

AIDS struggle moves from treatment to prevention

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The Australian

23 July 2007

P. 16

This week Sydney hosts the largest scientific conference on HIV/AIDS held in the Asia-Pacific region. In the past decade, the global scientific community and pharmaceutical industry have made spectacular progress in developing highly effective new treatments for HIV/AIDS that have made HIV more of a manageable long-term condition than a death sentence.

These new therapies have transformed the lives of the millions fortunate enough to have access to them and represent a great return on the billions invested in basic and applied research since the first case of AIDS was reported in 1981.

While a cure for AIDS, or a broad spectrum vaccine for HIV, remains at best far over the horizon, there is no doubt that science is bringing to the table an impressive range of care and treatment options that will greatly improve the global management of the HIV pandemic. What is also needed is an equally strong commitment to behavioural prevention programs and research.

The decision to hold this key AIDS congress in Sydney is symbolic. It acknowledges Sydney and Australia's significance in the history of the HIV pandemic and underscores the pivotal importance of the Asia-Pacific region in the development of the global pandemic.

Since the first Australian case of AIDS was reported in Sydney in 1982, Australia has done outstandingly well in managing its domestic HIV/AIDS epidemic. In a burst of controversial and innovative policy-making in the mid-1980s, Australian policy-makers and governments devised a suite of rational and pragmatic HIV/AIDS control policies, including the promotion of condoms and needle and syringe exchanges.

Once implemented, these policies prevented the spread of HIV/AIDS from first-affected groups into the general population. The policies were radical for the times, but they were right and resulted in Australian rates of HIV/AIDS infection far lower than in almost all comparable countries. For example, Australia's present per capita rates of HIV and AIDS are about 10-20 per cent of the prevailing rates in the US.

Our practical response to HIV/AIDS paid three great dividends: many tens of thousands of young Australians were saved from the miseries of HIV infection; the Australian health system did not have to pay billions of additional dollars to care and treat unnecessary cases of HIV infection; and a generation of immensely talented HIV/AIDS scientists, clinicians, researchers and academics emerged.

Holding this conference for the first time in the Asia-Pacific also recognises that this region is now the crucial battleground in the global fight to bring the AIDS epidemic under control. A repeat of the catastrophic sub-Saharan African AIDS pandemic in this region would be a disaster of immense proportions. While some regional countries, including Papua New Guinea, have worryingly high levels of HIV infection, the overall regional adult HIV infection rate ranges from 0.6 per cent in South and Southeast Asia, to 0.4 per cent in Oceania to 0.1 per cent in east Asia.

There is still just time to prevent the problem from assuming sub-Saharan African proportions. The mismanagement of the early years of the AIDS epidemic contributed to the appalling global death toll of 25 million people and the current caseload of 40 million infected with HIV.

There are encouraging signs, however, that painful lessons have been learned and new funding and ideas are being applied to the fight.

During the Sydney conference, Foreign Minister Alexander Downer will again demonstrate his leadership on regional AIDS policy by convening a conference of regional health ministers, business leaders and experts to mobilise against AIDS. The US is also putting real money into the global effort. President George W. Bush has committed \$US30 billion (\$34 billion) to AIDS care, treatment and prevention, and the Gates Foundation has become a generous benefactor.

But despite these welcome developments, funding for AIDS research, care, treatment and prevention is still lagging far behind need. By definition, improved therapies and new drugs are effective only after transmission occurs. Only by using new treatments together with comprehensive behavioural and biomedical prevention strategies can we hope to dramatically reduce the global rate of new HIV infections.

The great advances in HIV/AIDS care and treatments that will be announced at the Sydney conference must be deployed in tandem with strategies derived from the full range of the social sciences -- from economics to communications.

The economic case for controlling the HIV/AIDS pandemic is every bit as important as the moral one. The world does not have the money, resources or capacity to cope with a possible doubling of this caseload over the coming decade. The lesson of the Sydney AIDS conference will be that it is better to prevent HIV/AIDS than to treat it.

Bill Bowtell is the director of the HIV/AIDS project at the Lowy Institute and author of *The Paradox of Prevention*, in Griffith Review 17: *Staying Alive* which will be launched at the Byron Bay Writers Festival this weekend.