

The Sydney Declaration:

Good Research Drives Good Policy and Programming

- A Call to Scale Up Research

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Ten per cent of all resources dedicated to HIV programming should be used for research towards optimizing interventions utilized and health outcomes achieved.
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The evolution of HIV prevention, treatment, and care over the past quarter century is one of the great successes of medical science. Committed and sustained research efforts have provided the evidence on which approaches to programming are based. These same scientific efforts are now resulting in new prevention technologies and drugs, and new strategies to manage and deliver both. Good research drives good policy.

In recent years resources have dramatically increased for delivery of existing interventions in resource-limited settings. Although funding remains insufficient to meet the increasing need for services, it is imperative that the global community does not lose sight of the future while responding to the immediate crisis. An effective response to HIV/AIDS requires a sustained commitment to ensure that interventions and approaches to service delivery are continuously improved over time. For example, as current first-line antiretroviral regimens become increasingly available in resource-limited settings, there is an urgent need to identify optimum, durable, and well-tolerated standardised first-line and second-line regimens, and to monitor and respond to resistance patterns as they emerge. Outcomes will not necessarily be the same in diverse settings across the globe.

Operations research is critical, in addition to basic, clinical, prevention, social, and policy research. We must identify which approaches are effective in the field, which are not, and why. We must also learn how to integrate HIV-specific services with primary, tuberculosis, malaria, prenatal and postnatal, and sexual and reproductive health services. None of these services have been as effectively linked to scale-up of HIV programming as is possible or necessary. Furthermore, greater understanding of the social, political, and cultural barriers that perpetuate stigma and discrimination can contribute to ensuring that governments act in the interests of public health.

Operations research will enable rapid implementation of new technologies to prevent, diagnose, and treat HIV infection, and can help to ensure that health systems are strengthened as a result of scaling-up HIV prevention, treatment, and care. Unfortunately, few granting agencies or national health budgets commit designated funds to operations research, and where such funding is available, it is often underused. The Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, allows up to 10% of each grant to be allocated for operations research, but this provision is rarely used by countries and the research community is rarely represented on Country Coordinating Mechanisms (CCMs). The lack of participation on CCMs further reduces the likelihood that operations research will be a priority in funding applications.

An ancillary benefit of integrating research into the overall approach to scale-up in the developing world will be an expanding cadre of health-care workers trained in research methodologies and practice. Such research should not be seen as an additional burden on the various funding bodies or ministries of health but, on the contrary, as the only means by which we can refine our understanding of what is and is not effective.

Last but not least, all areas of research can further strengthen the efforts of the global AIDS community to confront the absurd theories of AIDS denialists as well as the “magic” cures that continue to confuse policymakers, health-care professionals, and communities of people at risk of and living with HIV/AIDS throughout the world. HIV professionals must continuously build on the evidence base to ensure sound and effective policies and practices in HIV/AIDS prevention, treatment, and care.

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