



STORY: GEORGIE OAKESHOTT

Forget me not

Amid concerns about growing complacency towards HIV/AIDS, federal MPs are calling for a fresh attack on a disease which is still one of the leading causes of death around the world, and is still without a cure.

If you saw it, you remember it. Twenty-one years ago the Grim Reaper emerged from the fog on Australian television in an advertising campaign which sent shock waves across the nation.

With a killer bowling ball, he knocked down men, women and children in a frightening illustration of how HIV/AIDS can affect any of us, without discrimination.

Love him or hate him, the Grim Reaper's message that "prevention is better than a cure" quickly outpaced the spread of the disease in Australia and arguably saved thousands of lives.

Australia's partnership approach, which saw governments working closely together with the groups of people most at risk, was pragmatic and inclusive and helped establish Australia as a global leader in the fight against HIV/AIDS.

But according to some that leadership is drifting and, as the world experiences one new infection every six seconds, it couldn't be happening at a worse time.

"We cannot afford to take our eye off the ball," said Kay Hull (Member for Riverina, NSW). "We must continue our

practice of bipartisan responses to ensure that the sensitive issues are put on the table and discussed."

Kay Hull is on a mission. Having spent the past three years as a member of an international women's committee exploring issues like access to treatment and discrimination, she's determined to bring about change.

She wants to help overseas governments make legislative changes to end discrimination, and work with multinationals to improve the health of communities where HIV/AIDS is taking an alarming toll.

She said less than half of all people who are HIV positive have access to treatment, and almost half of all people with HIV are women. Every year hundreds of thousands of HIV positive babies are born to HIV infected mothers, when they don't have to be.

"Babies can be born HIV free from an AIDS infected mother, most definitely," Mrs Hull said.

"Access to anti retroviral treatment (ART) during pregnancy for women, caesarean deliveries and clean formula

SPREADING THE MESSAGE: AIDS awareness campaign in China and (inset) the Grim Reaper from the Australian television ad.
Photos: Newspix

instead of breastfeeding would see these babies born HIV free. The formula would need to be supplied as whole formula not powdered, to eliminate the issue of unclean water that also presents other health problems for babies.”

In recognition of her work on this issue with parliamentarians from around the world, this feisty Wagga Wagga grandmother has been appointed to a high-level international task force, the Inter-Parliamentary Union advisory group on HIV/AIDS.

This appointment took her to the United Nations High-Level Meeting on HIV/AIDS in New York in June, a meeting which firmed her resolve to restore Australia’s leadership.

“It is my view that most countries are showing a lack of political leadership,” she said of the UN gathering. “At times, listening to the interventions and presentations that were being made at the assembly, it seemed that if the rhetoric counted for anything we wouldn’t have a problem.

“Sadly, the reality doesn’t yield a positive picture. Whilst we have come a long way, we have a long way to go.”

The statistics speak for themselves. Last year, there were 33 million people around the world living with HIV. Almost 70 per cent of those people live in sub-Saharan Africa, where HIV/AIDS is primarily a heterosexual disease.

In 2007, two million people died of AIDS. Another 2.5 million people were newly infected with HIV.

HIV/AIDS is the leading cause of death in Africa, where life expectancy in some countries is ridiculously low. In Zambia, for example, life expectancy is just 34 years of age.

Stuart Robert (Member for Fadden, Qld) called it “a tsunami every month in Africa”.

“The deadly tide of disease and hunger steals silently and secretly across the continent. It is not dramatic and it rarely makes the television news. Its victims die quietly, out of sight, hidden in their pitiful homes, but they perish in the same numbers.

“The eyes of the world may be diverted from their routine suffering but the eyes of history are upon us. In years to come, future generations will look back and wonder how our world could have known what was happening—how our world could have known that by 2010 there would be 50 million AIDS orphans around the world—and failed to act.”

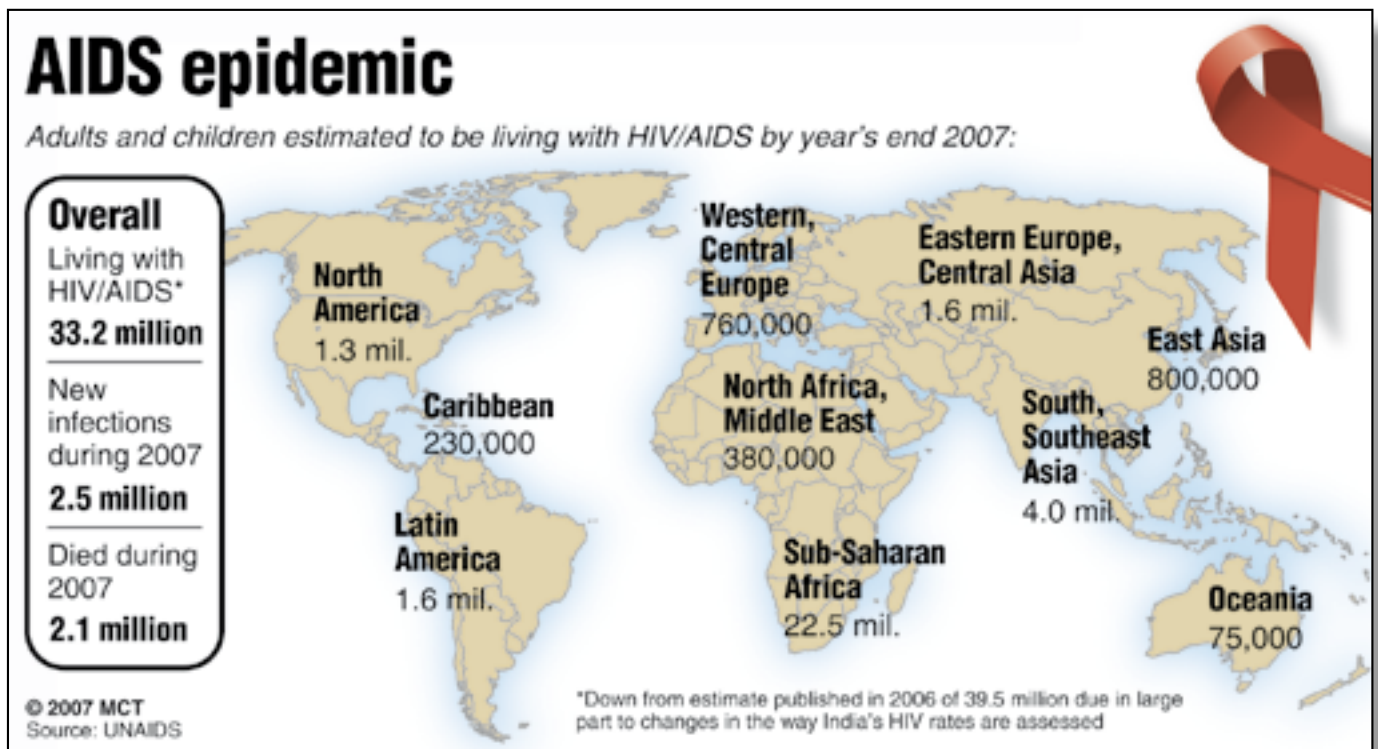
His heartfelt pleas in parliament followed a motion by Kay Hull calling for action on HIV/AIDS which was also supported by Yvette D’Ath (Member for Petrie, Qld), Luke Hartsuyker (Member for Cowper, NSW), Jill Hall (Member for Shortland, NSW) and Shayne Neumann (Member for Blair, Qld).

In her motion in the House of Representatives, Mrs Hull called for leadership, increased resources and funding, and recognition of the rising rate of HIV infection in Australia with 1,000 new infections per year.

She said there are more Australians living with HIV than ever before, yet the national strategy has expired.

“We have now seen four national strategies,” she said. “My belief is we are heavy on rhetoric and principles but

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we are most definitely lacking leadership and drive in the delivery on the ground of a real HIV strategy.”

She said it is every MP’s obligation to be part of a candid HIV/AIDS response, calling for a new national strategy incorporating the UN declaration of 2001 to:

- ensure people everywhere—particularly the young—know what to do to avoid infection;
- stop the tragedy of mother to child transmission;
- provide treatment to all those affected;
- redouble the search for a vaccine as well as a cure; and
- care for all those whose lives have been devastated by AIDS, particularly the millions of orphans.

“We need to incorporate those commitments into our strategy. We endorsed the declaration back in 2001, but we have never included the measures of that statement and declaration into our own strategy.

“It is imperative that we look at ways to continue to show great leadership in the international areas. We have undertaken many reviews of HIV and hepatitis C. There has been research into the epidemic and the disease, yet over the years we have seen few of these recommendations being effectively implemented or even adopted.

“The states and territories have been particularly lax and directionless in their response to HIV/AIDS. The Commonwealth must demand a better response from all parties. We can do better, we must do better.”

One theory for Australia’s increased rate of HIV infection is that the drop in infection rates in the 1990s plus the availability of new treatments have reduced the fear of infection and caused the resumption of dangerous sexual practices.

Evidence to support this theory is seen in the increasing rates of notifications of other sexually transmitted infections (STIs) such as chlamydia, gonorrhoea and syphilis, which also increase susceptibility to HIV transmission.

According to University of New South Wales researcher Dr David Wilson, an HIV positive person with an STI is two to five times more likely to transmit the virus. There is also a greater likelihood that a person will become HIV positive if they have an STI.

His mathematical modelling shows the rate of HIV infection could increase in some parts of Australia by 75 per cent in the next seven years, with Victoria the worst affected state.

Condoms could be the most effective intervention for interrupting HIV transmission in Australia, he said, echoing the Grim Reaper’s warning 21 years ago.

In that time, a whole generation of students have graduated without ever having heard that warning, Shayne Neumann (Member for Blair, Qld) told federal parliament.

“It’s been more than two decades since our last national prevention and education campaign. It’s starting to look as though complacency has set in,” he said.

“In the 1980s while other developed nations pursued policies which wrongly demonised HIV/AIDS as some sort of divine punishment for alleged sins, Australia subscribed correctly to the idiom that prevention is better than a cure.

“Australia’s approach, which focused on prevention and encouraged people to make simple changes to risky behaviour, was eminently more successful than approaches overseas,” he said.

Comparing HIV prevalence in Australia and the United States, which he criticised for adopting a “head in the sand” approach, Neumann said Australia’s rate is 75 people per 100,000 compared to 402 people per 100,000 in the US.



What is HIV?

HIV stands for ‘human immunodeficiency virus’. HIV is a virus (of the type called retrovirus) that infects cells of the human immune system (mainly CD4 positive T cells and macrophages—key components of the cellular immune system), and destroys or impairs their function. Infection with this virus results in the progressive deterioration of the immune system, leading to ‘immune deficiency’. The immune system is considered deficient when it can no longer fulfil its role of fighting off infections and diseases. Immunodeficient people are more susceptible to a wide range of infections, most of which are rare among people without immune deficiency. Infections associated with severe immunodeficiency are known as ‘opportunistic infections’, because they take advantage of a weakened immune system.

What is AIDS?

AIDS stands for ‘acquired immunodeficiency syndrome’ and is a surveillance definition based on signs, symptoms, infections, and cancers associated with the deficiency of the immune system that stems from infection with HIV. The term AIDS applies to the most advanced stages of HIV infection, defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers. In addition, the United States Centers for Disease Control and Prevention (CDC) defines AIDS on the basis of a CD4 positive T cell count of less than 200 per mm³ of blood.

How quickly do people infected with HIV develop AIDS?

The length of time can vary widely between individuals. The majority of people infected with HIV, if not treated, develop signs of HIV-related illness within 5-10 years, but the time between infection with HIV and being diagnosed with AIDS can be 10–15 years, sometimes longer. Antiretroviral therapy can slow down disease progression to AIDS by decreasing the infected person’s viral load.



DEADLY TIDE:
HIV/AIDS is the leading
cause of death in Africa.
Photos: Newspix and
apimage

“It’s not too much to say that tens of thousands of lives have been saved thanks to Australia’s pragmatic and inclusive approach.”

But he said the increasing rate of HIV infection in Australia is a worrying trend.

“The disease respects no national boundaries, it spares no race or religion and devastates both men and women, rich and poor, black and white.”

There are more Australians living with HIV than ever before, yet the national strategy has expired.

With a personal story to illustrate the sadness and devastation caused by AIDS, Jill Hall (Member for Shortland, NSW) said “it really does worry me that we are in an age where the number of HIV infections is increasing and where we have developed complacency about the disease”.

Saying she never wants to see other families go through what members of her own family have been through, she told parliament that a bisexual member of her extended family and his wife had both died of AIDS.

“They had four children, and their deaths caused great anxiety and great upheaval in the lives of those children,” she said.

“I strongly support what the Member for Riverina has said. We need more research. We need to have a very wide community campaign where we embrace the fact the disease is in our community and is actually increasing in prevalence. We need to look at the issues that are causing this increase.

“We need to have proper policies in place, and we need to have proper recognition of this disease and to ensure that the knowledge we have as a nation is shared with other countries.”

Supporting these calls for leadership, action and awareness are groups representing some of the most vulnerable in the community, including gay males and intravenous drug users (IDU).

In a 16 page document “Actions to restore leadership and revitalise Australia’s HIV response” sent to the federal government in March, the National Association of People Living with HIV/AIDS (NAPWA) called for a 30 per cent

reduction in the rate of new HIV infections by the end of 2010.

It said targeted prevention campaigns are the most effective way to reduce the spread of HIV, however, given the presence of stigma and discrimination in workplace and sometimes in health-care settings, it’s time for a broader community awareness campaign.

“Certainly some wider public awareness is needed,” NAPWA deputy director John Rule said.

“Maybe not in the sense that everyone’s vulnerable to HIV infection but in the sense that HIV is still present in Australia, and there are still people living with HIV in Australia.

“It was said at the UN meeting that stigma drives the virus underground, so any campaigns that reduce stigma might also assist in raising awareness and reducing infections.”

Dr Rule said it is disheartening that Australia’s national strategy has lapsed.

“What we’re saying is a review of our HIV response is needed and is needed now, and we’ve even suggested a review process.

“Correspondence has now been received from the minister’s office saying a review process is to be carried out. But we think it is still a matter of urgency and should address the matters which were drawn to the attention of the minister back in March,” Dr Rule said.

“How is it possible to focus on regional and international work when the domestic framework still needs attention?”

Executive officer of the Australian Injecting and Illicit Drug Users League (AIVL) Annie Madden said HIV among injecting drug users is an issue we can never afford to be complacent about.

She said there’s evidence to suggest some users are engaging in risky behaviour like needle sharing because they haven’t been made aware of the dangers.

“We haven’t had a nationally funded HIV prevention campaign just targeting injecting drug users for well over 10 or 15 years now, and we’re concerned there’s a whole lot of young and new users who don’t see HIV as a priority and barely even talk about it.

“Some of the older users say it was very much on their agenda and they were always being educated about it, but that’s not the case now.

“Australia has a very high rate of hepatitis C among injecting drug users which tells us that people are engaging in the kinds of behaviours that will spread HIV very quickly.”

She understands these aren’t issues people feel comfortable talking about in the broader community, but it’s no good ignoring it and hoping it will go away.

“There are good reasons for a community to protect itself from a growing HIV epidemic through IDU, but also because a large HIV epidemic in any country can very quickly affect economy, security and all of those issues.

“A lot of countries like those in Africa and some of the Asian countries are experiencing that—wiping out whole generations of young people who can no longer come through and be the leaders in the community and do the jobs that need to be done to keep a community operating and an economy operating.

“Keeping HIV under control is in the best interests of everyone in the community. We just can’t afford to put our head in the sand over IDU or gay men or sex work or any of the other issues.

“It may be unpleasant for some people but there’s no point in trying to pretend it doesn’t happen—it will only end in disaster.” •