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Closing Ceremony Speech

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For Immediate Release

Dear Distinguished Guests, Ladies and Gentleman,

Before I begin today I´d like to acknowledge the stoicism of the people of the Philippines in what is a truly horrific time for so many affected by last week´s typhoon. My heart felt good wishes go out to them and those charged with the life saving task of providing aid to those who are suffering.

I'd like to thank the conference organisers for this opportunity to address the delegates at this conference. I'm honoured to be speaking before you all here today at the culmination of what has been a splendid and thought provoking event. Congratulations to everyone involved.

I want to begin today by reflecting not just on this week's conference but in fact on the past three years or so. Yes, that's right, just the past three or so. I'll come back to ICAAP very shortly.

I think most people in this room will agree with me that between conferences, high-level meetings and our day-to-day work we can be numbed to a certain extent in our appreciation of the advances we are making on the road to an AIDS Free world. So I ask you to sit back for a few seconds and consider the quite extraordinary turn around that the epidemic has taken in recent years. For I believe it helps tell us where it is we are heading.

The sheer number of people, nearly 10 million, who have been placed on antiretroviral treatment over the past decade or so has been well documented by UNAIDS. We have

to acknowledge this exercise as surely, one of the greatest scientific and logistical endeavours in global health history in recent times. A truly magnificent achievement, no matter which way you look at it.

By the end of 2010, UNAIDS were getting ready to launch their 2011-2015 *Getting to Zero* campaign.

In 2010 two other highly significant things happened – both at the XVIII International AIDS Conference in Vienna.

The announcement that tenofovir gel, a vaginal microbicide, in South African women had successfully reduced the women's acquisition of HIV by 39% in trials, became headline news. Taking place at the same time on the sidelines but attracting little media attention, was a low key and inaugural symposium event on HIV Cure instigated by the International AIDS Society and led from the front by Françoise Barré-Sinoussi, the current IAS President and my international Co-Chair at the AIDS 2014 Conference in Melbourne next July.

Move forward another year to Rome and at the IAS 2011 conference we hit a watershed moment with the HPTN 052 Trial showing that ARV´s could effectively reduce transmission of the HIV virus by 96 %.

Treatment had become Prevention.

And in November that same year Secretary of State Hilary Clinton makes a landmark speech daring to talk publicly of an AIDS free generation and "ending the AIDS epidemic".

In 2012 sees the launch of a Global Scientific Strategy *Towards an HIV Cure* prior to the Washington DC international AIDS conference and 2013 sees the Mississippi Baby, the VISCONTI Cohort and the Boston Patients cases - each making global news as new emerging pieces in the HIV Cure jigsaw puzzle. Cambodia is announced as a candidate for becoming an AIDS free country in the next decade and the WHO release its new treatment guidelines encouraging all countries to initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less – when their immune systems are still strong -a potential game breaker for the epidemic.

To be sure, we've come a long, long way in 30 years and we've come a long, long way in the past three. But it's just not enough. *Nowhere* near enough.

This week in Bangkok against the backdrop of the conference theme "*Asia/Pacific Reaching Triple Zero: Investing in Innovation",* we've all heard a multitude of stories documenting ongoing stigma and discrimination in the field, whether it be culturally, religiously or politically led. And make no mistake; stigma and discrimination are the two biggest barriers to universal access and ultimately working towards ending the epidemic. To paraphrase Françoise from her opening speech in Kuala Lumpur at the IAS 2013 conference earlier this year, unless we overcome these barriers in many parts of the world, then we have no chance of implementing the science on the ground.

That is why it matters that **we step up the pace** in all aspects of the epidemic – increasing access to ART, tackling stigma and discrimination, arguing the case for evidence based policies such as harm reduction that work and save lives and intensifying our search for a vaccine and cure.

The Asia and Pacific region is, in many respects, the melting pot for all that is good and bad in the fight against the HIV/AIDS epidemic.

The region has been home to some notable successes –Thailand's safe sex condom campaign in the 90s; the Malaysian Government's courageous decision to implement a harm reduction program 5 years ago to successfully address an injecting drug use led epidemic; the introduction of the HIV Decree in Fiji, acknowledged as one of the most progressive HIV laws globally and as I mentioned, earlier, Cambodia's marvellous response in achieving universal access to treatment care and prevention sets an example to the rest of the region.

Yet the challenges remain huge. Key affected populations - Men who have sex with men, people who use drugs, sex workers and transgender people are in many parts of the region, simply being left behind.

As a scientist I have to ask myself how it is that after nearly 3 decades of proof that needle exchange programs save lives, that 16 per cent of people who inject drugs in Asia are living with HIV, that the figure approaches 30-50 per cent here in Thailand and 32–58 per cent in Viet Nam. It is also simply unacceptable that less than one in ten

people who use drugs in the region have access to prevention services and fewer still are able to access anti retroviral treatment.

As a scientist I also have to ask myself whether we are doing the right things when it comes to the worrying HIV infection spikes amongst MSM in countries like, Pakistan, Nepal, Thailand, Cambodia, China Vietnam, India, Indonesia, Myanmar, the Philippines and in my own country, Australia

And as a scientist I ask myself why, when for over a decade we've technically been able to prevent mother-to-child transmission (PMTCT), still only around 30 per cent of pregnant women are offered an HIV test in East, South and South-East Asia. It is also deeply concerning that across the three same regions only around 16 per cent of pregnant women living with HIV receive antiretrovirals to prevent mother-to-child transmission of HIV. In Papua New Guinea, only 13 per cent of women living with HIV receive treatment and the prevalence of mother-to-child transmission is estimated to be 35 per cent. There are reassuring exceptions – in Malaysia ALL women have access to these services – but in the region it is *very much* the exception.

It is clear that we have a long way to go and I believe that path will necessarily mean fighting the hard fight of winning the hearts and minds of recalcitrant or nervous national governments - we simply have no choice.

But, being a scientist, I am, I believe, an optimist! 17 years ago when the first ARVs hit the marketplace nobody thought we'd have nearly everyone who needs to be taking them doing so in countries like Botswana. Similarly - if you'd told people that ARV

treatment could also be a preventative tool, that intensive early treatment could lead to the remission of HIV, that we could dare to use the "c" word or talk of cure.

But we now know that cure is possible – at least for a very few. We need to learn from these inspirational cases of cure following very early treatment and following transplantation. We need to fully understand the why and the how of these cases and use these scientific insights to ultimately develop a cheap, scalable cure for everyone.

The Science is no doubt complex. I think we all acknowledge that this task is too complex for one laboratory, one company or one country. To ultimately find and deliver a cure we will need a substantial investment in science but we also need new international alliances between community, government, the private sector and academia. Similar partnerships have brought great success to HIV in the past. Just think of the development of antiretrovirals. We need the same approach now to really accelerate the path toward a cure.

A year ahead of the Millennium Development Goal 6 targets that come to bear in 2015, I am passionate about the fact that AIDS 2014 in Melbourne, Australia, presents us with an opportunity to generate a global commitment to get to the three zeros and see the end of AIDS through universal access to antiretrovirals globally, eliminating stigma and discrimination and accelerating scientific research to find an effective cure and vaccine. Australia, with its strong record of partnerships across the board, can and hopefully, will, play a major role in leading this legacy.

There is no choice. We all need to pull together. We owe it to those in need. We owe it to the public who expect us be searching for a cure and a vaccine and we owe it to the taxpayer who expect us to spend their hard earned dollars wisely.

And pulling together is something I am very proud to say that we've done in Australia since the early days of the epidemic in the early 80s.

Australia's track record has to date been largely exemplary: bold and decisive bipartisan leadership at the onset of and throughout the epidemic means that Australia has very low levels of HIV in the general population. We have an enduring model of partnership between all communities affected by HIV, researchers, clinicians and the federal, state and territorial governments. This is the main reason why we've been able to keep HIV under control and relatively low in size compared to other countries.

However, recent annual statistics released nationwide indicating that in the past 12 months new rates of HIV transmission in Australia have increased to their highest in 20 years and are a wakeup call that we must do better.

Australia also needs to continue to play its part as an investor in the global effort. I very much hope we follow the recent leads being taken by the UK and France in their financial commitments to the Global Fund for AIDS, Tuberculosis and Malaria.

That has to continue - we have seen in the past few years some terrible stories emanating out of countries like Romania and Hungary where the Global Fund money has stopped due to the recipient's emerging middle income status. Unfortunately this

was followed by a sky rocketing increase in new infections and prevalence rates amongst Key Affected Populations such as People Who Inject Drugs. The Global Fund's work is vital wherever it operates and it needs to be funded appropriately.

In this light, I am confident the newly elected Australian government can see the multitude of benefits of continuing its bipartisan and visionary political leadership and funding of health, international development, and research as it contributes to the task of achieving an AIDS free generation in the Asia Pacific region.

Quite simply, we all need to be **stepping up the pace** on universal access to treatment, reducing stigma and discrimination and the path to a cure and a vaccine. Every single person who needs treatment, care and prevention needs to get it sooner than later. They need to get it *much* sooner than later.

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I want, and I am sure **you**, we **all** want, the HIV epidemic to be over much sooner than later.

Look where we've come!

It is not impossible.

I look forward to seeing many of you in Melbourne next year at AIDS2014.

Thank you.

ENDS