

**Opening Session Remarks  
Dr. Pedro Cahn  
Sunday, 22 July**

Honourable Ministers Abbott and Meagher, ladies and gentlemen, colleagues, on behalf of the International AIDS Society I am honoured to welcome you to the 4<sup>th</sup> IAS Conference on Pathogenesis, Treatment and Prevention.

This is the first time the IAS has held an international meeting in Australia, a country which has, since the beginning of the epidemic, played a leadership role in the global response to AIDS. There were many who warned the IAS about the feasibility of hosting a major scientific meeting in a location that seemed so geographically remote. But I'm delighted to report that those who said we could not have a successful conference here, were – quite simply - wrong.

Scientific interest and overall attendance in the conference has exceeded our most optimistic expectations. Over 3,100 abstracts were submitted to IAS 2007, a more than 50% increase over the last IAS conference in Rio, and today we have 6,700 participants. It is incredibly rewarding for us and our local partner, the Australasian Society for HIV Medicine, to see the scientific programme we've developed for this conference, acknowledged by this level of interest from every corner of the globe.

As you know this is a scientific meeting which has an explicit focus on the application of science – translational research – from basic science to new drugs and biomedical prevention interventions.

Unfortunately, research funding in the developing world has not kept pace with the scale up of treatment and prevention programmes. We are badly in need of research that will tell us what impact our programmes are having in the areas of the world where ninety percent of the epidemic is focused, and how to adjust our programmes to make the best use of our investment and to save as much lives as possible.

That is why, in advance of the conference, we released the Sydney Declaration. The Sydney Declaration calls for 10% of all resources devoted to HIV programming in countries to be dedicated to research that will tell us how to make the best use of our treatment and prevention investments. We must identify which approaches are effective in the field, which are not, and why.

Integrating research into the overall scale-up to universal access in the developing world will also help strengthen the capacity of the health workforce and develop research infrastructure where it's needed most. This research should not be seen as an additional burden on countries but, on the contrary, as the only means by which we can refine our understanding of what is and is not effective.

We need to ensure that this allocation does not come at the expense of existing treatment and prevention programmes. We can't afford not to fund this research; good research, as we know, drives good policy. And we have never been in greater need of good policy.

Last but not least, this will also help mitigate the HCW crisis in the developing world. Bad working conditions, AIDS mortality and low salaries are fuelling the brain drain of HCW from South to North. This is one of the major advocacy issues on the IAS agenda.

I should also note that the biomedical prevention track, introduced at the last IAS meeting in Rio de Janeiro, has been formally incorporated as a permanent feature of the Pathogenesis Conferences. As you know, the prevention research field is expanding. During the next three days we will hear about some important new strides we are making in this area. And yet, we must do more, because the epidemiology does not lie: we are falling behind in preventing HIV.

Australia taught the rest of the world much about how collaboration between government, science and community could achieve a significant and long-lasting impact on this epidemic. Australia has also been at the forefront of global efforts

to protect the human rights of people living with HIV, and to reduce stigma and discrimination against the communities most affected by HIV and AIDS.

Recent comments by high governmental authorities have cast doubt on Australia's commitment to reduce stigma and discrimination of people living with HIV. Fortunately, neither the scientific community, nor the Australian people support these statements.

We stand united with the local and global AIDS community to ensure that people living with HIV have the right to travel without harassment or the requirement to disclose their HIV status.

**Epidemics are not stopped by immigration officers.**

**We are confronting HIV, not people living with HIV.**

Before I step away from the podium, I want to thank ASHM, our local partner, for their tremendous support and collaboration, and I particularly want to thank Dr. David Cooper, my co-chair, for his leadership in shaping the scientific programme of this conference, and Dr. Sharon Lewin and Dr. John Kaldor, the Deputy Local Co-Chairs, as well as the many talented and dedicated individuals who volunteered their time on the programme committees of this conference.

Last, but not least, I would like to acknowledge the support of our sponsors, without whom this conference would not be possible: the Australian Department of Health and Ageing, the Australian Agency For International Development, New South Wales Health, the Bill and Melinda Gates Foundation, the US Centers for Disease Control, our major industry sponsors Abbott, Boehringer Ingelheim, Bristol Myers Squibb, Glaxo Smith Kline, Merck Sharp Dome, Pfizer, Roche and Tibotec/Virco, as well as all our other sponsors.

I encourage you to sign the Sydney Declaration and advocate within your countries to increase the commitment to scale up research. I hope you are challenged and stimulated by the science at this conference, and come away with a renewed sense of hope and dedication to the enormous challenges ahead.

Thank you for joining IAS and ASHM in this exciting conference, I am sure that our discussions will be remembered as a milestone in the scientific developments in the HIV field.

**Enjoy the Conference!**