention through better understanding of condom use, circumcision, concurrent sexual partnerships and targeting of populations and high risk settings.
- Addressing gender inequalities and gender violence, mobility, and drug and alcohol use as factors closely associated with HIV spread.
- Supporting a whole of government response to sexual violence.
- Integrating HIV prevention into schools.
- Mainstreaming prevention within public and private sector activities in infrastructure, agriculture and extractive industries.

### **Capacity development of care, support and treatment**

- Building capacity to scale up treatment and care, including to rural districts.
- Scale up integrated delivery of care including antiretroviral therapy, TB treatment, prevention of parent-to-child transmission, home-based care and peer support.
- Responding to multi-drug resistant TB (MDR-TB) through integration of HIV and TB services and provision of patient education, reliable drug supplies, and training on management of MDR-TB.

- Partnerships between Australian health professions and counterparts in PNG and the Pacific, including twinning with public health experts and hospitals.

### **Supporting community-based responses to reach rural communities**

- High costs of extending services to rural and remote communities will require significant additional resources.
- A longer term strategy to strengthen the indigenous civil society response and increase the viability of local civil society organizations.
- Funds for technical support for NGOs and community based groups.
- New strategies to address PNG's growing number of orphans, people living with HIV and households requiring income support and assistance.

❖ **What should Australia's priorities be in supporting PNG's HIV response?**

❖ **What should Australia's priorities be in supporting the HIV response of the Pacific Island nations?**

## **8 A strategy for Asia**

Support to Indonesia has been, and is set to continue to be, a high priority for Australia's HIV response. The epidemic in the Indonesian provinces of Papua and West Papua is of particular concern, with prevalence in 2006 exceeding 2% of adults. The Australia-Indonesia Partnership for HIV (2008-2015) provides a framework for Australia's response under a new HIV Strategy. This framework has an emphasis on Papua and West Papua, harm reduction, prisons, and support for leadership and national systems, and with the flexibility to include new activities as the partnership evolves.

The HIV and AIDS Asia Regional Program (HAARP) (2007-2015) covers five countries in the Greater Mekong Sub-region, and the Philippines, with a continuing focus on addressing the spread of HIV through injecting drug use. In Burma, Australia contributes to the Three Diseases Fund, which provides funding for HIV, TB and Malaria (in the absence of the Global Fund), and support is provided for NGOs to deliver HIV programs through AusAID's humanitarian program.

Assistance in China is delivered through the China Australia Integrated Health and HIV Program. The Program is premised on a concept of partnership in which Australian and Chinese policy makers and experts meet as equals to discuss policy and share experience. In South Asia, AusAID supports a regional program focused on injecting drug use implemented by UNODC, and a project supporting comprehensive responses in India's north-eastern states.

The recently released Report of the Independent Commission on AIDS in Asia<sup>5</sup> contains important recommendations for Australia's consideration, particularly in the areas of leadership, prevention and community engagement. The Commission emphasises the importance of better targeting of 'high impact' prevention efforts. The Commission found that it is increasingly sexual transmission that is the primary factor driving epidemics. In addition to addressing injecting drug use, prevention programs need to invest in targeted interventions with sex workers and their male clients, men who have sex with men (MSM), and married woman who are at risk from their partners. Although there are some donor-funded activities already focusing on these populations, coverage levels of interventions are generally very low and insufficient to reverse epidemics.

In Asia the donor environment in HIV is complex and crowded. Australia needs to focus its efforts on areas in which we can best add value. Australia's response to HIV in Asia has focused primarily on injecting drug use. Harm reduction is an area in which we have technical expertise, and an area in which some other donors (e.g. USAID) have faced policy constraints. Harm reduction has been a major feature of our Asia Regional, South Asia, Indonesia and China HIV activities.

Australia's HIV Strategy needs to address AusAID's role in responding to the changing profile of Asian epidemics. An important consideration will be how best AusAID can coordinate and harmonise efforts with other development partners to ensure comprehensive responses to the needs of the vulnerable populations that are now at the frontline of expanding epidemics.

- ❖ **What strategies should AusAID adopt to respond to new trends in the epidemic in Asia?**

## **9 Linking HIV with TB, malaria, and sexual and reproductive health**

AusAID needs to consider the links between HIV and other priority health issues in the way in which it plans its support to partner countries.

There is growing appreciation of the need for HIV services to be integrated in a continuum of care and better linked to health services for other prevalent conditions such as sexually transmitted infections (STIs), TB and malaria. The effectiveness of programs in addressing needs of vulnerable populations can be undermined if they are not integrated and/or linked with other related health programs.

Multi-drug resistant TB (MDR-TB) is an emerging global concern. It already poses a challenge to HIV care in PNG. As part of a continuum of care approach, HIV services

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<sup>5</sup> *Redefining AIDS in Asia: Creating an Effective Response*, Oxford University Press, 2008.

need to be better integrated with TB services, patient education needs to be provided to help prevent emergence of drug resistance, and reliable supplies of TB drugs including second line therapies and training on management of MDR-TB are required.

HIV and malaria are also linked. If you have HIV you are often also more likely to develop malaria. If you have HIV and malaria, you are likely to be more infectious with HIV and more likely to transmit HIV. Steps can be taken to integrate approaches by linking services, community education and providing bed nets to people living with HIV.

Linking HIV services with sexual and reproductive health (SRH) services is important particularly to reach women at risk in countries with sexually driven epidemics. HIV, SRH and maternal and child services face similar challenges that warrant a coordinated response: shortages of trained staff, supplies and equipment, inadequate facilities, and scarce management skills. They also confront similar socio-cultural obstacles such as stigma and taboos that can be addressed through education and leadership.

Access to a package of care that includes family planning, management of STIs, HIV prevention and maternal health services can enable women to protect themselves from unintended pregnancies and HIV, and also prevent transmission to children. Stronger linkages are required between HIV services and those addressing gender-based violence and which offer counselling, emergency contraception and post-exposure prophylaxis to survivors of sexual assault.

There are also benefits to people living with HIV in providing access to SRH services, including counselling on reproductive choices. Provision of STI management to people living with HIV in treatment services can both prevent new infections and improve quality of life for people living with HIV. Maternal health services for women living with HIV may include infant feeding counselling, family planning and HIV treatment. Integrated programs can ensure that a comprehensive prevention approach for parents and infants is in place encompassing prevention of primary infections; prevention of unintended pregnancies; prevention of mother-to-child transmission through ARV prophylaxis, safer deliveries and infant feeding counselling; as well as care, treatment and support to women and their families.

**❖ How can AusAID better link HIV services with services addressing TB, malaria, and sexual and reproductive health?**

## **10 Mainstreaming**

The HIV Strategy commits to the mainstreaming of HIV considerations throughout AusAID's work. Comprehensive HIV mainstreaming strategies have been developed with AusAID support in PNG. AusAID has been working in partnership with the development banks to support HIV mainstreaming in the infrastructure sector in Asia.

Building on lessons learned from PNG, AusAID is scoping new approaches for HIV mainstreaming in the education sector. This work is considering not only issues regarding curricula and teacher training, but also needs of staff and students living with or affected by HIV.

Mainstreaming is also an issue for the health sector. Prevention of parent to child transmission is being integrated into maternal and child health in some countries through improving access of all pregnant women to pre- and post-natal care including sexual and reproductive health care and, in some cases, VCT and treatment services, as well as ensuring HIV positive women have access to prophylaxis, HIV treatments and contraception.

Recognising HIV as a human rights issue, HIV has been included in law and justice programs. In PNG a comprehensive HIV law has been introduced with AusAID support, and HIV has been included in work with village courts. In PNG and the Pacific, AusAID has advocated for improved legal protections from sexual violence for women as important elements of HIV programs. AusAID's work in harm reduction in Asia has included a strong focus on promoting partnerships between public security officials (police and prison officers) and health officials.

To support the uptake of HIV mainstreaming throughout the agency, AusAID is conducting training at key country offices and has developed HIV mainstreaming guidelines.

**❖ How can AusAID improve its efforts to mainstream HIV across sectors?**

## **11 An evidence-informed Strategy**

### **How should Australia support HIV research?**

AusAID has recently published a Research Strategy<sup>6</sup> and is investing in a larger and more diversified research program. This includes:

- A greater focus on research in bilateral programs, including support for national capacity to implement country-led research programs
- The AusAID Development Research Awards (ADRA), a competitive program which supports quality proposals put forward by researchers relating to broad topics identified by AusAID as priorities

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<sup>6</sup> *AusAID Development Research Strategy 2008-2010*,  
[www.ausaid.gov.au/publications/pdf/research\\_strategy.pdf](http://www.ausaid.gov.au/publications/pdf/research_strategy.pdf)

- A program of commissioned research on specific issues identified as priorities in consultation with program areas
- Research partnerships with global and regional initiatives.

ADRA can be used to supplement national research programs by exploring issues of sub-regional significance e.g. multi-country or comparative studies, and emerging issues that are identified to have potential strategic significance for the regional response but which are unlikely to be funded from other sources.

The Research Strategy encourages research capacity building to be integrated into the design of AusAID funded HIV research.

The region's HIV response would benefit from long-term research partnerships between Australian and regional researchers and research institutes. Attention also needs to be given to:

- Support for scholarships, PhD and Masters programs, twinning between research institutions in PNG and in the region, and opportunities for greater research collaboration.
- Dissemination of research findings, including study visits, staff exchanges, seminars and establishment of research networks to promote local research leadership.

Research to support the current HIV Strategy has focused on epidemiological, social, behavioural and economic research. Under the Research Strategy, aspects of operational clinical research may also be supported. Research that informs prevention, such as exploring the social determinants of vulnerability, gender analysis and cost effectiveness studies, will be important to underpin the new Strategy. We need to better understand the social factors driving epidemics and the links between HIV and aspects of economic development such as the social dislocation caused by rapid wealth and labour mobility. Support for improved surveillance is also key for better targeting of prevention. The political sciences can inform improved policy and leadership outcomes.

It is important that research directly informs AusAID's programs and policies, including research that assesses and improves the effectiveness of existing approaches.

Unlike other donors, Australia has not supported research on HIV vaccines and microbicides from the aid program. An issue for consideration going forward is how the Australian Government should best support research on new HIV prevention technologies, as well as treatment issues e.g. operational aspects of providing ARV services for marginalised populations including women and drug users; integrated HIV/TB and SRH service models; resistance; adherence; and second line therapies.

### ❖ **What should Australia's HIV research priorities be?**

## Appendix 1: AusAID funding for major HIV Country and Regional Programs

*Note: This is a list of major HIV country and regional programs only and not a comprehensive list.*

Country/Region	Program name	Funding
Africa Regional	Australian Partnerships with African Communities	\$30,000,000 (2004-2009)
	UNICEF Children and AIDS Regional Initiative	\$12,000,000 (2006-2008)
	Australian Scholarship Program and Small Activities Scheme	\$3,000,000 (2007-2009)
Asia Regional	Asia Regional HIV/AIDS Project	\$15,800,000 (2002-2007)
	HIV/AIDS Asia Regional Program	\$59,000,000 (2007-2015)
Bangladesh	Three HIV/AIDS Research Studies	\$600,000 (2004-2007)
Burma	Strengthening HIV Response through Partnership	\$1,900,000 (2007-2012)
	Three Diseases Fund	\$15,000,000 (2007-2011)
Cambodia	Research in HIV Epidemiology and Clinical Studies	\$650,000 (2004-2007)
China	Xinjiang HIV/AIDS Prevention and Care Project,	\$18,400,000 (2002-2009)
	Tibet Health Sector Support Program	\$17,300,000 (2004-2009)
	China HIV/AIDS Roadmap Tactical Support Project – HIV Activities	\$3,900,000 (2005-2008)
	UNAIDS HIV/AIDS Adviser	\$730,000 (2007-2009)
	China Australia Integrated Health and HIV/AIDS Program (CAIHHP) (\$25 million, 2007-2012)	\$5,000,000 (2007-2012)
	Clinton Foundation	\$2,800,000(2006-2009)
East Timor	HIV Project Management Adviser in the Ministry of Health	\$250,000 (2006-2007)
India	HIV/AIDS Prevention and Care Program in North East India	\$10,000,000 (2007-2010)
	Empowering Communities for Prevention of Drugs and HIV	\$823,000 (2006-2008)
Indonesia	Indonesia HIV/AIDS Prevention and Care Project	\$41,100,000 (2002-2008)
	Australia-Indonesia Partnership for HIV	\$100,000,000 (2008-2015)
The Pacific	Pacific Regional HIV/AIDS Project	\$12,500,000 (2003-2008)
	Pacific HIV and STI Response Fund	\$30 million (2009-2013)
Papua New Guinea	Sanap Wantaim and PNG health program support to the health sector's response to HIV/AIDS in PNG	\$160,000,000 (2007-2012)
Philippines	UNICEF's 6 <sup>th</sup> Country Program for Children – HIV Component	1,340,000 (2005-2009)
Regional South Asia	Regional South Asia HIV/AIDS Project	\$9,500,000 (2007-2012)
Vietnam	Workforce development and local capacity building for improved drug treatment and HIV/AIDS prevention among drug users and Small Activities Scheme	\$423,000 (2006-2008)

## Appendix 2

<b>Overview of Meeting the Challenge: Australia's International HIV/AIDS Strategy (2004)</b>		
<b>Aims</b>	(1) Reduce the spread of HIV/AIDS	
	(2) Mitigate its effects on people living with HIV/AIDS and on the society to which they belong	
<b>Priorities for Action</b>	Strengthening leadership and advocacy	<p>Advocate for high-level political commitment</p> <p>Increase the role of overseas missions in promoting political leadership on HIV/AIDS</p> <p>Advocate for recognition of Asia-Pacific region as global priority</p> <p>Advocate for HIV/AIDS on agenda of key international meetings</p> <p>Promote regional ministerial-level meetings</p> <p>Support for Asia Pacific Leadership Forum (APLF)</p> <p>Advocate for protective legal frameworks</p>
	Building capacity	<p>Governance programs</p> <p>Support for national AIDS authorities</p> <p>Build health system capacity</p> <p>Support for community and other relevant organisations</p>
	Changing attitudes and behaviours	<p>Develop and disseminate peer-based targeted information, and education materials and activities</p> <p>Social marketing of condoms</p> <p>Encourage active participation of people living with HIV/AIDS</p> <p>Targeting needs of vulnerable groups</p>
	Addressing HIV transmission associated with injecting drug use	<p>Increase emphasis on minimising the harm associated with injecting drug use</p> <p>Advocacy for harm reduction approaches</p> <p>Inclusion of prisons</p>
	Supporting treatment and care	<p>Services to manage the treatment and transmission of sexually transmitted infections (STIs), including STI surveillance</p> <p>Support for a continuum of care: including treatment for opportunistic infections, voluntary counselling and testing and palliative care</p> <p>Support for international trade agreements that increase access to antiretroviral drugs</p> <p>Strengthen country preparedness to deliver antiretroviral treatment programs</p> <p>Establish partnerships with specialist organisations who are implementing antiretroviral treatment programs</p>
<b>Supporting Principles</b>	Expanding Partnerships	<p>Support for comprehensive partnership approach</p> <p>Develop and strengthen community leadership capacity, including community-based networks</p> <p>Strengthen links with other donors</p> <p>Strengthen engagement with key multilateral organisations, including UN agencies, WHO and GFATM</p> <p>Develop partnerships with peak professional organisations in Australia</p>
	Increasing knowledge	<p>Improve HIV/AIDS epidemiology surveillance</p> <p>Establish research partnerships and support research outcomes</p>
	Strengthening implementation capacity	<p>Maintain AusAID's HIV/AIDS Thematic Group</p> <p>Include HIV/AIDS as a component of all AusAID country strategies</p> <p>Increase in-built flexibility to program contracts</p> <p>Increase training and support for all AusAID staff</p>

