Recent media reports have focussed on announcements made by researchers, clinicians and some community representatives declaring that “AIDS, as a national public health issue, is over.” While it’s true that significant achievements have been made in HIV, the benefits of this have not been experienced by all people affected by the virus in the same way.

“It is fantastic that gay men have been able to make so much progress in the fight against AIDS – including better access to innovative prevention, treatment, and care- however, other HIV key affected communities in Australia still have a fair way to go,” said Dr Angella Duvnjak, CEO of AIVL, the national peak body representing people who use drugs.

“One of the unique strengths of our national HIV response, as recognised in the National HIV Strategy 2014-2017, is the partnership involving collaboration with key affected communities,” Dr Duvnjak explained.

“While it’s true that significant achievements have been made in HIV, the benefits of this have not been experienced by all people affected by the virus in the same way.”

Dr Duvnjak described some of the achievements of Australia’s HIV response, “In our country, the HIV prevalence among people who use drugs is between only 1-2%. Much of this can be attributed to the implementation of harm reduction initiatives such as needle/syringe programs and the availability of opioid substitution therapy, as well as the resourcing of peer-based drug user organisations.”

Jules Kim, CEO of Scarlet Alliance, Australian Sex Workers Association, agrees, “Effective sex worker led community organising and peer education programs providing safer sex supplies, outreach, advocacy and support have been central to the continued low rates of HIV among sex workers, including migrant sex workers, in Australia. However this is not the case globally where rates of HIV remain high for sex workers and people who inject drugs.”

Dr Duvnjak states, “For our communities, it’s hard to declare AIDS as being over when, despite the demonstrated effectiveness of our work, AIVL, Scarlet Alliance and our member organisations often still have to fight to ensure the continuation of these initiatives.”

Ms Kim emphasised the importance of the current response, “The successes in Australia could very easily be lost if we do not maintain the effective advocacy and prevention by and for sex workers and for people who inject drugs. Collectively we need to maintain our focus and step up the pace.”

Dr Duvnjak went on to focus on the big picture. “AIDS was, and is still, more than just a health issue. While medical advancement in HIV plays a significant part in eliminating the virus, it is undeniable that social justice and human rights issues are just as important.”

Ms Kim states, “There continues to be the range of social, structural and legal barriers that we know impact negatively on prevention, testing, treatment, care and support for people living with and at risk of HIV. Stigma and discrimination is also a well-recognised driver of HIV for our communities.”

Dr Duvnjak concurs, “Let’s not forget how much decriminalisation and anti-discrimination protections have contributed toward the ability for gay men to fight HIV. For people who inject drugs and sex workers, who are still fighting for these legal protections in most states and territories, the struggle is far from resolved.”

“It’s timely in the lead up to the International AIDS conference in Durban to remember one of the key themes of the previous conference here in Melbourne: Nobody Left Behind.”

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