Professor David Cooper
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NHMRC Program Grant announcement at UNSW

Minister Plibersek, NHMRC CEO Professor Warwick Anderson, Dean of Medicine Peter Smith, UNSW guests. Thank you for that introduction. In fact I speak to you today not only as the Director of the Kirby Institute, which is pleasingly well represented among the successful grants, but with another hat on as well.

As a member of Australia's research community, I would like to say how effective and constructive this NHMRC program grant scheme has proved to be. The collaborative structure draws together the cream of research excellence into a critical mass to achieve some truly ground-breaking advances.

For example, the HIV program grant announced today in which the Kirby Institute will participate also includes Melbourne and Monash Universities and the excellent Centre for Vascular Research here at UNSW. The program grant system is an inclusive model for research funding, covering as it does advances in medical research from basic science to clinical research all the way through the research spectrum to public health outcomes.

In addition, all the successful grants will draw in dozens of senior and junior researchers, using state-of-the-art research methodologies as well as allowing for new discovery, value-adding to the dollar amount of the grant many times over. So these grants not only address the questions for which they are awarded but also serve to train the next generations of researchers, which is a crucial but often unacknowledged need in the research community.

It verges on cliché to say that Australia punches above its weight internationally in medical research, and the NHMRC is a key part of that success. The cautionary note here is the fact that currently only about 20 percent of project grant applications to NHMRC are successful, which is a reflection both that the available funding pool has remained, shall we say, modest, and also of increased numbers of applications. We will never know what those remaining 80 percent of grant hopefuls might have contributed to the greater good.

The seven chief investigators on the HIV program grant have expertise in HIV research ranging from clinical trials to laboratory research, molecular virology and cellular immunology to animal models and systems biology. Collaborative groups like these are needed to answer complex questions in biology and medicine and many other fields, and the professional interactions take time to establish and to bear fruit.

Turning to my own area, the view that HIV is no longer a problem has grown at about the same rate as our success in developing effective HIV therapies. When something is no longer a death sentence, it loses its impact, and when a previously fatal illness becomes a chronic condition with a handful of pills, then it's difficult to argue its immediacy.

But it is no accident that the theme of this year's World AIDS Day was **HIV is still here**. Rates of HIV in Australia are gradually increasing again and in many countries including our neighbours, it is galloping along, with devastating impact on fragile societies in the developing world. We are a wealthy country and our research investment creates important potential impact in Australia, as it should, but often and usefully, the impact reaches well beyond our borders.

It is in fact an exciting time in HIV research. This HIV grant has three important components: vaccination to prevent new infections; unlocking the secrets of viral persistence, which in turn could offer a cure; and long-term outcomes on treatment. Once you realise that for

every three people we start on antiretroviral therapy, another five people around the world become infected, then you also realise that biomedical prevention, particularly in the form of vaccination, is our key objective. We and many others have been working toward an effective vaccine for years and it continues to be our ultimate goal. Cure, which is not a word we throw around lightly in HIV research, refers to work to identify and eradicate those pockets of virus which lurk in a range of cells and body organs out of reach of the current medications. And long-term outcomes are about creating the best possible medical and quality-of-life outcomes for people who are living with HIV. These objectives are closely linked, and progress in each will support and extend progress in the others.

Before I close, I would like to say one other thing in the context of crucial government funding for medical and scientific research. My organisation, the Kirby Institute, receives significant funding each year from your department, Minister, to conduct a vast range of other research. We are the national clearing house for surveillance not just of HIV but also viral hepatitis and a broad range of sexually transmissible infections, as well as trachoma. Our labs play a key role at the forefront of the latest diagnostic techniques and approaches. We have a substantial and growing role in Aboriginal health and justice health, and a vast role in prevention and behavioural work in a range of communities affected by HIV and other blood-borne viruses and STIs. And we actively work to build research capacity among our Asia Pacific neighbours. Every dollar from DoHA has given us the foundation from which to leverage about four times that amount in other domestic and international research funding. In other words, this ongoing support from DoHA is the essential bedrock that has in turn enabled our NHMRC success, both today and in past years.

I hope you all understand that every dollar, from whatever source, is valued and stretched and put to work for the good of the greater community. Program grants such as these announced today hold the potential to influence your lives in the not very distant future and you and your families will be reaping the benefits of what has been sown today. Thank you.