

The second wave of HIV/AIDS
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Twenty five years ago, in June 1981, the first cases of what became known as HIV/AIDS were officially reported in the United States. In October 1982, the first Australian case of HIV/AIDS was reported in Sydney. In 25 years, there have been 40 million cases of HIV and some 20 million deaths from AIDS.

The path from problem to pandemic has, however, differed wildly from region to region and country to country. In sub-Saharan Africa, Russia and now Papua, effective prevention policies were scarcely tried before HIV infection overwhelmed their populations. But in most industrialised countries, through a combination of good planning, educated guesswork and grassroots mobilisation, HIV was fairly rapidly brought under control.

In Australia, an ad hoc coalition of pragmatic, responsible and visionary activists and politicians of all Parties developed policies that saved a generation of young people from HIV infection.

But at the end of the first 25 years of HIV/AIDS, we can see that our relative success against HIV/AIDS is just that — relative, not absolute. We bought time, not immunity, from the global HIV pandemic.

In an age of cheap, mass travel, a rise in the HIV caseload in Pattaya (Thailand) will also threaten to emerge in Parramatta. The HIV outlook in our region and among our nearest neighbours is, to say the least, sobering. But a new generation of Australian politicians and activists is responding to the regional and international threat of HIV/AIDS with the same imagination and political bravery as their predecessors in the 1980s.

And prominent, but almost unnoticed, in this new 'coalition of the willing' is the perhaps unexpected figure of Australian Foreign Minister Alexander Downer.

Internationally, Alexander Downer is treading the same path on HIV as another South Australian, Neal Blewett, did domestically in the mid-1980s. He is mobilising political will, human resources and, most importantly, money behind effective HIV prevention as the most cost-effective, sustainable and ethical way of containing and managing the spread of the HIV virus.

Downer has devoted time and intellectual energy to persuading sometimes indifferent, and occasionally recalcitrant, regional leaders that HIV is eminently avoidable and, therefore, manageable. He was a major force in convening two Asia Pacific Ministerial meetings on HIV/AIDS — in Melbourne (2001) and Bangkok (2004) — where he forcefully argued the case for taking a range of simple, proven and effective actions to avert the worst of the pandemic.

In recent Federal Budgets, Downer has made HIV/AIDS one of the top four priorities of Australia's aid and development program, and put real money behind the effort — some \$A600 million over 10 years. Under his leadership, Australia backs practical policies and programs that over 25 years have been shown to have the greatest chance of bringing about sustained behavioural change in the (mostly young) people who are at greatest risk of HIV infection.

So far as is possible, Australia's HIV policies reward and endorse real success in HIV prevention — as demonstrated by 25 years of evidence in Australia and elsewhere. With generous and creative policies and funding to provide care and treatment to those with HIV infection, Australia has reinvigorated its contribution to the global fight against HIV/AIDS.

In recent years, a number of new institutions have emerged in response to the lamentable international bureaucratic chaos that marred the first 25 years of global response to the pandemic. These new players — including the Bill and Melinda Gates Foundation, the Clinton Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria — broadly share the same commitment to sane, pragmatic and evidence-based HIV/AIDS policies adopted by successive Australian governments since 1982.

It is often held that the greatest successes of diplomacy are to be measured in those things that did *not* happen — wars averted, conflict avoided, chaos contained. This now applies to HIV/AIDS as much as it ever did to more traditional threats to international peace and prosperity.

Downer has grasped the crucial point that if HIV is to be first contained, then reduced, and eventually eliminated, it cannot be dealt with just as a public health crisis but must be tackled as a diplomatic, economic and security issue of the highest order. As Australia and Alexander Downer contemplate the consequences of the arrival of the pandemic in the Asia-Pacific region, we must establish the primary index of success not as caseload treated, or antiretroviral therapies distributed, but as *caseload prevented*.

Over coming years, if Alexander Downer can lead the region in achieving the same results as Australia managed a generation ago, his enduring legacy will be millions of young people growing to maturity not infected, dying or dead from infection by HIV/AIDS.

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