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Pacific HIV Symposium 2026 Report

17-18 August 2026
Nadi, Fiji



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Executive Summary

The inaugural Pacific HIV Symposium was held in Nadi, Fiji, on 17-18 August 2026, bringing together delegates from across the Pacific, Australia and New Zealand to strengthen regional collaboration and collective action in response to escalating HIV epidemics in Fiji, Papua New Guinea and the implications for other Pacific Island countries.

The symposium provided a platform for governments, health workers, researchers, community leaders, people living with HIV and development partners to share experiences, strengthen partnerships and identify priorities for action.

Symposium at a glance

391

delegates participated in the symposium



21

countries represented from across the Pacific and beyond

146

organisations represented

96

scholarships supported the participation of health workers, community organisations and government representatives across the region

The symposium was convened by ASHM in partnership with the Fiji Ministry of Health and Medical Services, the PNG Department of Health, Fiji National University, UNAIDS, Fiji Network Plus and the Rainbow Pride Foundation

The symposium was officially opened by His Excellency Ratu Naiqama Lalabalavu, President of the Republic of Fiji, with a keynote address from Professor Michael Kidd AO, Australian Government Chief Medical Officer.

Key themes

Discussions throughout the symposium highlighted six key themes:

1. Key populations, priority communities and people with lived experience should be at the centre of the response
2. Trust, dignity and human rights are fundamental to effective HIV care
3. HIV responses must be person-centred and responsive to people's lived realities
4. Sustainable progress requires stronger Pacific-led systems and workforce capacity
5. Current and future responses must be guided by evidence, innovation and locally relevant approaches
6. Pacific unity, solidarity and cultural strengths are critical to addressing HIV across the region.



Key outcomes



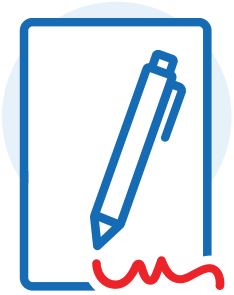
Strengthened **regional collaboration and cross-country learning** between governments, communities, researchers and development partners.



Shared lessons on HIV prevention, testing, treatment, harm reduction, surveillance and workforce development.



Strong consensus on the importance of community-led, person-centred and Pacific-led responses.



Development and endorsement of the Pacific HIV Symposium Call to Action, which was subsequently presented at the Pacific Heads of Health Meeting in Rarotonga, Cook Islands.



Heightened national commitment following the Symposium, with Fiji's Cabinet declaring HIV a national emergency in September 2026 and announcing expanded HIV testing, prevention, harm reduction and treatment measures.

Executive Committee

We would like to acknowledge the commitment, passion and expertise of the Executive Committee and thank them for their oversight and input into the symposium.

Convenor: Dr Jason Mitchell, Fiji Ministry of Health and Medical Services

Convenor: Dr Dashika Balak, Fiji Ministry of Health and Medical Services

Convenor: Professor Donald Wilson, Fiji National University

Joeli Colati, Fiji Network Plus

Asaeli Sinusetaki, The Rainbow Pride Foundation

Dr Khin Cho Win Htin, UNAIDS Asia and Pacific

Renata Ram, UNAIDS Pacific

Dr Nano Gideon, Papua New Guinea National Department of Health

Dr Michelle O'Connor, ASHM

Program sub-committees

1. Prevention sub-committee

Christopher Lutukiuya, Rainbow Pride Foundation/Fiji Network Plus

Iryna Zablotska-Manos, University of Sydney

Khin Cho Win Htin, UNAIDS

Lesley Bola, KPAC

Lota Tucika, Pacific Sexual and Gender Diversity Network (PSGDN)

Renata Ram, UNAIDS

Sai Tun, UNAIDS

Sina Suliano, UNAIDS

2. Elimination of Vertical Transmission sub-committee

Brooke Dickson, ASHM

Eliza Copsey, The Doherty Institute

Priya Kaur, Fiji Ministry of Health and Medical Services

Tiara Nisa, WHO

3. Enabling Environment sub-committee

Asaeli Sinusetaki, Rainbow Pride Foundation

Dashika Balak, Fiji Ministry of Health and Medical Services

Joeli Colati, FJN+

Lesley Bola, Key Population Advocacy Consortium (KPAC) PNG

Michela Poleana, UNAIDS

Renata Ram, UNAIDS

4. HIV Testing sub-committee

Joseph Mun Reddy, WHO/Fiji Ministry of Health and Medical Services

Kesa Tuidraki, Medical Services Pacific

Navin Karan, The Doherty Institute

Tiara Nisa, WHO

5. Tikobulabula health and wellbeing of people living with HIV sub-committee

Asaeli Sinusetaki, Rainbow Pride Foundation

Jess Hill, Health Equity Matters

Joeli Colati, FJN+

6. HIV Co-infection sub-committee

Dashika Balak, Fiji Ministry of Health and Medical Services

Tom Morley, ASHM

Philipp Du Cros, The Burnet Institute

Charles Gilks, University of Queensland

Catherine O'Connor, ASHM

Kesaia Tuidraki, Medical Services Pacific

Joeli Colati, FJN+

Rebecca Kubunavanua, FJN+

7. Harm Reduction sub-committee

Sailosi Soqo, Fiji Ministry of Health

Ele Morrison, AIVL

Philips Loh, Health Equity Matters,

Virginia MacDonald, The Kirby Institute

8. Treatment sub-committee

Dashika Balak, Fiji Ministry of Health and Medical Services

Joeli Colati, FJN+

Michelle O'Connor, ASHM

Percy Pokeya, ASHM

9. Infant, child and adolescent health sub-committee

Adam Bartlett, Sydney Children's Hospital, ASHM and The Kirby Institute

Antoinette David, Fiji Ministry of Health and Medical Services

Gamini Vali Boma, Papua New Guinea, Ministry of Health



Acknowledgements and sponsors

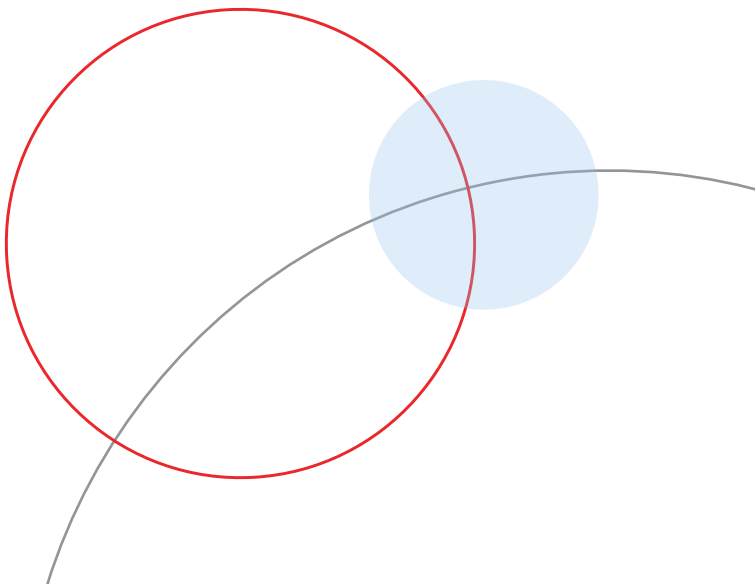
ASHM acknowledges the essential support of the ASHM Board, which approved an investment of $150,000 from the ASHM Membership Fund early in the planning of the Symposium. This commitment provided the foundation needed to proceed with the event, including making the initial scholarship commitments and securing the technical requirements necessary to deliver the meeting. Without this early support, the Symposium could not have achieved its reach, including providing 96 scholarships to participants from across the Pacific. This investment was made possible through the annual contributions of ASHM members and is a powerful example of how membership funds can be directed towards urgent regional health priorities and practical action.

The Symposium was also made possible through the financial, sponsorship, technical and in-kind support of the Fiji Ministry of Health and Medical Services, the Australian Department of Foreign Affairs and Trade, the United Nations Development Programme, Health Equity Matters, Roche Diagnostics and Medica Pacifica. ASHM gratefully acknowledges their support, together with the contributions of the Symposium's convening organisations, endorsing partners, speakers, committee members and participating communities.

Special thanks are extended to Roche Diagnostics for supporting the technical breakfast workshop, Working Together to Expand HIV Testing – The Role of the Laboratory, Health Facilities and Community. The workshop examined the complete HIV testing pathway and brought together regional and international perspectives. Professor Jemma Geoghegan presented on the molecular epidemiology of the HIV-1 epidemic in Fiji; Rena Janamnuaysook shared Thailand's experience of community-led innovation in HIV testing; and Dr Bushra Jamil Ali contributed with a presentation on Pakistan's experience of scaling sustainable testing.

ASHM also thanks the 10 organisations that hosted information tables in the registration and networking area throughout the Symposium: ASHM, the Fiji Ministry of Health and Medical Services, Fiji National University, Fiji Network Plus, the Pacific Sexual and Gender Diversity Network, Health Equity Matters, UNAIDS, UNDP and the Global Fund (shared table), GLEPHA, Medica Pacifica and Roche Diagnostics. The tabletops gave delegates an informal space during breaks to connect directly with government, community, academic, development and industry partners, access resources [e.g. information on services, education and training opportunities, community support and HIV testing], and continue conversations from the program sessions.

ASHM is particularly grateful to Fiji Network Plus for creating and hosting the Positive Corner, a space for delegates to remember those who have died from AIDS-related illness and to recognise people living with HIV who continue to lead the response.



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FJN+ Fiji Network Plus

Acronyms

ART	Antiretroviral Therapy
BBV	Blood-Borne Virus
CBO	Community-based Organisation
CSE	Comprehensive Sexuality Education
DFAT	Australian Department of Foreign Affairs and Trade
EVT	Elimination of Vertical Transmission
FJN+	Fiji Network Plus
KPAC	Key Population Advocacy Network
MHMS	Fiji Ministry of Health and Medical Services
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PICs	Pacific Island Countries
PNG	Papua New Guinea
PSGDN	Pacific Sexual and Gender Diversity Network
PWID	People Who Inject Drugs
SOGIESC	Sexual Orientation, Gender Identity and Expression and Sex Characterstics
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
U=U	Undetectable = Untransmittable
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDP	United Nations Development Program
WHO	World Health Organisation

1. Symposium overview

Background

The Pacific HIV Symposium was convened at a critical time, as escalating HIV epidemics in parts of the region were highlighting the need for a stronger, more coordinated Pacific response. The Government of Fiji declared a national HIV outbreak in January 2025. Notifications subsequently rose from 1,583 in 2024 to 2,106 in 2025. On average 1 in 60 people in Fiji are living with HIV. At the same time Papua New Guinea has declared a National HIV Crisis and is reporting 11,000 new HIV infections in 2025, of which 7 were infants. These developments have heightened concern across the Pacific, underscoring the need for urgent coordinated action to strengthen prevention, testing, treatment and care.

While Fiji and PNG are currently experiencing the most acute challenges, the implications extend beyond national borders. Increased travel, migration and connectivity across Pacific Island countries mean that HIV is a regional issue requiring a coordinated regional response. Several Pacific countries are already reporting increases in HIV notifications, highlighting the need for strengthened prevention, testing, treatment and surveillance systems across the region. As Fiji serves as a key transport, education and economic hub for many Pacific Island nations, the evolving epidemic has reinforced the importance of preparedness and collaboration throughout the Pacific.

In response, ASHM convened the Pacific HIV Symposium in partnership with the Fiji Ministry of Health and Medical Services, the PNG Department of Health, Fiji National University, UNAIDS, Fiji Network Plus and the Rainbow Pride Foundation. Building on existing HIV response initiatives and longstanding regional partnerships, the symposium brought together health workers, researchers, policymakers, key population community leaders, advocates and development partners to share knowledge, strengthen collaboration and identify priorities for collective action.

The symposium reflected a growing recognition that the Pacific has both the commitment and the responsibility to respond proactively to the evolving epidemics, and that urgent, coordinated and Pacific-led action is needed to protect the health and wellbeing of communities across the regions.



Right: Renata Ram, Senior Multi-Country Leader, UNAIDS speaks at the Pacific HIV Symposium 2026.

Objectives

The symposium convened regional and national HIV leaders, clinicians, policymakers and community organisations from across the Pacific Islands, PNG, Australia and New Zealand to:

1. Enable cross-country learning;
2. Strengthen regional collaboration; and
3. Build capacity in evidence-based responses.

Opening and keynote address

The Symposium was opened at the highest level of government, reflecting the national and regional priority placed on the HIV response.

His Excellency Ratu Naiqama Lalabalavu, President of the Republic of Fiji, officially opened the inaugural Pacific HIV Symposium. He described it as more than a conference: a gathering focused on human rights, dignity, health system strength, community resilience and the future security of the Pacific.

Reminding delegates that "every person, on every island, deserves prevention, testing, treatment and care without fear and without shame", the President proposed seven practical regional commitments to guide the Pacific towards the 2030 global HIV targets:

1. Prevention that combines biomedical, behavioural and community-led approaches, including evidence-based harm reduction
2. HIV testing that is routine, accessible and confidential, with rapid linkage to treatment
3. Stronger retention in care, medicine security and viral load monitoring
4. Elimination of mother-to-child transmission, with strengthened services for infants, children and adolescents
5. Ending stigma and discrimination while protecting confidentiality and dignity
6. A greater role for community leaders, people living with HIV and peer-support groups in designing and delivering the response
7. A sustained, coordinated response spanning prevention, treatment, human rights, mental health, co-infections, drug use and harm reduction.

He closed with a call that set the tone for the two days:

"Let us equip ourselves. Let us equip the frontline. Let us learn from one another."



Right: His Excellency Ratu Naiqama Lalabalavu delivering the opening address.

Professor Michael Kidd AO, Australian Government Chief Medical Officer, delivered the keynote address as part of an Australian Government delegation.

He shared lessons from Australia's HIV response and highlighted Australia's AUD $48 million commitment to Pacific-led solutions. His central lesson was the importance of a people-centred approach: "Effective HIV responses work when the people most affected are not treated as a problem to be managed, but as partners in designing the solution."

Professor Kidd also emphasised the value of peer-led organisations in building trust, and the impact of treatment as prevention and U=U. He reminded delegates that:

"HIV is never just about a virus or a diagnosis.

It is about people, about families, relationships and communities."



Left: Professor Michael Kidd AO, Australia's Chief Medical Officer, presents a keynote address.

Eamonn Murphy, UNAIDS Regional Director, presented on HIV in the Pacific. He highlighted that Fiji now records around 1,700 new HIV infections a year, with new infections increasing 12-fold and AIDS-related deaths 13-fold since 2010. He stressed the urgency of strengthening the response.

Dr Pilly Mapira delivered opening remarks for Papua New Guinea. The Australian Department of Foreign Affairs and Trade supported the Symposium, including through scholarships for Pacific delegates. Development partners UNAIDS, WHO and UNDP also contributed to the program.

Participation

Participation in the Symposium reflected both the urgency of the HIV response in Fiji and the broader regional importance of strengthening Pacific-wide collaboration.

The figures on the following page provide a snapshot of where participants came from, and the range of stakeholder groups represented.

Together, they show strong engagement from Fiji as the host country, meaningful participation from Papua New Guinea and other Pacific Island countries, and a diverse mix of government, community, technical, research and development partners contributing to the discussions.

391
DELEGATES

146
ORGANISATIONS REPRESENTED

109
participants identified as men

157
participants identified as women

1
paticipant identified as non-binary/ gender diverse

16
participants preferred not to state their gender

106
participants did not identify their gender

7 participants identified as having a disability
(as determined by the Washington Group Short Set of Disability Questions (WG-SS))

Figure 1: Delegate breakdown by gender and identifying as having a disability

Country	Number of Delegates
Australia	189
Fiji	52
New Zealand	36
Papua New Guinea	21
Samoa	14
Solomon Islands	13
Vanuatu	12
Kiribati	10
Tonga	9
United States of America	8
New Caledonia	6
American Samoa	5
Cook Islands	4
French Polynesia	4
Marshall Islands	3
Federated States of Micronesia	3
Nauru	3
Niue	2
Palau	2
Tuvalu	2
Other	1
Total	**391**

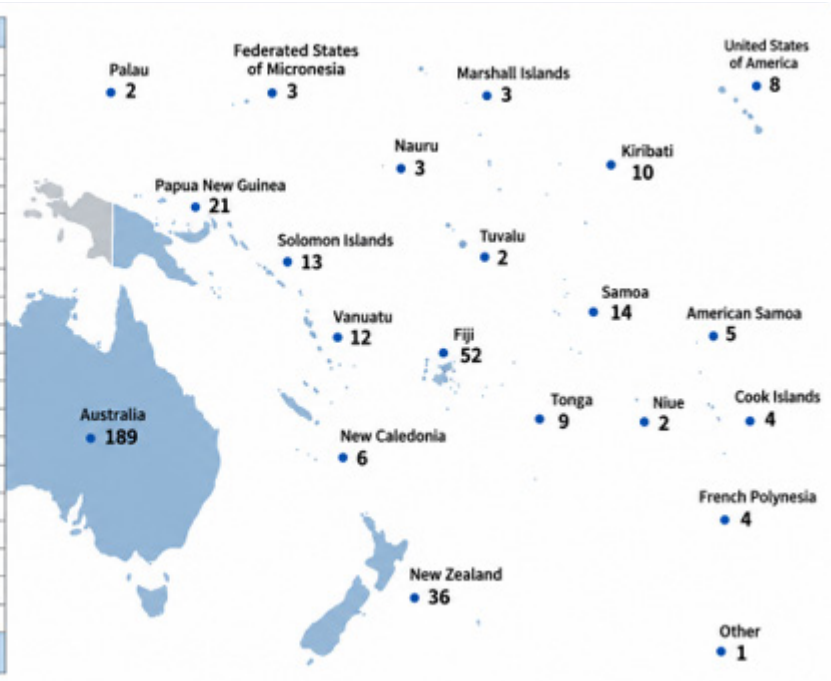


Figure 2: Delegate breakdown by country.

Type of Organisation	Number of Delegates
Government - Health	92
Non-Government Organisations (NGO)	64
Clinical / Healthcare Service	53
Research / Academic Institution	48
Government - Other	29
Multilateral / International Organisation	23
Community-Based Organisation (CBO)	20
Professional Association / Network	14
Private Sector (including Pharmaceutical)	13
Faith-Based Organisation	10
UN Agency	8
Donor / Funding Agency	7
Regional Body	4
Media / Communications	3
Student / Early Career	2
Other	2
Total	**391**

Figure 3: Delegate breakdown by profession

Scholarships

Scholarships were provided by ASHM, Australian Department of Foreign Affairs and Trade (DFAT), Health Equity Matters, UNDP and the Global Fund Western Pacific multi-country grant.

Community scholarships were facilitated through the Pacific Sexual and Gender Diversity Network (PSGDN).

54

Fiji Ministry of Health and Fiji Heaalthcare workers





8

Papua New Guinea community representatives



2

Pacific Island countries' Ministry of Health

1

Thai community representative



13

Pacific Island countries' community representatives





4

Papua New Guinea Ministry of Health and National AIDS Council



13

Fiji National University

26

Fiji community organisation representatives



2. Key discussion themes

The Symposium brought together diverse perspectives from across the region, with academic and implementation presentations and discussions spanning prevention, testing, treatment, human rights, health systems strengthening, maternal and child health, community wellbeing, harm reduction and other emerging priorities. While sessions explored a wide range of topics and contexts, several common themes emerged throughout the program. These themes are reflective of the collective insights, experiences and priorities shared by the participants and provide a useful lens through which to understand the state of HIV and current responses in the Pacific, as well the actions required to strengthen regional response to escalating HIV epidemics.

These themes call for strong commitment to Pacific-led solutions and ways of working, meaningful community engagement and evidence-informed approaches that remain responsive to evolving HIV numbers and the realities faced by communities across the region.

A sense of urgency was evident throughout the symposium, alongside a shared belief that the region has the knowledge, leadership and partnerships necessary to shape a stronger future HIV response. As one participant noted:

"The Pacific still has a window to act, but it is no longer a distant warning."

Five key themes emerged across the discussion, and these are outlined as follows.

Key Populations, priority communities and people with lived experience should be at the centre of the response

One of the strongest messages throughout the symposium was that communities are essential leaders and agents of change in the HIV response. Across prevention, testing, treatment, wellbeing, human rights and community engagement sessions, speakers highlighted the critical role of people living with HIV, key populations and community organisations in shaping effective responses. Community leadership and community led services was consistently presented as both a practical strategy for improving outcomes and fundamental principle for ensuring responses remain relevant, equitable and sustainable.

Examples from Fiji, PNG and Vanuatu included peer outreach programs, community-led monitoring initiatives in PNG, community testing approaches and peer navigation services that have successfully strengthened access to care and improved treatment outcomes. Presenters repeatedly emphasised the unique position of peers to build trust, reduce stigma and support people through often complex health system journeys.

The prevention sessions highlighted efforts to redefine peer outreach beyond awareness-raising to encompass HIV testing, PrEP access, treatment support and navigation across the continuum of care. Similarly, discussions on elimination of vertical transmission demonstrated how community-led approaches to HIV prevention, testing and treatment can support women and families throughout pregnancy, childbirth and beyond.

Speakers challenged participants to move beyond consultation models towards genuine participation and shared decision-making, highlighting the relevance of "nothing about us without us" in the HIV response. A participant observed, "redefining peer outreach is ultimately about redefining who we see as part of the HIV response".

People living with HIV were involved in the program design and delivery. One example is the treatment session which included a panel discussion about treatment access and adherence and U=U with three people living with HIV. Given the low HIV prevalence in many Pacific countries currently, this created an invaluable opportunity for policy makers and health workers to hear directly from people with lived experience.

Fiji Network Plus (FJN+) hosted the Positive Corner throughout the Symposium, a dedicated space to remember those who have died from AIDS-related illness and to recognise people living with HIV who continue to lead and strengthen the response.

The Positive Corner offered delegates a moment of reflection amid a busy technical program, and a reminder that behind every statistic presented at the Symposium are people, families and communities. It reinforced one of the Symposium's strongest messages: that people living with HIV are not only affected by the epidemic but are leaders in the response.



Throughout the symposium there was a clear consensus that meaningful community leadership, especially by those most at risk and affected by HIV is essential to achieving sustainable and equitable HIV outcomes.

Communities were repeatedly recognised not only as partners in implementation, but as contributors to policy, accountability, monitoring, service design and long-term system change. A clear call that came through the symposium was for governments to establish appropriate contracting mechanisms and fairly renumerate community organisations to deliver HIV services and programs

Trust, dignity and human rights are fundamentals of effective HIV care

Across presentations and workshop discussions, participants highlighted that the success of HIV programs depends not only on the availability of services, but on whether people feel safe, respected and supported when accessing them. Stigma, discrimination, fear of disclosure and concerns about confidentiality continue to create significant barriers to prevention, testing, treatment and retention in care across the Pacific.

Speakers described how experiences of judgement, exclusion and breaches of confidentiality can discourage individuals from seeking services and undermine trust in healthcare systems. In smaller island settings, concerns about privacy can be particularly acute, creating additional barriers for people living with HIV and key populations.

Participants emphasised that rights-based approaches must extend beyond policies and statements to become embedded in everyday healthcare interactions. Reflecting the real-world consequences of services that are not experienced as safe or welcoming, one participant remarked, “when it’s [healthcare] not friendly, people do not turn up, and people die.”

Discussions explored the way that these challenges can be amplified in small island contexts common across the region, where concerns about privacy, visibility and social stigma can have significant impacts on health-seeking behaviour. During the symposia focussed on human rights and building enabling environments, community organisation leaders from PNG and Fiji reflected on the realities of accessing HIV services in their communities and the ways in which stigma, discrimination and breaches of confidentiality can discourage people from seeking care.



Right: Professor Jemma Geoghegan presents during the Roche Technical Breakfast Workshop.

Discussions also highlighted the importance of reducing barriers faced by young people, diverse SOGIESC communities, people who inject drugs and other vulnerable populations. Community-led monitoring findings in PNG pointed to challenges including stigma, long waiting times, inconsistent youth-friendly services and gaps in referral pathways. Presenters from Fiji stressed that HIV services must be confidential, stigma-free, culturally responsive and grounded in dignity, respect and inclusion.

Many presenters reinforced that trust is not a supplementary component of HIV services but should be understood as a foundation upon which effective prevention, testing, treatment and care can be built.

Person-centred care

A recurring theme through the symposium was the need to look beyond a purely medical understanding of HIV and strengthen holistic, person-centred approaches to care. Across discussions on treatment adherence, elimination of vertical transmission, advanced HIV disease, adolescent health and quality of life, participants highlighted the importance of addressing the broader realities affecting people's lives to improve HIV outcomes.

Speakers noted that health outcomes are influenced by factors such as housing security, income, transport costs, family dynamics, mental health, gender inequality, violence and social connection.

Mental health and psychosocial support emerged as particularly important priorities. Speakers from PNG shared experiences of expanding HIV testing (including HIV self-testing) and treatment services while recognising that psychosocial support, mental health services and community-based care have not always kept pace.

Presentations highlighted the important role of community networks and peer-led programs in helping people navigate the challenges associated with diagnosis, treatment and long-term wellbeing. Participants repeatedly advocated for approaches that recognise the interconnected social, psychological and economic factors that shape engagement in care.

Participants also emphasised the importance of designing services around the needs and circumstances of the people they are intended to reach. Across discussions on prevention, treatment and human rights, speakers highlighted that key populations often face barriers that extend beyond clinical care, including stigma, discrimination, concerns about confidentiality, inconvenient service models and challenges navigating the health system.

Presentations from Fiji described efforts to strengthen peer-led outreach and navigation approaches that support people across the continuum of prevention, testing, treatment and care, while community-led monitoring findings from Fiji and PNG highlighted the importance of youth-friendly and accessible services. These discussions reinforced the principle that HIV services should be shaped around the needs of individuals and communities, recognising that a one-size-fits-all approach is unlikely to reach those most affected by the epidemic.

The elimination of vertical transmission discussion with presentations from Fiji, PNG and Vanuatu provided further examples of this theme. Presenters emphasised the successful outcomes should not be measured solely through clinical indicators, but through the experiences and wellbeing of women and families throughout their care journeys. One participant summed this up as 'success is a healthy baby and a woman who feels respected throughout the journey". Presentations from Fiji and PNG



Left: Dr Jason Mitchell, Chairman of Fiji's National HIV Outbreak and Cluster Response Taskforce. speaks at the Pacific HIV Symposium 2026.

highlighted the importance of supporting women throughout the entire pregnancy cascade, with community-led approaches helping women remain connected to services during pregnancy, childbirth and beyond.

Participants also noted the importance of supporting children, adolescents and families affected by HIV. Discussions highlighted the need for stronger retention in care, earlier diagnosis, youth friendly services and community support mechanisms that begin from testing and continue across the entire continuum of care.

A reflection that resonated strongly across multiple sessions was, "not every missed appointment is a choice. Have you asked why?" This comment captured the broader message that effective HIV care requires understanding people's circumstances rather than focussing solely on service utilisation metrics.

Strengthening Pacific-led systems and workforce capacity for sustainable progress

Many presentations and workshop discussions highlighted the importance of strengthening local leadership, workforce capacity and institutional systems to ensure long-term sustainability of HIV responses. Participants repeatedly emphasised that progress cannot rely indefinitely on external technical assistance and short-term project funding. Instead, sustainable solutions must be embedded within Pacific health systems and led by Pacific institutions, communities and health workforces.

Examples from Fiji, Solomon Islands, Kiribati, Cook Islands and PNG illustrated the importance of strengthening local capacity and creating opportunities for Pacific health workers to learn from one another.

Presentations on virtual mentoring and paediatric HIV case discussion demonstrated how regional collaboration can reduce professional isolation, strengthen clinical confidence and support healthcare workers managing increasingly complex HIV cases in resource-constrained settings.

The symposium also highlighted the importance of strengthening community systems alongside clinical systems. Participants emphasised the value of investing not only in health workers and infrastructure, but also in community organisations, peer workforces and local leadership.

Presentations from Vanuatu, PNG and Fiji demonstrated that sustainable progress depends on strong partnerships between governments, communities and development partners. The symposium reinforced that sustainable progress requires long-term investment in people, institutions and partnerships that enable Pacific countries to lead and sustain their own HIV responses.

Evidence and innovation

A distinctive feature of the symposium was the emphasis on combining local evidence and innovation to shape current and future HIV responses. Presenters argued that while the Pacific can learn from global experience, solutions must ultimately reflect Pacific contexts, cultures, health systems and community realities.

Across multiple sessions, speakers emphasised the importance of building on existing strengths while remaining responsive to emerging evidence and context specific patterns of HIV epidemics. This was particularly emphasised by speakers from the Fiji and Papua New Guinea Ministries of Health, who are experiencing more advanced epidemics compared to the other Pacific Island countries.

Data, surveillance and evidence for action

The symposium highlighted the growing importance of data, surveillance and research in strengthening HIV responses across the region. Sessions showcased advances in community-led monitoring, drug resistance monitoring, paediatric outcome studies, implementation research and molecular surveillance. Speakers stressed that collecting data alone is insufficient; evidence must be actively used to identify gaps, improve services, strengthen accountability and guide decision-making.

Several presentations demonstrated how local data can provide critical insights into emerging trends and support timely action. Discussions on community-led monitoring highlighted the value of incorporating community perspectives into quality improvement efforts, while surveillance presentations reinforced the importance of understanding transmission patterns, treatment outcomes and emerging risks. The need was also identified for stronger regional data systems and greater investment in research that informs practical action.

Presentations from Fiji and PNG showcased how surveillance and research are helping to identify emerging risks, including drug resistance, vertical transmission and new patterns of HIV transmission. Community-led monitoring findings from Fiji further demonstrated how local data can be used to identify service gaps experienced by women, adolescents and key populations.

Innovation, prevention and harm reduction

Innovation emerged as a key enabler of future responses. Across prevention, treatment and plenary sessions, speakers discussed opportunities to modernise services through approaches such as PrEP, PEP, HIV self-testing, differentiated service delivery models, decentralised care, digital learning platforms and stronger integration of HIV services within routine healthcare systems. Participants highlighted the need to ensure that innovations are accessible, affordable and adapted to Pacific settings.

PrEP is currently being introduced in Fiji and was a central topic in prevention discussions. Lessons shared from the SKPA project in Bhutan and Sri Lanka emphasised the importance of ensuring structures are in place such as demand generation and trained health workers when introducing PrEP.

This was further supported by the PrEP feasibility study in the Pacific presented by the Burnet Institute. UNAIDS further explored lessons learnt in PrEP implementation and roll out, highlighting the importance of offering people a range of prevention options and enabling them to make informed choices based on their individual needs and preferences.

The prevention sessions highlighted the growing role of peer-led prevention approaches and the importance of expanding prevention options across the continuum of care. Discussions emphasised that prevention should not rely on a single intervention, or as one participant put it, “medicine alone will not end the outbreak”, but instead combine biomedical, behavioural and community-led strategies tailored to local contexts.

“Medicine alone will not end the outbreak.”



Right: Eamonn Murphy, UNAIDS Regional Director, presenting on HIV in the Pacific.

A number of discussions centred around the urgent need for evidence-based responses to emerging challenges, including the significant role of injecting drug use in Fiji's epidemic. Discussions on molecular surveillance and harm reduction (including needle & syringe programming) reinforced the importance of acting early, using data to understand transmission dynamics and implementing interventions that reflect the realities of affected communities.

Overall, the symposium highlighted that current and future HIV responses will be strongest when they combine Pacific values and lived experience with high-quality evidence, innovation and locally driven learning.

Pacific solidarity and cultural strengths

A strong sense of Pacific solidarity emerged throughout the symposium. While presentations reflected diverse experiences from across Fiji, PNG, Solomon Islands, Kiribati, Vanuatu, Cook Islands and other Pacific countries, participants emphasised that HIV is a shared regional challenge requiring a collective response. Discussions highlighted the value of countries learning from one another, sharing expertise and working together to strengthen prevention, treatment and community support efforts across the Pacific.

Examples of regional collaboration were evident throughout the program. Speakers shared lessons from Fiji's outbreak response, PNG's efforts to strengthen testing and treatment systems, community-led initiatives supporting women and people living with HIV, and regional clinical mentoring approaches that connect health workers across multiple Pacific countries. These discussions reinforced the view that while countries face different circumstances, many of the underlying challenges and solutions are shared.

Participants also highlighted the important role of the Pacific cultures, values and community networks in shaping effective HIV responses. Presentations explored the contributions of families, faith communities, traditional leaders and local support systems in reducing stigma, supporting wellbeing and strengthening community engagement.

Rather than viewing culture as a barrier, speakers repeatedly described cultural identify, relationships and social connectedness as important strengths upon which current and future HIV responses can build. One participant from Tonga summed this up in advising delegates to:

"Treat culture as infrastructure, not as an obstacle."

The theme of collective responsibility was particularly evident in discussions about future HIV responses in the region. Participants noted that the HIV epidemics in Fiji and PNG have implications for the wider Pacific and that no country can respond effectively in isolation. There was strong recognition that governments, communities, development partners and regional organisations all have a role to play in protecting the health and wellbeing of Pacific peoples.

This message was reinforced during the closing reflections, where speakers emphasised the importance of Pacific solidarity and collective action in responding to evolving epidemics, and further reflected in the Call to Action which was endorsed by all participants at the symposium.


Pacific HIV Symposium 2026
Notes

ASHM Pacific HIV Symposium 2026 Report

Roche Technical Breakfast Workshop

Working together to expand HIV testing – the role of the laboratory, health facilities and community.

Supported by Roche Diagnostics, the Tuesday morning breakfast workshop was attended by 122 delegates and was the only session in the program to feature speakers from outside the Pacific, Australia and New Zealand. It explored how community services, health facilities and laboratories can work together across the HIV testing pathway.

Professor Jemma Geoghegan (University of Otago) presented genomic analysis of HIV-1 samples collected in Fiji during 2020–2021. The research identified six separate introductions of HIV-1 into Fiji, with at least two developing into large, nationwide subtype C transmission clusters. It also suggested undiagnosed infections among men, showing how genomic surveillance can reveal gaps in testing coverage that routine case data cannot.

Rena Janamnuaysook (Institute of HIV Research and Innovation, Bangkok) shared lessons from Thailand, where national regulations allow trained and certified community lay providers to deliver HIV testing, PrEP and linkage to care. Supported by direct domestic funding, community-led programs now serve nearly 60% of Thailand's PrEP users.

Professor Bushra Jamil Ali shared Pakistan's experience of responding to one of the fastest-growing concentrated HIV epidemics in the world. Following COVID-19, Pakistan upgraded one laboratory in each of its 37 administrative divisions into a multi-disease testing hub supporting HIV viral load monitoring, hepatitis C, TB and outbreak response.

Below: Delegates attending the Roche Technical Breakfast Workshop.



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Above (left to right): Brooke Dickson (ASHM), Daniel Wong (Roche Diagnostics NZ), Fimmie Steyn (Roche Diagnostics NZ), Ignatius Mogaba (UNAIDS), and Rena Janamnuaysook (Institute of HIV Research and Innovation, Bangkok).

Lessons for the Pacific

- Across the presentations, a consistent message was that expanding testing requires trusted community entry points, strong links to laboratory confirmation and care, quality assurance and long-term investment.
- Genomic surveillance can show where testing is missing transmission.
- Community lay providers, backed by regulation and domestic financing, can safely extend testing and prevention.
- Shared laboratory hubs can make limited diagnostic capacity serve several programs at once.

3. Pacific HIV Symposium: A Call to Action

The Call to Action was endorsed by symposium delegates and presented at the Pacific Heads of Health Meeting, 25th – 27th August 2026, Rarotonga, Cook Islands.

This Call to Action following the inaugural Pacific HIV Symposium urgently calls on partners, donors, governments, healthcare workers, communities, key populations and people living with HIV to come together and collectively address the rapidly climbing HIV epidemic in Fiji and beyond.

We acknowledge the rapidly rising HIV infections in Fiji and parts of the Pacific, and that the time for Pacific-owned action is now.

We emphasise that:

1. Responding to HIV is an urgent concern for the entire region, not individual countries alone. No Pacific Island is Immune, unless we all are.

2. HIV disproportionately impacts key and vulnerable populations and communities experiencing stigma, discrimination and barriers to health services, including people living with HIV, LGBTQIA+ people, people who inject drugs, sex workers, transgender people, their families, and other affected communities.

3. HIV prevention, testing, treatment and care — including prevention, diagnosis and treatment of STIs as part of comprehensive sexual health and well-being — must be accessible to the wider population, including Pacific migrant communities across the Pacific and internationally.

4. People living with HIV, key populations and communities impacted by HIV must be meaningfully involved and central to the design, prevention, monitoring and evaluation of an effective HIV response.

5. Responding to HIV will require coordinated effort from healthcare workers, community, key populations, people living with HIV, government and beyond.

6. A sustainable HIV response requires long-term political commitment, adequate investment, strong health and community systems, and an enabling policy environment, including investment in community-led responses and the organisations supporting key populations and people living with HIV.

We must:

1. Establish a Pacific-owned regional HIV mechanism to support Pacific Island nations and promote economies of scale including regional procurement.

2. Modernise the HIV response to ensure it is fit for purpose for Pacific Island countries — including HIV self-testing and point-of-care diagnostics, long-acting PrEP, differentiated service delivery, and digital health solutions. Incorporate health promotion models into prevention and treatment interventions, and scale up investment in research to support evidence-based implementation.

3. Invest in at-risk community led approaches to enable timely and accessible prevention, testing, treatment and ongoing support. The need for governments to invest in health workers (not just training but incentives for more people to undergo relevant training). Scale the role of the peer workforce — including peer navigators — through task shifting to enable community testing and care, and ensuring they are appropriately remunerated. Advocate for increased and direct funding to community-based organisations (CBOs) to expand HIV prevention and support services to remote and underserved areas.

4. Greater investment into combination prevention interventions such as PrEP, PEP, condoms and harm reduction — including access to needle and syringe programmes, drug rehabilitation services, and decriminalisation of needle and syringe use — alongside advocacy for enabling legal environments including the decriminalisation of sex work.

5. Continue to build the capacity of health workers across the Pacific to respond to HIV, STIs, BBVs and sexual and reproductive health and rights (SRHR), delivering person-centred, confidential, stigma-free and culturally safe services. Strengthen comprehensive sexuality education (CSE) integrated into school curricula, and enhance SRHR literacy among adolescents and young people in and out of schools.

6. Ensure triple elimination of vertical transmission of HIV, syphilis and hepatitis B is central to the response. Strengthen infant, child and adolescent HIV testing, treatment, care and support, and adopt universal opt-out HIV testing across antenatal, TB, STI and other appropriate clinical settings.

7. Integrate gender-based violence prevention and response as a cross-cutting component of HIV and triple elimination efforts, recognising its impact on vulnerability, access to services and health outcomes for women and girls, people with disability and key populations. Strengthen legal frameworks and appropriate legislation to protect the rights of all people affected by HIV and those experiencing gender-based violence.

8. Ensure HIV responses are culturally grounded and responsive to diverse, cultural, spiritual and faith context communities while engaging traditional, faith and community leaders as partners in reducing stigma, strengthening prevention, supporting people living with HIV and promote compassionate, inclusive care. Use behaviour change communication as a core language for prevention interventions.

9. Prioritise the health, quality of life and wellbeing of people living with HIV and their families, including mental health, chronic disease management, palliative care, and the management of advanced HIV disease. Incorporate quality of life assessment tools (such as PozQual) and validate the role of peer navigators in supporting people living with HIV.

10. Strengthen public health surveillance and programmatic data collection systems across Pacific countries to ensure accountability in tracking progress, identifying gaps, guiding action and sharing of findings — including systematic use of local data for evidence-based decision making. Advocate for the separation of Pacific HIV data from Asia-Pacific regional aggregates in global reporting frameworks, to ensure the Pacific crisis is visible, accurately represented and appropriately resourced. Invest in sustainable, climate-resilient public health infrastructure to support long-term surveillance capacity.

11. Ensure ongoing HIV research and surveillance in the Pacific is adequately supported and practically implemented, with findings translated into positive health outcomes for communities.

The Symposium convened 391 delegates from 15 countries across the region and beyond. This Call to Action outlines the key priorities discussed during the two-day Pacific HIV Symposium, which took place in Nadi, Fiji on 17 and 18 August 2026. A multisectoral response — involving Education, Social Welfare, Social Protection and other sectors — is essential to ensure HIV is addressed as a whole-of-society priority.

4. Participant feedback

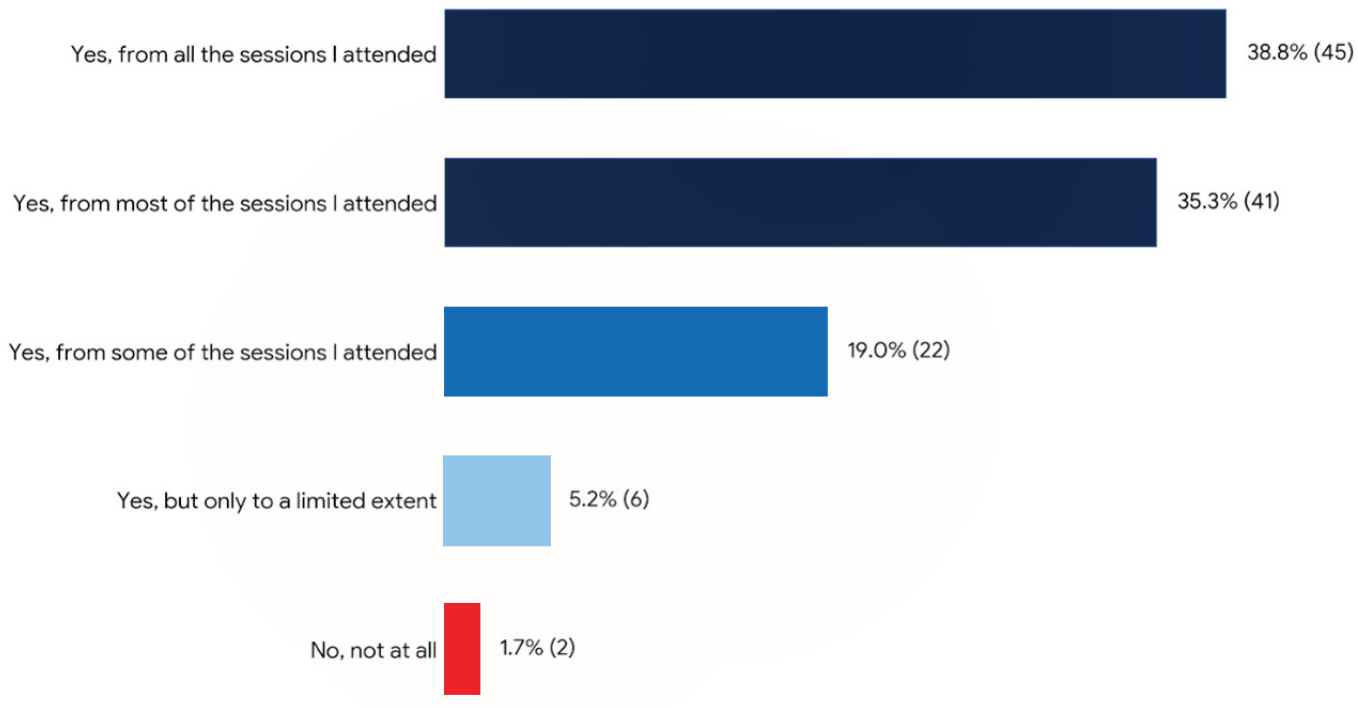
Participant feedback, gathered through evaluation surveys, demonstrated a high level of satisfaction with the Symposium and reinforced its value as a platform for learning, collaboration and regional engagement.

Feedback was captured from 117 attendees (a 30% response rate), providing a robust representative sample of the symposium. Survey responses indicated that participants not only increased their knowledge of HIV prevention, testing, treatment and care, but also felt motivated to apply this learning within their own workplaces and communities.

Many respondents reported that they intended to strengthen community engagement, share knowledge with colleagues, support stigma reduction efforts and improve HIV services using more person-centred and evidence-based approaches.

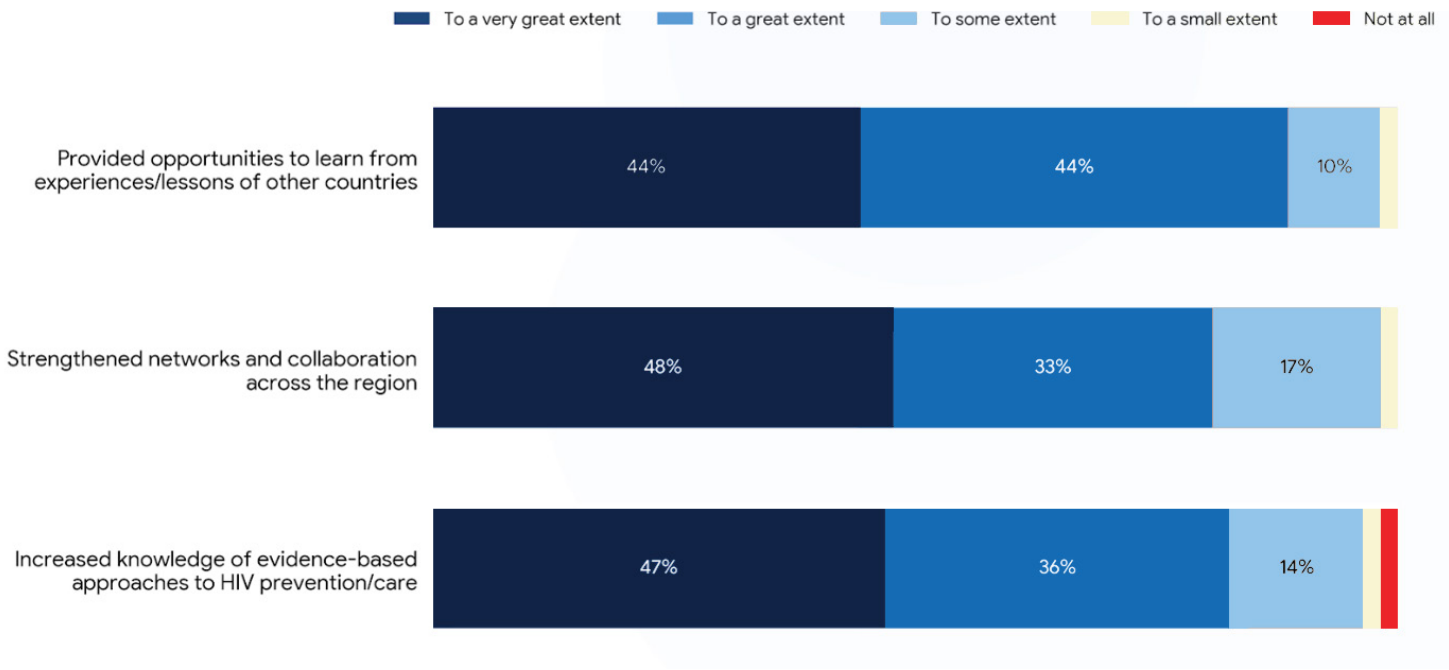
The strength of this feedback is further validated by the high calibre of the respondents, with **61% identifying as senior-career professionals** possessing over a decade of experience in the health sector.

Will you apply information or lessons learned from the Symposium to your work or practice?



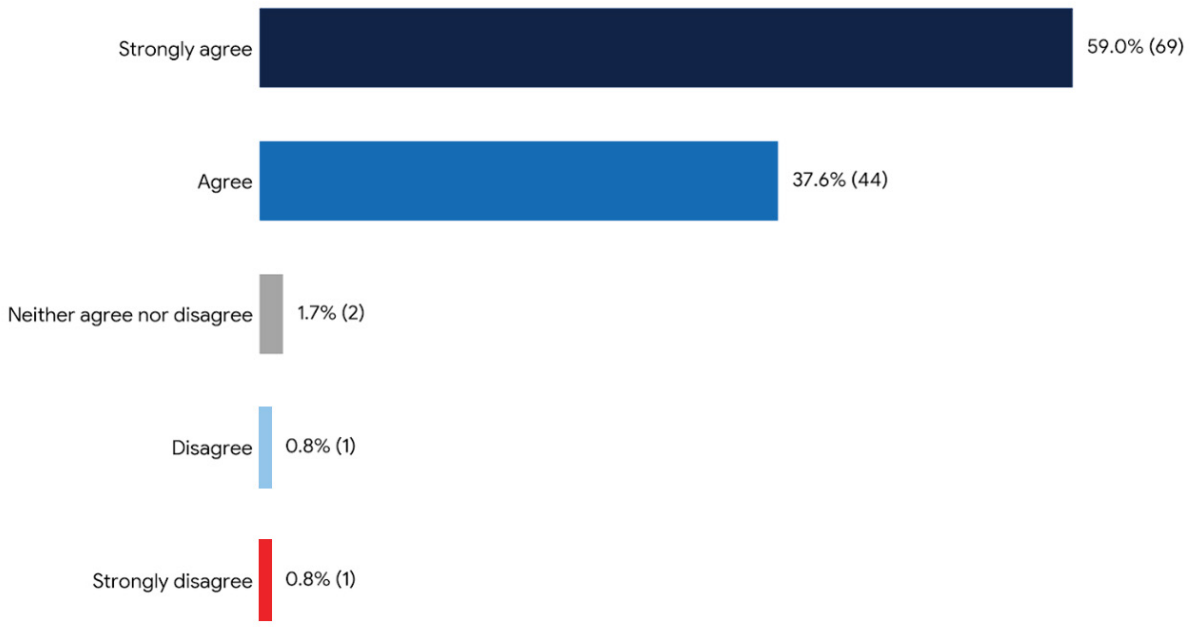
The survey findings also demonstrated strong achievement of the Symposium objectives. Participants reported increased knowledge of evidence-based and innovative approaches to HIV prevention, testing and treatment, strengthened professional networks and collaboration across the region, and valuable opportunities to learn from the experiences of other Pacific countries responding to HIV.

To what extent were the Symposium objective achieved?



The Symposium was also widely recognised as effective in raising awareness of the impact of stigma and the importance of creating safe, inclusive and accessible services.

The Symposium was effective in raising awareness of the need to reduce the negative impact of stigma



Qualitative feedback highlighted the importance of the Symposium as a space for Pacific countries, communities, health workers, researchers and development partners to come together around a shared challenge. Respondents frequently reflected on the value of hearing experiences from across the region, learning from country-led responses and gaining practical insights that could be applied within their own settings. Community leadership, Pacific solidarity, stigma reduction, harm reduction and person-centred care emerged as recurring themes throughout the feedback, mirroring the key discussion themes identified during the Symposium.

Participant feedback was overwhelmingly positive, with many respondents describing the Symposium as timely, informative and inspiring. Participants particularly valued the opportunities for networking, relationship building and regional collaboration. The most common suggestions for future events were to extend the Symposium duration, provide additional opportunities for networking and discussion, increase participation from community, faith and traditional leaders, and continue fostering Pacific-wide learning and collaboration. Reflecting this positive feedback, 97% of survey respondents indicated that they would attend a future Pacific HIV Symposium if given the opportunity.

"An HIV epidemic is sweeping across the Pacific, and we cannot be silent about it. It should be present in our discussions and forefront in our negotiations in the region. It calls for a united Pacific to tackle HIV"

"The symposium was an excellent learning and networking opportunity. My key takeaway was the importance of strengthening HIV prevention, harm reduction, early testing and treatment, while ensuring young people and communities have access to friendly, stigma-free services."

"Hearing about other country experiences and approaches has expanded my knowledge and opened my eyes into what Fiji can adopt and build on in the effort of combating the HIV crisis."

"The symposium was fantastic from the opening session to the singing of the farewell song. It had just the right mix from all of the key stakeholders."

"The symposium provided an important space to strengthen my knowledge of HIV prevention, testing, treatment, stigma reduction, community leadership and inclusive approaches to HIV responses."

"The Symposium was highly informative, relevant, and valuable to my clinical practice. - It provided important updates on the current HIV situation in Fiji and the wider Pacific region."

97%

indicated that they would attend a future Pacific HIV Symposium

5. Communications and visibility

The Pacific HIV Symposium received significant communications cut through, providing some of the strongest reach and engagement across ASHM's owned channels. Social media proved particularly effective, both in the lead up to the Symposium and during.

Pre-Symposium

In the period from March to August 2026, 16 organic social media posts were shared on the Symposium which achieved:

36,559 impressions

(Number of times a post relating to the ymposium appeared in a person's feed)

3,574 engagements

(Number of times someone interacted with a post, including likes, comments, shares, etc.)

9.78% average engagement rate

(The percentage of people who interacted with a post after it appears in their feed)



This is a very strong performance on organic social media, with the engagement rate benchmark sitting between 1% and 5%. This demonstrates the content shared resonated with our audience, and drove action.

During the Symposium

Six main posts were shared during the Symposium, in addition to live stories. Similarly, these posts received great traction – though total numbers are lower given the smaller number of posts and condensed timeframe.

12,530 impressions

1,183 engagements

9.44% average engagement rate

In addition to posts on ASHM channels, the Symposium generated significant discussion on social media from other organisations and individuals.

While total numbers cannot be tracked, there were at least 20 posts shared by other accounts (with the actual total likely much higher). Notable organisations posting about the Symposium include UNAIDS Asia Pacific, the official page of the Fiji Government, and the Fiji SRH and HIV Unit, which posted recaps from every session of the Symposium.

Media relations

In total, the Symposium generated significant media coverage – with 36 tracked pieces so far. The actual total coverage will be higher, when factoring in media we know was published but in formats we can't access online (i.e. print, TV and radio).

The coverage was in-depth, and explored a lot of the Symposium's key themes – including harm reduction, youth, women and cross-country collaboration.

The Symposium made a significant impact on Fiji's news cycle, and supported efforts to keep HIV in the national conversation. News stories continue to appear about the Symposium, weeks following the event's conclusion.

The Symposium was also covered by Plus Life Media, an international communications platform dedicated to sharing news and information relating to HIV and ending HIV stigma. Two videos were created and shared to Plus Life's Instagram page, which has 4,000+ followers and via host Karl Schmid's Instagram page which has 20,000+ followers.



www.fijitimes.com

Dr Balak urges nation to revive needle program

By SALOTE QALUBAU

FIJI must revive its needle and syringe program to fight the nation's rapidly expanding HIV epidemic, says Ministry of Health clinician Dr Dashika Balak.

Speaking during the 2026 Pacific HIV Symposium at the Sheraton Fiji Golf Resort,Nadi, she said that unsafe drug injection has become the central driver of infection across the country.

"Unsafe injecting is now central to transmission," Dr Balak said.

"People who inject drugs have emerged as an entirely new key population.Today 45 per cent of people starting antiretroviral therapy inject drugs."

Dr Balak presented findings from the first molecular HIV surveillance conducted during Fiji's outbreak, revealing a 90-fold increase in new diagnoses since 2010.

The study, undertaken with the Kirby Institute and Australian partners, analysed 278 consenting adults to map transmission networks.

Dr Balak said the research identified large, densely connected transmission clusters linked to shared needles, with infections bridging into sexual partners and the broader community.

"The reintroduction of low-cost, sterile needles and syringes and a national needle and syringe program is a matter of national urgency."

Dr Balak said early resistance to key first-line treatments was also detected.

More PAGES 16-17

From left, Julian Tukula, Lee Domonikibau, Tusau Uluilakeba and Alison Rutherford during the Pacific Symposium 2026 at Sheraton Fiji Golf and Beach Resort in Denarau, Nadi on Monday. Picture: REINAL C



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President warns Pacific must be better prepared for drug, injecting challenges

Ratu Naiqama Lalabalavu puts prevention, testing and human rights at centre of HIV response

Tuesday 18 August 2026 | 05:00

Waisea Nasokia
Reporter

Share



Right and above: Examples of external media coverage across traditional and social media.


Pacific HPV Symposium 2024

6. Annex

Annex: Symposium program

Monday 17 August

7:30	Registation open
8:30-10:30	**Traditional Welcome and Opening Plenary** Room: Golden Ballroom Chairs: Dashika Balak, Fiji Ministry of Health and Medical Services and Asaeli Sinusetaki, Fiji Rainbow Pride Foundation Opening Ceremony and Welcomes (15 mins) Welcome Ceremony (10 mins) Opening Welcome: His Excellency Ratu Naiqama Lalabalavu, CF, MSD, President of Fiji (5 mins) Opening Remarks: Alexis Apostolellis, CEO, ASHM (10 mins) Committee Welcome: Dr Jason Mitchell, Interim Lead SRH and HIV Unit, Chairperson National HIV Outbreak and Cluster Response Taskforce, Fiji (10 mins) Community Welcome: Loata Tucika, CEO, Pacific Sexual and Gender Diversity Network (PSGDN) (5 mins) Community Welcome: Fiji Network Plus (5 mins) Opening Remarks: Dr Pilly Mapira, Communicable Disease Manager, National Department of Health, Papua New Guinea Keynote Speaker: The Australian Response (15 mins) Professor Michael Kidd, Chief Medical Officer, Australian Government Keynote Speaker: HIV in the Pacific: Harnessing our collective power (15 mins) Eamonn Murphy, Director, Regional Support Teams for Asia Pacific and Eastern Europe and Central Asia Regions Panel discussion - HIV in Fiji and Papua New Guinea: Lessons Learnt? (25 mins) Facilitators: Dashika Balak and Asaeli Sinusetaki Panellists: Jason Mitchell (title as above), Joeli Colati (Executive Director, FJN+, Fiji), Nano Gideon (National Department of Health, Papua New Guinea), Delma Yeki (KPAC, Papua New Guinea)
10:30-11:00	Morning tea – Symposium group photo

11.00-12:30	**Symposia 1: Growing the prevention toolkit: Community-Led Innovations and Prevention Scale up Across the Pacific** Room: Orchid Chair: Loata Tucika, Pacific Sexual and Gender Diversity Network Redefining the Role of Peer Outreach in Fiji's HIV Response: Development of Peer-Led HIV Outreach Guidelines - Asaeli Sinusetaki Youth Led Community Outreach Sexual Health Promotion, Testing and PrEP Commencement in PNG - Jayke Meki From Rollout to Retention: Lessons from PrEP Implementation under the SKPA-2 Multi-Country HIV Program in Asia (Regional/ Asia) - Philips Loh Pre-Exposure Prophylaxis Feasibility Assessment in the Pacific Island Countries of Kiribati, Republic of The Marshall Islands, Samoa - Caroline van Gemert Interactive Prevention Discussion: Key Prevention Data in the Pacific Iryna Zablotska-Manos, Esrom Immanuel, Joeli Colati, Jayke Meki, Cathy Ketepa, Dashika Balak Global HIV Prevention Frameworks and the Pacific Context: Gaps and Priorities - Kinh Cho Win Htin Panel Discussion and Audience Engagement: Making Prevention Work: Lessons, Gaps and the Way Forward	**Symposia 2: Strategies for the elimination of vertical transmission of HIV, syphilis and Hepatitis B** Room: Gardenia/Frangipani Chair: Priya Kaur, Fiji Ministry of Health and Medical Services Driving Towards Elimination of Vertical Transmission in Fiji: Community-Led Support for Women Across the Pregnancy Cascade -Rebecca Kubunavanua Pre-treatment HIV Drug Resistance in Infants and Children in Papua New Guinea: Implications for Triple Elimination of Vertical Transmission - Janet Gare Embedding institutionalised HIV care as part of antenatal care in Papua New Guinea – Graham Apian Elimination of Vertical Transmission: Vanuatu - Annie Tassiet Workshop: Triple Elimination Collage Activity Facilitators: Eliza Copsey and Priya Kaur Workshop: Triple EMTCT Goals Activity Facilitators: Brooke Dickson and Tiara Nisa	**Symposia 3: Building Enabling Environments for Effective HIV Responses in the Pacific** Room: Rewa/Sigatoka Chair: Atunaisa Drivatiyawe, National Community-Led Prevention Coordinator, Rainbow Pride Foundation (RPF), Fiji Country experience 1: HIV and Human Rights in Fiji: Advancing Dignity, Protection, and Access Through Community-Led Action - Christopher Lutukivuya Country Experience 2: Strengthening Community-Led Monitoring and Real-Time Client Feedback in Papua New Guinea: Lessons from the KPAC Health Hub Response Centre - Kila Yamo Country Experience 3: Embedding GEDSI in HIV/ STI services and advancing inclusive health care for people in Papua New Guinea (PNG) - Rose Suruka Country experience 4: The Role of the Great Council of Chiefs in Breaking the Culture of Silence and Stigma Surrounding HIV cases Among iTaukei in Fiji - Patrick Tamaicakai Interactive Discussion, Introduction – Renata Ram Setting the Scene - Human Rights and Enabling Environment Challenges Affecting HIV Responses in the Pacific - Maria Nailevu Panel Discussion and Audience Engagement Moderator: Renata Ram Panellists: Delma Yeki, Sophy Radrodor, Eroni Dina (Rhonda), Emali Tuirara, Miles Young, Yannick Tarivuhavuha

12:30-1:30	**Lunch** – Island 619 Restaurant **Poster viewing** – Orchid Room	**Lunch and Learn – Your Story. Your Voice. Your Choice. Using Your Voice with Confidence (12:45 - 1:30)** - Karl Schmid, Plus Life Media Room: Rewa/Sigatoka	
1:30-3:00	**Symposia 1 (repeated): Growing the prevention toolkit: Community-Led Innovations and Prevention Scale up Across the Pacific** Room: Orchid Chair: Loata Tucika, Pacific Sexual and Gender Diversity Network	**Symposia 2 (repeated): Strategies for the elimination of vertical transmission of HIV, syphilis and Hepatitis B** Room: Gardenia/Frangipani Chair: Priya Kaur, Fiji Ministry of Health and Medical Services	**Symposia 3 (repeated): Building Enabling Environments for Effective HIV Responses in the Pacific** Room: Rewa/Sigatoka Chair: Atunaisa Drivatiyawe, National Community-Led Prevention Coordinator, Rainbow Pride Foundation (RPF)
3:00-3:30	Afternoon Tea		
3:30-5:00	**Symposia 4: Models of HIV Testing in expanding epidemics** Room: Gardenia Chairs: Tiara Nisa, WHO and Kesa Tuidraki, Medical Services Pacific Provincial variations in antenatal HIV testing coverage in Vanuatu in 2025 - Aleesha Kalulu Establishing the Community Sunset Health Hub in Port Moresby: A Community-Led Model to Improve Access to HIV Services for Key Populations - Lesley Bola Testing Beyond the Laboratory: Expanding Access and Improving Quality - Nur Zyna Neha World Café: The Concept: Reading the Virus - Tiara Nisa, Kesa Tuidraki, Joseph Reddy, Justine Marshall, Navin Karan	**Symposia 5: Tiko bulabula -supporting the health and wellbeing of people living with HIV (mental health and chronic disease management)** Room: Gardenia/Frangipani Chair: Jess Hill, Health Equity Matters Supporting Mental Health and Psychosocial Wellbeing for Women and Families Living with HIV in Papua New Guinea: Community-Led "Mentor Mother" Approaches from WABHA PNG - Delma Yeki Strengthening Mental Health Support for Women Living with HIV in Fiji: Lessons for Treatment Engagement in the Pacific - Rebecca Kubunavanua Workshop: Identifying barriers & developing interventions for improved mental health integration in HIV Care Facilitators: Joeli Colati, Asaeli Sinusetaki, Rebecca Kubunavanua Group 1: Mental health integration into HIV care Group 2: Retention and re-engagement strategies Group 3: Women, families and PMTCT	**Symposia 6: Managing HIV Co-infections** Room: Rewa/Sigatoka Chairs: Dashika Balak, Fiji Ministry of Health, and Catherine O'Connor A Sustainable Virtual Education and Case-Based Learning Model to Strengthen HIV and SRH Care in Pacific Island Countries - Antoinette David HIV Case Investigation Analysis from the Solomon Islands - Jackson Rakei Case presentation 1: Simple HIV/TB co-infection - Marou Tikataake Case Presentation 2: Complex HIV/TB co-infection **– TB meningitis** - Dr Ruonamakin Rui Case Presentation 3: Complex HIV/TB co-infection – immune reconstitution inflammatory syndrome (IRIS) - Alusio Vuniivi Case Presentation 5: Complex opportunistic infection – CMV retinitis in a newly diagnosed pregnant woman living with HIV- Lavenia Gaunavinaka
5:00	Delegates to move between rooms		

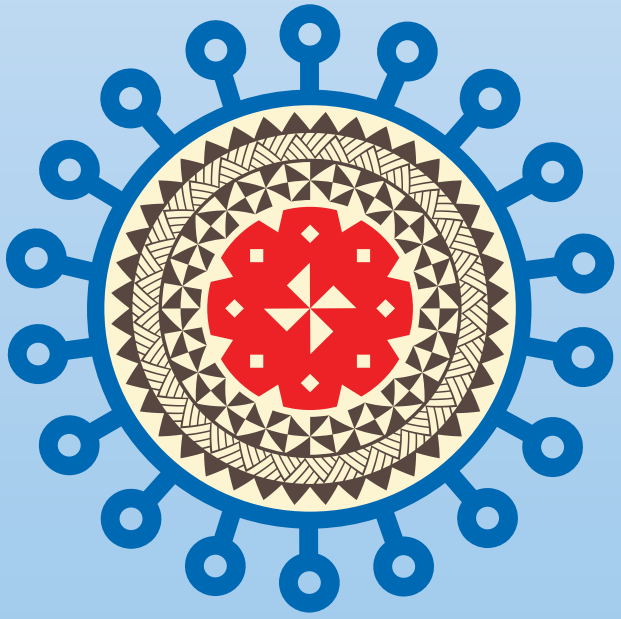
5:00-6:30	**Symposia 4 (repeated): Models of HIV Testing in expanding epidemics** Room: Gardenia Chairs: Tiara Nisa, WHO and Kesa Tuidraki, Medical Services Pacific	**Symposia 5 (repeated): Tiko bulabula -supporting the health and wellbeing of people living with HIV (mental health and chronic disease management)** Room: Gardenia/Frangipani Chair: Jess Hill, Health Equity Matters	**Symposia 6 (repeated): Managing HIV Co-infections** Room: Rewa/Sigatoka Chairs: Dashika Balak, Fiji Ministry of Health and Catherine O'Connor
6:30	End of Symposium Day 1		

Tuesday 18 August

7:30-8:30	**Roche Technical Breakfast Workshop** Room: Rewa/Sigatoka Topic: Working Together to Expand HIV Testing – The Role of the Laboratory, Health Facilities and Community *Breakfast provided | RSVP for this event is required* Presentations: Molecular epidemiology of the HIV-1 epidemic in Fiji - Professor Jemma L. Geoghegan Community-Led Innovation in HIV Testing - Rena Janamnuaysook Scaling Sustainable Testing: The Pakistan Journey - Dr. Bushra Jamil Ali
9:00-10:30	**Plenary Session** Room: Golden Ballroom Chairs: Donald Wilson, Fiji National University and Michelle O'Connor, ASHM Keynote presentation: Learning from the HIV Global Response (30 mins) Dr Khin Cho Win Htin, Regional Adviser – HIV Prevention, UNAIDS Panel discussion: Pacific resilience: The role of culture in HIV responses (60 mins) Facilitator: Professor Donald Wilson The purpose of the discussion is to examine the role culture and region can play in enhancing HIV responses within the region. Identify ways to navigate challenges such stigma and lack of confidentiality which can be embedded in cultural and social practices. Discuss ways of delivering a culturally appropriate HIV response. Panellists: Caroline Chambers, Pacific Council of Churches James Ward, Director of UQ Poche Centre, The University of Queensland, Australia Cruella Agabe Tuinukuafe, Tonga Leitis Association, Tonga Olive Mafi, HIV Lead, Pacific Youth Council Ophnay Rechy, Tongeiito Chuuk Association and Chuuk Women's Council, Federated States of Micronesia
10:30-11:00	Morning tea

11:00-12:30	**Symposia 7: HIV, people who use drugs and harm reduction** Room: Orchid Chair: Sailosi Soqo Fiji Ministry of Health and Medical Services HIV-1 drug resistance and phylogenetic analysis of HIV-1 transmission and the role of unsafe injecting drug use in Fiji: lessons for prevention, treatment and care - Dashika Balak Responding to the Intersection of HIV and Drug Use in Fiji: Peer-Led Approaches to Harm Reduction and Early Support - Rusiate Naulunimagiti Strengthening HIV Prevention Through Public Health Policing: The Fiji Police Force and Harm Reduction Partnership Response to the HIV Outbreak - Kesaia T Robinson Workshop: Harm Reduction and the Role of Peers and Community — From Evidence to Reflection Facilitators: Fiji Ministry of Health and Medical Services, Health Equity Matters; Kirby Institute, AIVL	**Symposia 8: Improving HIV treatment access, uptake and adherence** Room: Gardenia/Frangipani Chairs: Michelle O'Connor and Percy Pokeya, ASHM HIV Program Review – Past 10-years, South Fly District, Western Province (Papua New Guinea) - Tafireyi Marukutira HIV Treatment Initiation and Adherence: Perspectives of People Living with HIV in Fiji - Okyere Eunice Advancing Human Rights and HIV Outcomes for Sex Workers in Papua New Guinea: A Peer-Led, Community-Based Approach - Cathy Ketepa Strengthening Community-Led HIV Response in Fiji: Peer Outreach as a Model for Trust, Linkage to Care, and Cross-Sector Partnerships - Atu Dokonivalu Workshop: Treatment adherence and U=U Facilitator: Dashika Balak Panellists: Karl Schmid, Joeli Colati, Rebecca Kubunavanua	**Symposia 9: Strengthening infant, child and adolescent HIV testing, treatment, care and support** Room: Rewa/Sigatoka Chair: Antoinette David, Fiji Ministry of Health and Medical Services 10 year retrospective cohort study on children diagnosed with human immunodeficiency virus (HIV) at colonial war memorial hospital (CWMH) - Sakiusa Natasere Strengthening HIV Services for Mothers and Adolescent Girls in the National Capital District, Papua New Guinea: A Community-Led Monitoring Approach – Delma Yeki Programmatic Scale-Up of Clinic-Based Viral Load Testing in Papua New Guinea: Implications for Paediatric HIV Care and Drug Resistance Surveillance – Janet Gare Workshop: Treatment establishing, monitoring and failure in children and adolescents Facilitator: Gamini Vali Boma Workshop: Retention in care and case finding for women, children and adolescents Facilitator: Antoinette David
12:30-1:30	**Lunch** – Island 619 Restaurant **Poster viewing** – Orchid Room	**Lunch and Learn: Putting People Back at the Center of the Conversation -** Karl Schmid, Plus Life Media Room: Rewa/Sigatoka	
1:30-3:00	**Symposia 7 (repeated): HIV, people who use drugs and harm reduction** Room: Orchid Chair: Sailosi Soqo, Fiji Ministry of Health and Medical Services	**Symposia 8 (repeated): Improving HIV treatment access, uptake and adherence** Room: Gardenia/Frangipani Chairs: Michelle O'Connor & Percy Pokeya, ASHM	**Symposia 9 (repeated): Strengthening infant, child and adolescent HIV testing, treatment, care and support** Room: Rewa/Sigatoka Chair: Antoinette David, Fiji Ministry of Health and Medical Services
3:00-3:30	Afternoon Tea		

3:30-4:30	**Closing Plenary (60 mins)** Room: Golden Ballroom (10 mins) Closing remarks– Renata Ram, Pacific HIV advisor for UNAIDS (10 mins) Closing remarks, Dashika Balak, Fiji Ministry of Health and Symposium Committee (10 mins) Closing remarks, Michelle O'Connor, Director of Global Division, ASHM (15 mins) Call to Action – Donald Wilson, Fiji National University and Joeli Colati, FJN+ (15 mins) Official closing – The Honourable Sitiveni Ligamamada Rabuka, Prime Minister of Fiji (by video address)
4:30	End of Symposium



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