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Committee Secretary  
Joint Standing Committee on Foreign Affairs, Defence and Trade  
PO Box 6021  
Parliament House  
Canberra ACT 2600

Sent via email: [jscfadt@aph.gov.au](mailto:jscfadt@aph.gov.au)

Dear Committee Secretary,

Re: Submission to *Inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific Region*.

Health Equity Matters is pleased to submit this to the Foreign Affairs and Aid Subcommittee of the Joint Standing Committee on Foreign Affairs, Defence and Trade concerning Australia's Engagement in the Pacific. We focus on Terms of References 3 and 4, focusing on the support we provide to Papua New Guinea (PNG) and Fiji in responding to the HIV epidemic and more generally pandemic preparedness.

Health Equity Matters is the national federation for the HIV community response in Australia. We work to end HIV transmission and reduce its impact on communities in Australia, Asia, and the Pacific. Since the onset of the HIV epidemic, impacted communities such as people with HIV, gay and other men who have sex with men, sex workers, and individuals who inject drugs have spearheaded peer-driven initiatives to combat HIV/AIDS. Through these collective endeavours, Australia has managed to avert a broader epidemic witnessed in other nations, resulting in one of the swiftest rates of decline in HIV notifications globally.

Health Equity Matters has partnered with community leaders, key population networks, technical partners and governments in Asia and the Pacific for over thirty years. We continue this work with our partners and communities toward the shared goal of ending the HIV epidemic in Asia and the Pacific and internationally by 2030.

In April 2024, the Department of Foreign Affairs and Trade (DFAT), as part of the DFAT's Partnership for a Healthy Region Initiatives, awarded five-year funding to the UNAIDS Regional Office for Asia and the Pacific and Health Equity Matters to strengthen national HIV responses and reduce the burden of HIV in Asia and the Pacific, with Health Equity Matters specifically focussing on strengthening the capacity of community-led organisations in PNG and Fiji.

Our activities are informed by the Australian Eighth National HIV Strategy, the Global AIDS Strategy 2021-2026, and Australia's formal policy commitments, such as the Sustainable Development Goals. By aligning with these commitments, we aim to ensure no one is left behind in the HIV response.

### **Term of Reference 3: Assess climate change mitigation and adaptation responses in the Pacific**

*(b) Evaluate Australia's role in supporting Pacific nations during natural disasters and national emergencies, including pandemics*

Pacific nations face significant health security challenges due to marked inequalities and diverse epidemic trends. Key populations—including men who have sex with men, transgender people, female sex workers, and people who use drugs—are disproportionately affected by HIV. Young key populations aged 15 to 24 years in countries such as PNG and Fiji represent a substantial proportion of new HIV infections. Since 2010, both PNG and Fiji have experienced rising HIV incidence, making it crucial to implement effective health strategies.

Most countries in the Pacific, including PNG and Fiji, are not on track to achieve the 95-95-95 targets for 2025, which are necessary to end the AIDS epidemic as a public health threat by 2030. New HIV infections are rising at an alarming rate in both PNG and Fiji. Antiretroviral therapy coverage is critical for minimising HIV-related morbidity and mortality among people living with HIV and for achieving viral suppression, which essentially eliminates onward transmission. However, in both PNG and Fiji, the proportion of people living with HIV on ART is below the global average of 76 per cent, and the level of viral suppression is not adequately measured. Furthermore, the proportion of people living with HIV who are aware of their status and on ART in these countries is below the global average of 86 per cent.

Extensive stakeholder consultations were undertaken by UNAIDS and Health Equity Matters to inform the design of our DFAT program. As a result, five key challenges emerged that can help inform this inquiry and help understand where Australian support could be beneficial. The challenges included:

- Insufficient service coverage of innovative or cost-effective interventions to prevent, detect and control HIV
- Limited capacity and lack of resources within community organisations to allow sustained and effective community involvement at national, sub-national and service levels
- Persistent issues in addressing human rights and gender challenges linked to political sensitivities
- Limited availability and use of updated data
- Funding gaps and a lack of sustainability mechanisms across the HIV response.

As a result, UNAIDS and Health Equity Matters will be addressing these challenges by strengthening national HIV responses, enhancing the capacity of health systems to provide comprehensive and inclusive HIV services, and reducing barriers to services for key populations and people living with HIV.

### **Recommendations**

To enhance pandemic preparedness in Pacific nations, Australia's role should include:

1. Allocating additional financial resources to integrated health programs that combine disaster preparedness with strengthening health systems will ensure that health systems in Pacific nations are resilient and capable of responding to health pandemics and natural disasters.
2. Providing sustained funding and capacity-building support to community organisations to ensure effective involvement at national, sub-national, and service levels. This includes resources for training, advocacy, and program implementation.

3. Promoting policies that protect human rights and address gender inequalities. This includes supporting advocacy efforts aimed at eliminating discriminatory practices and ensuring equal access to health services for all individuals, regardless of gender, sexual orientation, or drug use.
4. Investing in developing and maintaining robust data collection systems that provide up-to-date information on HIV and other health indicators. These data should inform policy decisions and programmatic adjustments.

#### **Term of Reference 4: Strengthen people-to-people links and partnerships, including through well-designed development programs**

*(a) Explore opportunities to enhance people-to-people links, cultural exchanges, and educational partnerships between Australia and the Pacific to maximise local and community development outcomes.*

*(b) Assess the effectiveness of Australia's aid programs and partnerships in promoting genuine community development, good governance, and capacity building for partners in the region.*

*(c) Consider ways in which the Australian community can be more engaged with and have a better understanding of Australia's international relations and in particular the official aid and development program in the region.*

Health Equity Matters brings extensive experience in people-to-people links and partnerships with community-led organisations in Asia and the Pacific region, drawing upon lessons learned from its three Global Fund projects: the Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA) Phases I and II, and the Sustainable HIV Financing in Transition programme. In PNG and Fiji, Health Equity Matters has partnered with community organisations that represent key populations and people living with HIV. In PNG, we work with the Key Population Advocacy Coalition (KPAC), which was established in Papua New Guinea in 2017, and in Fiji with the Pacific Sexual and Gender Diversity Network (PSGDN), which has members in 15 Pacific countries.

Health Equity Matters' role is strengthening community led organisations' capacity. This will enhance these networks' leadership, governance, advocacy, representation, and administrative and financial management. Capacity building will support improved structures, policies, procedures and management systems. Tailored training and mentoring programmes will equip KPAC and PSGDN leadership to assume more active and influential roles in public health responses. This will provide a stable foundation for these networks, increasing the confidence of governments and development partners to invest in them for community-led monitoring service delivery and other key activities in the HIV response and more generally strengthen health emergency preparedness. These collective measures aim to support the long-term viability of KPAC and PSGDN and their continued influence and effectiveness beyond the project's completion.

In considering how Australia can strengthen people-to-people links and partnerships, including well-designed development programs, consider that in HIV, the tools are available to end the HIV epidemic but several factors hamper their effective deployment:

- In most countries, health systems are decentralised, and sub-national authorities often need more expertise to deploy new interventions and service delivery models.
- Key populations are marginalised, resulting in stigma, discrimination and punitive laws that limit community engagement and weaken community systems.
- Donor support is in danger of declining, which will create funding gaps and result in inadequate funding for measures necessary for effective programming.

The initiatives and partnerships led by Health Equity Matters demonstrate critical areas where the Australia can strengthen its role aligning with Term of Reference 4. The following recommendations should be considered to enhance people-to-people links and partnerships.

## Recommendations

1. Enhancing funding and support for Australian non-government organisations to partner with community-based organisations in the Pacific to strengthen their governance and organisational capacity for responding to pandemics and delivering health programs to their communities.
2. Supporting initiatives that increase access to healthcare services for key populations, such as men who have sex with men, transgender individuals, and sex workers. This includes providing technical assistance, supporting networks of affected groups, and addressing the specific needs of people with disabilities.
3. Ensuring sustainable funding for HIV programs by advocating for continued donor support and exploring new funding mechanisms. Address funding gaps by promoting innovative financing solutions and encouraging investment in health system strengthening and community-led initiatives.

In conclusion, we believe that our work contributes significantly to the health security and social inclusion goals outlined in the Terms of Reference for this inquiry. Health Equity Matters advocates for continued and enhanced support to effectively address the health challenges and inequalities.

Thank you for considering our submission.

Yours sincerely

Dash Heath-Paynter  
**Chief Executive Officer**