

2551

**WE'RE ALL WINNERS
WHEN SCIENCE AND THE
AT-RISK COMMUNITIES
WORK TOGETHER**

Article for Outside The Square Series

The Hon. Michael Kirby AC CMG

OUTSIDE THE SQUARE SERIES

WE'RE ALL WINNERS WHEN SCIENCE AND THE AT-RISK COMMUNITIES WORK TOGETHER

The Hon. Michael Kirby AC CMG

Last month, I was in the huge hall of the United Nations General Assembly in New York. A meeting was planning the next decade's response to the global HIV/AIDS epidemic.

The speech for Australia was given by Foreign Minister Kevin Rudd. But what was unusual, perhaps unique, about the Australian delegation was what has been a distinctive feature of our response to the HIV epidemic from the start. Sitting with the minister was a medical scientist, Professor David Cooper, and governmental officials. But also representatives of affected members of civil society: an injecting drug user, a sex worker organiser, people living with HIV, gay men - all playing a part. This would not have happened in earlier times.

In the epidemic's first days, when I began to get involved, some judicial colleagues gently asked me to desist. I should not be seen mixing with these "unsavoury people". Yet this is how we in Australia have done HIV/AIDS. The approach was the brainchild of a fine American epidemiologist, Jonathan Mann, whom the WHO put in charge of the global response. His strategy, and bipartisan support for it negotiated in Australia by Neal Blewett and Peter Baume, constituted a winning

formula. The medical and social scientists were at last, speaking to each other, to government and to affected communities.

And this is where the new Kirby Institute of the University of NSW comes in – formerly known as the National Centre for HIV Epidemiology and Clinical Research. A key component at the start in Australia's approach to the many unknowns of HIV/AIDS was the creation of three academic centres that were given the task of working with each other and with relevant stakeholders to report on the integers crucial to a successful national HIV strategy. One centre focused on virology. Another was dedicated to social science. The third and largest was assigned to public health and clinical research.

In April this year, after operating for 25 years, it was rebadged as the Kirby Institute and received a large gift of seed funding from American philanthropist Chuck Feeney.

Examples from the history of this Centre showed how effective the approach could be. From the 1980s, a very high proportion of Australians living with HIV secured early enrolment in pioneering international and national clinical trials through a network of hospital and general practice sites, coordinated by the Centre. They were among the first in the world to benefit directly from the advances in treatment with antiretrovirals that began during the past 15 years.

Another urgent need was to prevent transmission of HIV through the re-use of injecting equipment. Despite considerable controversy and political opposition, public health advocates in Australia pushed forward the programs to distribute sterile needles and syringes. They did so with

little hard evidence but with the promise that evidence would be gathered and reported. Over the subsequent decade, the research data has vindicated this approach as life saving and cost-effective. Good science came through a combination with social research, legal change and community engagement. The General Assembly acknowledged this harm reduction strategy in its recent resolution.

Australia's strategies with HIV and the links created between fine research centres and emerging government policies, working closely with affected communities, have shown what can be done. The same strategies are now being expanded to include responses to hepatitis B, hepatitis C, and sexually transmitted infections in indigenous communities.

And this is just the beginning. Our national response to closing the gap in indigenous health, to name one area of current urgent need, can learn vital lessons from the way HIV/AIDS policies reached out to, and involved, the affected communities and patients.

The NHMRC and other bodies now administer large-scale schemes that fund investigator-driven social science research, and much good comes from them. The challenge for the Kirby Institute and for medical research in Australia is to learn from HIV/AIDS. And to intensify the dialogue between bioscience and social science, as well as government and affected communities. Working together and learning big truths from each other.

Michael Kirby was a Justice of the High Court of Australia (1996-2009). He is patron of the Kirby Institute within the University of New South

Wales, inaugurated in April 2011. David Cooper is director of the Kirby Institute.
