



AIDS 2014 Opening Addresses (Embargoed 19:00, 20/7/14)

Prof. Sharon Lewin

Prof Sharon Lewin is an Australian infectious diseases physician and scientist. She is Director of the Infectious Diseases Unit at The Alfred Hospital, Professor of Medicine at Monash University, and Co-Head of the Centre for Biomedical Research at Melbourne's Burnet Institute. Prof. Lewin is a former President of the Australasian Society for HIV Medicine (ASHM), the peak Australasian organization representing the medical and health sector in HIV, viral hepatitis and related areas. She is the Local Co-chair of AIDS 2014.

Speech

Deputy Prime Minister, Premier, Distinguished Guests, Ladies and Gentlemen,

As the local co-chair for AIDS2014, I am absolutely delighted to welcome all of you to Melbourne to the 20th International AIDS Conference in what we believe will be a momentous week for Melbourne, Australia and the global response to HIV.

I of course say this with great sadness and shock and would like to pay my respects to our colleagues, friends and loved ones that passed a way in the MH17 tragedy.

I was a friend and great admirer of both Joep Lange and Jaqueline van Tongeren and know they would want us all to continue the great work they were both so passionate about – seeing an end to HIV.

As you may have already noticed, the city of Melbourne has utterly immersed itself in hosting AIDS2014 with more than 150 cultural events taking place, some of which I hope you get the opportunity to sample during your time here.

I want to acknowledge the privilege of having worked on this event with my International co-Chair Françoise. Françoise, you are truly inspirational, not just to me but to all of us in this room.

It is fitting in many ways, that after three decades of the HIV epidemic, the International AIDS Conference has finally come to Australia. I say fitting because Australia has punched way above its weight on a global level in response to HIV – from the very beginning.

There is so much to admire in Australia's well documented response to HIV: its bipartisan political approach from the beginning to the disease has undoubtedly been a major driver in Australia having one of the lowest rates of HIV infection worldwide.

The inclusion of key affected communities – men who have sex with men, sex workers, people who inject drugs – as equal partners in the response from the outset has been fundamental in an effective response here in Australia and elsewhere.



In every key affected population, where this approach has been adopted, one will find the lowest HIV infection rates.

And lastly, the capacity building in science and research has always played a pivotal role in driving evidence-based public health policy, innovation and access to the latest treatments and prevention strategies for affected communities.

I am enormously proud of what Australian science has contributed both globally and also in the Asia Pacific region. But I strongly believe we can and should be doing more.

As much as the Australian experience has to a degree led the way, many of our near neighbours experience a very, very different story, something we will hear a lot about in the coming week.

There are 4.8 million people living with HIV in the Asia Pacific region. While new infections continue to decrease globally, we unfortunately are seeing a very different pattern in several countries in our region – with increasing numbers of infections in Indonesia, Pakistan and the Phillipines in 2013.

In much of the Asia Pacific region, HIV infection amongst Men who have sex with men, sex workers and transgender people remain worryingly high.

As a result of ground breaking policy in Australia and now many other countries, we clearly know that needle exchange programs save lives.

Yet 16 per cent of people who inject drugs in Asia are living with HIV. Many countries in this region now have made clean needles available – but often not to levels needed and coverage remains low in too many places.

I am delighted that this week we will hear about some truly ground breaking advances in new treatments of hepatitis C and tuberculosis – two of the most significant co-infections in people living with HIV. But again – we have much work to do to ensure that everyone will be able to access these scientific advances. Drug pricing needs to be addressed urgently for the great new hepatitis C treatments.

Finally, as a scientist, I remain passionate that despite the great successes of antiretroviral therapy, the search for a vaccine and cure must continue and as with our previous successes we must continue to invest, collaborate and innovate

Many of you will be aware of the sad and disappointing announcement last week that HIV had re-emerged in the Mississippi Baby after a remarkable two years off treatment. But there is much to learn from this extraordinary case. It is our job now, as scientists, to understand why such prolonged remission was achieved and more importantly how to make that durable.



I truly hope the next 5 days inspire, stimulate and energise all of you. That's why we are all here. But watching, listening and talking is clearly not the end game. When each of you return to your home countries, I sincerely hope that what you learn and see in Melbourne rapidly translates to action – action that contributes to our collaborative and escalating efforts to see the end of HIV.

I am sure that's exactly what Joep Lange and his colleagues on M17 – would be wanting us to do.

Thank you.

ENDS

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