

Opinion

Investment to tackle the new AIDS crisis

As the Budget gets nearer, anxious thoughts turn to expenditures. Especially on medical research, always at risk to cuts and short term perspectives. The story of AIDS shows why this would be a big mistake.

The 1980s and 1990s were a time for the first AIDS funerals in Australia. It was a desperate and sad time that devastated entire communities. In these early days doctors were frustrated that they had nothing to offer that could either palliate or cure this terrible disease.

There was then a brave realisation that social science offered the best immediate course of action. Importantly, however, this action relied on the knowledge quickly gained by the research community about HIV, especially how the virus could be detected and how it spread. This knowledge quickly rendered our blood supplies safe, unlike much of the rest of the world. Australia was at the very cutting edge of these developments, both at the research and social levels. What ensued was direct outreach to the gay community, injecting drug users, sex workers and others most at-risk. Our initiative brought about a rapid plateau in HIV infections in Australia. This was the first of four stages in the fight against the virus.

In the 1990s, the second stage, medical research led to the emergence of the triple-combination drug therapies that brought huge relief to those already infected. Many of those living with the disease, including many friends, were able to live a real life again, lives filled with thoughts and pleasures beyond the ravages of this disease. It brought joy to their souls. To the credit of Australian politicians and medical leaders, again we quickly responded by both investing in HIV research and in making these new therapies an essential part of our health system.

By the 2000s there was increasing pressure to provide antiretroviral drugs beyond the world's wealthy countries to the poor. UNAIDS and the World Health Organisation developed strategies that vastly improved the length and quality of life for millions of people living with HIV, including in some of the world's poorest countries. Australia's foreign aid has played a significant part in this third stage.

The GFC has, however, proved a setback in the world's fight against AIDS. Some of the richest countries have wound back funding previously made available for HIV programs in poorer countries. It is difficult to imagine a more shocking indictment of humanity than if people in less wealthy nations, who have been able to lead full lives with the benefit of antiretroviral therapies, are now to be plunged back into lives of disease and suffering because of the perceived priorities of the people of otherwise wealthy nations.

So here we are at the fourth stage of HIV. A crisis.

As always, our need to find a vaccine and cure for HIV in those already infected remains desperately urgent. It is crucial that this decade sees an increased commitment to research investment. We

must now move beyond the purely palliative to focus on a cure and a vaccine against this devastating disease. We must battle harder than ever to find a cure.

Australian medical researchers are at the forefront of this fight. The Burnet Institute in Melbourne and the Kirby Institute in Sydney are just two of many medical research institutes where pioneering research into a cure is underway. When the cure and vaccine are found, we will reach the fifth, and hopefully final, phase of AIDS.

The Australian people and their government should remain focused on defeating HIV. There seems to be no end of money available to honour sport in this country and we all expect that. But it would be a tragedy if we don't similarly honour the work of our medical and social scientists. The marriage between medical science and social science has delivered excellent outcomes in managing and addressing HIV, whether through scientific breakthroughs, the introduction of needle exchanges, outreach to the gay community, or laws that facilitate prevention strategies with sex workers and drug users.

At less than one in a thousand people HIV positive, Australia has a relatively low rate of HIV infection in comparison with other developed nations. Imagine the emergency, and the human and economic cost, if HIV prevalence in Australia reached those levels seen for example today in the US. Approximately 80,000 people would be infected and require life-long treatment. Instead the number sits at 20,000. Our rapid response at home has saved thousands of lives and billions of dollars.

We have responded with strength – both from a social perspective and from a medical and scientific perspective. This response is a lesson about the value of truly effective partnerships; in this case between affected communities, humanitarian forces, the scientific community and government. We have also helped our neighbours.

While important knowledge of HIV was gained overseas, much of it was secured in Australia. Our vibrant and active medical research community was able to rapidly translate its knowledge into solutions for our people. The HIV story affirms that medical research must have a strong local element if the nation is to see maximum benefit from new knowledge. Our ongoing success with HIV demands continued investment. Investment in medical and social science pays dividends – not only saving money. Saving lives.

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