

Toronto: Talkfest or action plan?  
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Australians can be quietly pleased with the outcome of the just-completed Toronto AIDS Conference.

Led by the towering figures of Bill and Melinda Gates, and inspired by the eloquent passion of Bill Clinton, mainstream America finally and comprehensively embraced all of the essential policy elements that have been the basis of Australia's successful response to HIV/AIDS for 25 years. In their electrifying speeches at Toronto, Clinton and Gates resoundingly endorsed needle and syringe exchanges, harm reduction on drugs, universal access to HIV testing and treatments, strong measures to combat HIV stigma and discrimination, and massively increased investment in a suite of promising preventive therapies as the only practical and effective ways of bringing the HIV pandemic under control.

These policies are nothing new to Australians. Since the mid-1980s, they have been the core of the Australian response to HIV/AIDS. Federal, state and territory governments of all parties have broadly sustained and supported these policies, sometimes in the face of trenchant criticism fuelled by ignorance, fear and eruptions of bigotry and prejudice. But thankfully Australian politicians and community groups persisted in these policies for the most compelling reason of all – because they worked.

Over two decades, Australia's HIV containment policies have kept many thousands of young Australians free of HIV infection, and of illness and death caused by AIDS. No country in the industrialised world has done better than Australia in keeping HIV at bay. Our relative success was well known in that small band of international HIV/AIDS policy-makers, institutions and groups that have worked tirelessly for two decades to bring the pandemic under control. Over the years, Australia's success in HIV management has inspired many other countries to follow suit.

But until Toronto, what was lacking in the international response was the full embrace of these rational, pragmatic and effective HIV control policies by mainstream opinion in the most powerful nation of all – the United States of America. When the world's richest man and the America's most charismatic politician combine to throw their immense financial and political weight behind what we can claim as the Australian model, then the terms of the international debate and response to HIV/AIDS have changed radically. Policies that once understandably were seen as radical and innovative have become mainstream, conventional wisdom.

While it took far too long to get to this point, Toronto marks the final acceptance of the essential elements of an achievable and practical international response to HIV/AIDS that is more or less supported by the great majority of the world's nations, especially those in the emerging central front of the pandemic – the Asia Pacific region. And with agreement on the strategy has come the other essential component – vastly increased funding through new and innovative mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation and the Clinton Foundation.

These private sector organisations complement the efforts of such international organisations as UNAIDS, WHO and the many HIV/AIDS-related foundations, research institutions and civil society organisations represented in strength at Toronto. Perhaps most importantly, these new sources of multilateral HIV funding will allow those national

governments with strong commitments to fighting HIV to concentrate their efforts where they can do most good most quickly. Along with the United States, France, the United Kingdom and Canada, Australia is in the top league of donors to the fight against HIV/AIDS.

We finally have the political consensus, the leadership and at least a good part of the money so desperately needed to make real progress in containing new HIV infections. At Toronto, the results of several biomedical prevention initiatives including new microbicides, pre-exposure prophylaxis and male circumcision were reported and will attract hundreds of millions of dollars of research funding over the coming year.

But as hopeful as these developments might be, the extremely bad news is that, especially in the Asia Pacific region, new HIV infections in many countries are escalating far more quickly than resources can be applied to bring them under control. As long as we cannot cap new HIV infections, we are losing the struggle and plunging millions into unnecessary and avoidable misery and early deaths. In our own region, in just a few short years, Papua New Guinea has been enveloped by a generalised HIV epidemic. Other Pacific countries, especially the Solomon Islands where 50% of the population is under 15, are now at tremendous risk of succumbing to a generalised HIV epidemic.

In China and India, millions are now HIV-infected. Despite their best efforts, the governments of both countries are struggling to respond effectively to the pandemic and to implement in time those policies that Australia has shown can work quickly to control new HIV infections. UNAIDS estimates that in the next 12 months over \$US5 billion is needed in the Asia Pacific simply to contain new HIV infections.

Yet only about \$US1.5 billion of this requirement has been funded. Australia has a deep pool of researchers, clinicians, politicians and activists with immense knowledge about all aspects of containing and investigating HIV/AIDS. It is a rich and prosperous country, with a bias to helping its friends and neighbours. In recent years, the Australian government has mobilised at least some of these human and financial resources in a more structured and coherent way. Foreign Minister Downer has played a pivotal role in allocating \$600 million in new funding to assist our region to respond to the pandemic. He also recently appointed Ms Annmaree O'Keeffe as Australia's first Ambassador for HIV/AIDS to oversee the implementation of this enlarged program and to work across the government in upgrading its response to the crisis.

But still more is needed, and needed urgently, if we are to avert the crippling epidemic that now threatens many of our nearest and most important neighbours. Australia must continue to stress the importance of the link between treatment and prevention – without access to treatment, those with and at risk of HIV infection simply will not come forward for HIV testing. And unless people know their HIV status, there is no prospect of bringing about sustained behavioural change, and thereby containing new HIV infection rates.

Australia should be in the forefront of ensuring universal access to testing and treatments, and above all in our own region. The Australian government should consider offering our trained HIV/AIDS health care, research and community work force to assist our neighbours most at risk of succumbing to the pandemic. These structures might best be developed in concert with one of our top universities and offered through our international development assistance program.

Australia's 25 years of outstanding achievement in responding to HIV/AIDS has been recognised by the International AIDS Society by its decision to host in July 2007 in Sydney the biggest HIV scientific congress ever held in the Asia Pacific region. But as quietly pleased as we are entitled to be that the international community has adopted Australia's model policies, we must understand that our past success in containing HIV

does not confer future immunity from the disease. After twenty five years, we have arrived at the crisis point of the pandemic.

The scientific evidence is now beyond doubt or question. We know what works and what doesn't to bring HIV under control.

Morally, and in our own self-interest, we must act now to stop AIDS.