

Professor David A Cooper
Director, National Centre in HIV Epidemiology and Clinical Research

Speech at the Opening Ceremony, IAS Conference, Darling Harbour, Sydney
22 July 2007

I'm very pleased to welcome you all to the fourth IAS conference on HIV pathogenesis, treatment and prevention, the first time that a major international HIV/AIDS conference has been held in this country. For many of our international colleagues, this will be your first time in Australia's premier city of Sydney. For those of you who have been here before, welcome back. These large scale meetings are an opportunity to listen to each other, to exchange ideas, to gain new perspectives, perhaps new collaborators, so I invite you all to make the most of these four days.

As co-chairs for this meeting, Pedro Cahn and I hope that discussion will also be stimulated by the recent publication in the Lancet of our proposal, the Sydney declaration that all HIV donor funding for the developing world, from treatment rollout programs to training to facilities, should mandate a non-negotiable ten percent for research. Everyone here tonight is involved in research in some way, and so every one of you must know that no aspect of HIV management is valid without research to point the way. How can we possibly know whether programs are achieving their aims if we can't evaluate them? How can we track back to find the point where something may have deviated from an expected outcome, if the research was not in place to support it? It is our responsibility as researchers, as the drivers of the research locomotives which carry HIV treatments forward, to ensure that clinical and prevention research as well as capacity building and basic science continue to thrive in the most affected countries. Please sign up and please come and talk to Pedro and to me about this, we welcome every input.

One reason why the International AIDS Society chose Sydney to host this meeting was in acknowledgement that Australia punches well above its fighting weight in HIV research, and for that recognition, we thank you. In particular I would like to thank Pedro Cahn, president of IAS, and Craig McLure, IAS executive director, and all their support and organisation staff for the hard work which has brought you this conference. Thanks also to local hosts ASHM, the Australasian Society for HIV Medicine, and its indefatigable head Levinia Crooks. Some of you may not know that ASHM was one of the first HIV medicine societies in the world and it has been a tireless champion of education, training and advocacy both here in Australia and in our region.

Thanks also go to the conference deputy chairs Sharon Lewin and John Kaldor, both of them significant figures in HIV research in Australia and overseas, and thanks to our track chairs and track committees who have dedicated much time and effort over many months in bringing you a superb program.

Some of our international colleagues may not know that much of Australia's HIV research successes result from an enduring partnership between governments, the HIV infected and affected communities and the healthcare and biomedical sector. Research

is the bridge between the biomedical and the healthcare sectors and research success results from all arms of the partnership pulling in the same direction.

From the earliest days of the pandemic, Australian governments of all stripes have understood the need for prevention as well as treatment, for innovation and bipartisan political support for sometimes contentious or unpalatable measures, and above all the need to listen to affected communities. As a result, HIV infection per capita in Australia is one of the lowest of all OECD countries.

Australia has supported clinical trials and clinical research from early days and has consistently and rapidly introduced new treatments and prevention measures when available. We have had the politically difficult but absolutely essential needle and syringe exchanges, the medically supervised injecting centre here in Sydney, peer education among injecting drug users, the use of sharps disposal containers in medical and non medical settings. Consequently, we have had no substantial epidemic among injecting drug users and that is after more than 20 years of the epidemic. And because we have one of the most effective universal public health insurance systems in the world, nobody is denied treatment.

This has been a partnership which has endured, and has saved lives, and supported whole communities. This is something to be proud of and a partnership worth not just saving – but actively nurturing. However, in recent times and in the face of increases in HIV infections in several Australian states, this partnership is at risk of fragmenting politically. Pointing fingers of blame will do nothing to curtail infections. Threatening to demonise people living with HIV infection will not help. Making recent immigrants from developing countries the alleged culprits will not help. We must remember and return to those measures which have served us so well before: the proven tools of prevention, the most effective treatment, and both underpinned by the best research and open dialogue among partners. And most importantly, political leadership that builds on success, rather than undermining it.

Australia is a very wealthy country by any measure; many nations in our region are much less fortunate. Among the countries which form our regional arc of instability, particularly Papua New Guinea, escalating rates of HIV infection is contributing to social dislocation and political unrest. We have already had a grim lesson from African nations about the effect of HIV in fracturing families and communities. In recognition of these problems to our north, there are many fine examples of skills transfer and capacity building assisted by Australians to our region which have brought substantial benefits to communities throughout Asia and the Pacific.

Much of this has been achieved with support from the Australian government. Our Minister for Foreign Affairs, Alexander Downer, has been an unsung warrior for HIV treatment and control throughout the region. His portfolio includes Australia's foreign aid arm, AusAID, which has HIV as one of its priority funding areas. Mr Downer appointed as Australia's HIV Ambassador Anne Maree O'Keefe, who has worked tirelessly and effectively to increase the profile of HIV issues at the government level and also advocated continued priority for HIV funding in the AusAID portfolio.

I commend Mr Downer, Ms O'Keefe and AusAID for their work but we need to do more to reduce the impact of the epidemic in our region. In addition to the invaluable work

funded by AusAID, particularly in the very effective bilateral agreements, it is time for the Australian government to recognise that HIV knows no borders and that the international funding bodies, such as the Global Fund and UNAIDS, which are taking a whole-planet approach to the epidemic, also deserve much more practical support of wealthy countries such as ours.

Moreover, we would like to acknowledge the generous support for this meeting from the Minister for Health and Aging, Tony Abbott and the Commonwealth Department of Health and Aging, notably Jane Halton and her colleagues, particularly to assist in bringing delegates from our region. At a State level, I would like to thank the NSW government for its support, including the NSW Minister for Health Reba Meagher, the NSW Department of Health and the Department of State and Regional Development and the Sydney Convention Visitors Bureau, with particular acknowledgement of Loftus Harris and his colleagues.

We are all here for a common purpose, to share and extend our work.

The very best research which we can conduct, to create the best possible treatment outcomes, will never be good enough until every person affected by HIV can benefit. That is what this meeting is about and I hope you all have a productive few days. Thank for attending.