

Australia: the politics of fear and neglect

The printed journal includes an image merely for illustration

Australian clinical and public-health research is an emblem of excellence across the Asia-Pacific region. That enviable position is being put at risk by Prime Minister John Howard's indifference to the academic medical community and his profound intolerance to those less secure than himself and his administration. The latest example of his complacency was a comment he made on a Melbourne radio station last week. He said that people living with HIV should not be allowed to enter and live in Australia—"prima facie, no", he asserted. Australia already has tough immigration rules for those with HIV. All hopeful migrants aged over 15 years are tested for the virus. Their applications stumble if they are found to be positive.

To any visitor, Australian culture feels progressive and inclusive. This attractive exterior belies a strong undercurrent of political conservatism, which Howard is ruthlessly tapping into. As the Australian columnist Janet Albrechtson wrote recently, "the Australian polity is inherently conservative...a conservative coalition has ruled for 42 of 58 years". 2007 is an election year

for Australia. How the country interprets its past and sees its hopes for the future will be critical not only for the health of its people but also for the contribution Australia makes to world health. At present, Australian politicians are scoring well below their potential.

Take Aboriginal health. The current health minister, Tony Abbott, recently insulted Aboriginal peoples by claiming that those who spoke up for indigenous health were simply "establishing politically and morally correct credentials". On climate change, environment minister Malcolm Turnbull apparently sees little new in the latest alarming assessments by the UN's Intergovernmental Panel on Climate Change.

Reviewing the effect of successive Howard administrations on Australia's academic community since 1996, the respected scientist Ian Lowe has written that "the present government has gone to extraordinary lengths to silence independent opinion within the research community". This year provides an opportunity at the ballot box to bring a new enlightenment to Australian health and medical science. ■ *The Lancet*

Improving access to second-line antiretrovirals

In June, 2006, UN member states at the High Level Meeting on AIDS committed themselves to provide universal access to comprehensive prevention programmes, treatment, care, and support by 2010. This week WHO, UNAIDS, and UNICEF publish the first report about progress towards this goal. Sadly, there is little for the international community to be pleased about. Although 2 million people had access to antiretroviral therapy at the end of 2006, 5 million were still in need of treatment.

Some progress has been made in reducing the costs of first-line antiretrovirals. In low-income and middle-income countries the prices of most first-line drugs decreased by between 37% and 53% from 2003 to 2006, contributing substantially to the wider availability of treatment. But more patients put on treatment will inevitably be accompanied by increasing HIV-drug resistance. Second-line drugs, and new types of antiretroviral drugs in the future, such as the integrase inhibitors, have the potential to offer new treatment options for patients whose disease no longer responds

to first-line drugs. But unless prices for second-line regimens fall substantially, budgetary constraints mean treatment programmes will be put at risk.

Last week, Abbott Laboratories announced plans to reduce the cost of its second-line drug lopinavir/ritonavir in 40 low-income and middle-income countries, following a meeting with WHO Director-General, Margaret Chan. But the meeting only took place after advocacy groups pressured WHO to take a strong line with Abbott over its aggressive pricing policy for lopinavir/ritonavir and its continued stance in not registering new drugs in Thailand, after the Thai Government issued a compulsory licence for lopinavir/ritonavir.

WHO can do more. Developing a robust plan on access to second-line drugs in collaboration with its partners, as called for by the International Treatment Preparedness Coalition—a worldwide group of people living with HIV/AIDS and their advocates—would be a good start. Such a move would show that WHO is serious about defending the interests of patients with HIV/AIDS. ■ *The Lancet*

The printed journal includes an image merely for illustration

For the report *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector* see http://www.who.int/hiv/mediacentre/universal_access_progress_report_en.pdf

For more on *integrase inhibitors* see [Comment Lancet 2007; 369: 1235](#) and [Articles Lancet 2007; 369: 1261-69](#)

For more about the *International Treatment Preparedness Coalition* see www.aids-treatment-access.org

For more on *WHO and the Abbott case in Thailand* see [Comment Lancet 2007; 369: 974-75](#)