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FOR APPLIED RESEARCH AND PUBLIC POLICY

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November 17, 1999

Ms. Sandra L. Thurman
 Director
 White House Office of National Aids Policy
 736 Jackson Place
 Washington, D.C. 20503

Dear Ms. Thurman:

Attached is a copy of your article, which will appear in the next issue of FORUM. We're going to press in about a week. Although we haven't done the final clean-up editing—and undoubtedly you'll find a few errors—I wanted you to have one last chance to review it for substantive corrections.

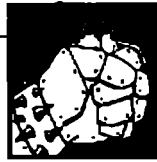
Also, please send the names and addresses of up to three people to whom we could send preprints of your article. We'll ask them to review your article in a letter to the editor, which we can publish in a subsequent issue.

In addition, if you haven't yet sent us your copyright release form, please do so as soon as possible.

Thanks for your interest in FORUM. We look forward to seeing you in the next issue.

Best wishes,

Dennis McCarthy
 Dennis McCarthy
 Editor in Chief



DRAFT Lessons from Africa

*Children can serve as a catalyst for a more
comprehensive fight against AIDS.*

BY SANDRA L. THURMAN

In Africa, a common belief is not that we have inherited this world from our parents, but that we have borrowed this world from our children. Our obligation is to return to them a better world. Yet we are failing in so many ways, giving them back a world where poverty and disease eclipse hope. An entire generation is in jeopardy, and chief among the dangers is AIDS.

The United States as a nation has just begun to realize that the AIDS epidemic here is only a small wave of the AIDS pandemic sweeping the globe.

Sub-Saharan Africa remains the epicenter of this crisis, with 22.5 million—or two-thirds—of the 33.4 million annual infections worldwide occurring in this region. By the end of the next decade, over 40 million children will have been orphaned by AIDS worldwide, and

95 percent of them live in sub-Saharan Africa.

In light of these staggering numbers, a focus on children can, and should, be a catalyst for a more comprehensive fight against AIDS. Twice during 1999, I visited South Africa, Uganda, and Zambia at the request of President Clinton. Together with leaders from Congress and the private sector, we went to observe the AIDS situation in those countries and to search for ways to enhance our understanding and support for sustainable solutions by observing children orphaned by AIDS.

Those of us who worked on the front lines of this country's early AIDS epidemic have seen more than our share of sickness, death, and grief. It has been an inadequate preparation for those of us facing the epidemic in Africa. There is nothing that can prepare you for the

pain in the eyes of children who have lost everything to AIDS.

The grip that AIDS has on communities around the world is almost incomprehensible. In Africa, where the grip is especially tight, AIDS is now the leading cause of death among all people of all ages. Each and every day in Africa, AIDS kills more than 5,500 women, men, and children; every 8 seconds, 11,000 people are newly infected. Although AIDS in sub-Saharan Africa is an equal opportunity killer, women, children, and young people are increasingly infected at disproportionate rates.

In the United States we have made and continue to make great strides in the prevention and treatment of HIV and AIDS. Our investments in research have given us new therapies that—while far short of a cure—have helped many to live longer and better lives. Yet the good news for some has led too many to believe that the worst is behind us. The sobering truth is that the AIDS epidemic is far from over.

We must remember that the tragedy of AIDS is *not* slowly nearing its end (here or anywhere else in the world). On the contrary, it is just beginning. In the United States, infections occur at some 40,000 to 60,000 per year; many already infected do not know their HIV status; and, many still go without medical care.

In most other countries where AIDS has taken hold, the news is even more grim. The treatments that have helped many here are a distant dream. Africa, as the epicenter of this plague, has suffered the most. Yet the severity of the current AIDS pandemic will not be limited to the African region. Indeed, as goes Africa, so follow India, Southeast Asia, and the newly independent states of the former Soviet Union.

AIDS Orphans

In a host of different ways, it is our children who are caught in the crossfire of this relentless epidemic. In many parts of sub-Saharan Africa, up to a quarter of the children are already living with an HIV-positive parent. In nine sub-Saharan African countries, between a fifth and a third of the children will be orphaned by AIDS by the end of 1999.

The numbers are staggering, but they don't tell the whole story. The intrusion of AIDS into households and communities across sub-Saharan Africa has left millions of children without the care essential to their well-being. Those who lose a parent to AIDS are commonly met with stigmatization, social isolation, and prejudice. Besides this significant psychosocial distress, these children suffer from neglect, malnutrition, loss of schooling, forfeiture of inheritance, and increased exposure to crime. They are also at extraordinary risk of physical and sexual abuse and exploitation as child labor. The result is a vicious cycle of poverty and segregation that places these children at greater risk of contracting HIV themselves and effectively unravels years of progress in economic and social development.

In Lusaka, Zambia alone, 100,000 children are estimated to be living on the streets. Most of these children have been orphaned by AIDS. They spend their nights on Cairo Road, sleeping in gutters and in trees, hoping to remain out of the "line of fire." Some are new to the streets, while others have called it home for years. In an effort to survive, too many are forced into crime, survival sex, and drug trafficking. While none of these children would actually choose this life, once they belong to the streets, it is difficult to turn back. Though

exact statistics are unknown, it is likely that HIV infection is spreading rapidly among them.

AIDS in sub-Saharan Africa is also placing extraordinary burdens on the extended family and village systems that have always been the backbone of African child-rearing tradition. At the same time, the responsibility for the care of children orphaned by AIDS is stretching government and community resources to the breaking point. Traditionally, the extended family has met the basic needs of orphans and provided a protective environment in which they could grow and develop. However, AIDS has threatened the stability of these kinship networks, which no longer guarantee the long term care of orphans.

Increasingly, heads of households are either very old, or very young. Take Bernadette Nakayima, a grandmother from the small village of Kyahusome, outside of Maskaka, Uganda. At age 70, Bernadette had lost 10 of her 11 adult children to AIDS and is now caring for all 35 of her grandchildren. With some aid through loans from a village banking system, she supports this large family by growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil. With the money she earns, she is able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are now HIV-positive, and begin construction on a house big enough to sleep all of them at the same time.

And as if survival alone was not enough of a burden, she devotes the little spare time she has to an organization called United Women's Effort to Save Orphans. Founded by the First Lady of Uganda, Janet Museveni, UWESO helps link thousands of women who share Bernadette's struggle.

The growing number of children orphaned by AIDS will have a profound impact on society. Estimated to eventually comprise up to a third of the population under 15 in some countries, this sad part of the AIDS epidemic represents a generation in jeopardy—a sea of youth who are disadvantaged, vulnerable, under-educated, and lack both hope and opportunity. The creation of such a large and disaffected demographic youth explosion could propel some of these societies to significant unrest and destabilization over the long term. The threat to the prospects for economic growth and development in the most seriously affected countries is considerable. Community-based and multi-sectoral strategies to provide care and support for orphans and children affected by AIDS should be at the center of our efforts to combat this global pandemic.

Mother to Child

Compounding the tragedy of children orphaned by AIDS are those who are living with AIDS, many of whom were infected through the mothers they lost. Ten percent of all new infections in Africa occur through mother-to-child transmission during pregnancy or through breast feeding. In sub-Saharan Africa, nearly 600,000 new infections occur each year among infants. For every 10 children born to HIV-positive mothers in Africa today, two become infected during delivery and one becomes infected through breast feeding.

The prognosis is grim. Indeed, AIDS is reversing years of progress in child survival. In the next 10 years, in many African countries, infant mortality is expected to double, child mortality to triple, and as we move into the new millennium, one in three children in

Africa will be orphaned by AIDS.

Therefore, developing methods that are feasible in Africa to reduce mother-to-child transmission of HIV is a high priority. For the past 3 years, multiple studies have been initiated to develop interventions that could be utilized in poor countries. In February 1998, data from the first of these studies demonstrated that a short course of zidovudine (AZT) could reduce mother-to-infant HIV transmission by nearly 40 percent in nonbreast-feeding infants.

Even more recently, on July 14, 1999, the National Institutes of Health announced that a joint Uganda-U.S. study had demonstrated the efficacy of a low-cost drug called nevirapine (NVP) in reducing mother-to-child transmission of HIV at birth by an additional 50 percent as compared to the short course of AZT regimen.

These preventative drug regimens are far simpler and less expensive than the antiretroviral regimens used in the United States, and potentially just as effective. These may give pregnant women new incentives to seek HIV testing and counseling, and if infected, to receive treatment where it is available.

New developments that reduce the risk of mother-to-child transmission are extremely encouraging and provide hope for saving the lives of hundreds of thousands of babies a year. However, a host of additional issues need to be explored before these developments can be effectively translated into productive action. For example, to receive maximum benefit from AZT and perhaps NVP, mothers are encouraged not to breast feed. In cultures where breast feeding is the norm, women who choose not to breast feed are often assumed to be HIV-positive, and are thus faced with stigmatization based on

a perceived HIV status.

Furthermore, in many areas of sub-Saharan Africa, infant formula is unaffordable and the lack of clean water often makes it impractical. In some cases, babies are as likely to die from diarrhea resulting from incorrect use of formula as they are from AIDS. These technical and ethical challenges deserve our immediate attention, so that the promise of new technologies can become a reality for as many women and children as possible.

Access Barriers

There are numerous barriers to effective HIV prevention and the care and treatment of those already living with HIV and AIDS. In order for prevention and care efforts to truly take hold, several underlying issues—including health care infrastructure and stigmatization of those living with HIV/AIDS—must be addressed. The problems surrounding AIDS in Africa have shown us that responses to these factors should be incorporated into plans to address the epidemic in any society.

The lack of health care infrastructure is a serious obstacle in Africa. At least 95 percent of pregnant women do not know whether they are HIV-positive and currently lack access to testing and counseling services where they could find out their status. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics currently unequipped for complex interventions. In the poorest parts of Africa, nearly 80 percent of women lack access to any kind of health care at all.

Governments remain under intense pressure to provide basic supports, and the problem of children orphaned by AIDS is just one of many competing urgent priorities in

developing countries. Strains on already limited resources leave most public safety nets for children uncoordinated, under-funded, and unavailable to the majority of those in need.

As in the early dark days of this nation's struggle with AIDS, many African communities cover the all-too-frequent funerals with a shroud of silence. The stigmatization of AIDS can be so overwhelming that just the fear of discrimination, violence, and abandonment can dramatically restrict the ability of women to make safe choices. Recently, for example, an HIV-positive woman in South Africa went public with her status and was stoned to death by her neighbors. Countless other women and children have been left destitute after their husbands discovered, or decided, that they were HIV-positive. However, community mobilization and support can help those affected to believe that they can change their circumstances for the better. This sense of empowerment is a powerful behavior change tool.

Moving Forward

Increasingly, the impact of AIDS is reaching far beyond the realm of public health. AIDS is not only causing unfathomable human suffering, it is jeopardizing economic growth, political stability, and civil society in many sub-Saharan African nations. Just as AIDS can overwhelm the body, it can overwhelm a nation. To effectively address the AIDS epidemic, we must engage leadership from all sectors of government—from the health sector to the economic sector to the labor sector to the military sector.

To support this kind of multi-sectoral response, the Clinton administration has launched a broad new initiative called Leadership and

Investment in Fighting an Epidemic, or LIFE. The centerpiece of this initiative is a \$100 million investment in the fiscal year 2000 budget to implement a four pronged strategy: prevention, including the prevention of HIV transmission from mother to child; basic care and treatment; support for children orphaned by AIDS; and development of the infrastructure needed to accomplish these goals. The plan represents an unprecedented collaboration between the U.S. Department of Health and Human Services, the Department of Defense, and the Agency for International Development.

This is the largest-ever increase in U.S. support for fighting the global AIDS pandemic. It will more than double our investment in HIV prevention and AIDS care and treatment in Africa. While it is just a first step, this initiative is an essential foundation for progress in garnering resources to parallel the magnitude of this rapidly escalating pandemic. However, the enormity of the global AIDS pandemic necessitates a coordinated response.

Therefore, the LIFE initiative will seek to elicit an enhanced response from other key stakeholders. The United States will increase its dialogue with the political leadership in countries hardest hit, challenge other developed nations to match this increased commitment, and maximize its coordination with multilateral institutions, the private sector, and the many nongovernmental organizations working in the most heavily affected regions.

Lessons for the Future

Painful experiences here at home and in Africa have taught us valuable lessons. Most important for the future of our global community is the understanding that we are much more alike than we are different. While we must celebrate our diversity, there is much we can learn from each other. We are far more than just a collection of independent countries. As a family of nations, our fates are inextricably linked. The AIDS epidemic in Africa and throughout the world is a shared epidemic.

We must also understand the remarkable power of real and sustained political leadership. While the struggle against AIDS will continue to depend on the efforts of dedicated individuals in communities worldwide, it cannot be won without leadership from the top. Clear and concerted political commitment to speak the truth about this epidemic and to allocate the resources needed is essential. In countries that have instituted successful HIV prevention strategies—such as Uganda and Senegal—political commitment from the highest levels has made the critical difference.

Partnerships are also essential. AIDS is not just a health problem, but a race problem, a democracy and civil society problem, and a security problem. AIDS is everyone's problem and everyone must be part of the solution.

Finally, truth matters. Thousands have paid the ultimate price for the stigma that surrounds AIDS. To-

gether, we must lift the secrecy that surrounds AIDS so that individuals and families living with AIDS will no longer be forced to suffer in silence. For years in America, AIDS victims remained underground. People living with AIDS lost their jobs, their homes, their health insurance, and their dignity to the fear mongering and finger pointing of others. Leadership, education, and expansion of civil rights laws have helped—though there remains much work left to be done. AIDS thrives in secrecy, and shrinks from the light of truth.

Much has been written about what we need to do to turn the tide of this epidemic. It is now time to move from paper to practice and from words to deeds. Together, we must find ways to affirm that we are a global community and that we must battle against AIDS in America, in Africa, and around the world in a shared campaign. As Archbishop Desmond Tutu has said, "If we wage this holy war together—we will win."

We are living in a time of great challenge. The lives of millions hang in the balance. We cannot afford to forget the nearly 14 million people around the world lost to AIDS. Instead we must build from this tragedy a foundation of hope, a legacy of compassion, and a partnership forged by a shared struggle. Our children deserve no less. ■

Sandra L. Thurman is director of the Office of National AIDS Policy at the White House, in Washington, D.C.

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FOR APPLIED RESEARCH AND PUBLIC POLICY

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DATE: November 5, 1999

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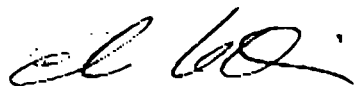
Phone:

No. of Pages: 12 including this cover

Dear Cheryl,

Here's the article with some slight revisions. Any substantive changes or questions are in bold. Please make any changes in ink directly on the copy and return to me as soon as possible.

I look forward to seeing the article in print.



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MS: SLT-99.393

DRAFT: November 5, 1999

LESSONS FROM AFRICA

Children can serve as a catalyst for a more comprehensive fight against HIV/AIDS.

BY SANDRA L. THURMAN

In Africa, a common belief is not that we have inherited this world from our parents, but that we have borrowed this world from our children. Our obligation is to return to them a better world. Yet, we are failing in so many ways, giving them back a world where poverty and disease eclipse hope. An entire generation is in jeopardy, and chief among the dangers is AIDS.

The United States as a nation has just begun to realize that the AIDS epidemic here is only a small wave of the AIDS pandemic sweeping the globe. Sub-Saharan Africa remains the epicenter of this crisis, with 22.5 million—or two-thirds—of the 33.4 million annual infections worldwide occurring in this region. By the end of the next decade, over 40 million children will have been orphaned by AIDS worldwide, and 95 percent of them live in sub-Saharan Africa.

In light of these staggering numbers, a focus on children can, and should, be a catalyst for a more comprehensive fight against AIDS. Twice this year, I have visited South Africa, Uganda, and Zambia at the request of President Clinton. Together with leaders from Congress and the private sector, we went to observe the AIDS situation in those countries and to search for ways to enhance our understanding and support for sustainable solutions by observing children orphaned by AIDS.

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2

those of us facing the epidemic in Africa. There is nothing that can prepare you for the pain in the eyes of children who have lost everything to AIDS.

The grip that AIDS has on communities around the world is almost incomprehensible. In Africa, where the grip is especially tight, AIDS is now the leading cause of death among all people of all ages. Each ~~day~~ ^{and every day} in Africa??, AIDS kills more than 5,500 women, men, and children; every 8 seconds 11,000 people are newly infected. Although AIDS in sub-Saharan Africa is an equal opportunity killer, women, children and young people are increasingly infected at ^{disproportionate rates} ~~of~~.

In the United States we have made and continue to make great strides in the prevention and treatment of HIV and AIDS. Our investments in research have given us new therapies that --while far short of a cure-- have helped many to live longer and better lives. Yet the good news for some has led too many to believe that the worst is ^{behind us.} ~~over~~. The sobering truth is that the AIDS epidemic is far from over.

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AIDS Orphans

In a host of different ways, it is our children who are caught in the crossfire of this relentless epidemic. In many parts of sub-Saharan Africa, up to one-quarter of the children are already living with an HIV-positive parent. In nine sub-Saharan African countries, between one-fifth and one-third of the children will be orphaned by AIDS by the end of this year.

The numbers are staggering, but they don't tell the whole story. The intrusion of AIDS into households and communities across sub-Saharan Africa has left millions of children without the care essential to their well being. Those who lose a parent to AIDS are commonly met with stigmatization, social isolation, and prejudice. Besides this significant psychosocial distress, these children suffer from neglect, malnutrition, loss of schooling, forfeiture of inheritance and increased exposure to crime. They are also at extraordinary risk of physical and sexual abuse and exploitation as child labor. The result is a vicious cycle of poverty and segregation that places these children at greater risk of contracting HIV themselves and effectively unravels years of progress in economic and social development.

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AIDS in sub-Saharan Africa is also placing extraordinary burdens on the extended family

and village systems that have always been the backbone of African child-rearing tradition. At the same time, the responsibility for the care of children orphaned by AIDS is stretching government and community resources to the breaking point. Traditionally, the extended family has met the basic needs of orphans and provided a protective environment in which they could grow and develop. However, AIDS has threatened the stability of these kinship networks, which no longer guarantee the long term care of orphans.

Increasingly, heads of households are either very old, or very young. Take Bernadette Nakayima, a grandmother from the small village of Kyahusome, outside of Maskaka, Uganda. At age 70, Bernadette had lost 10 of her 11 adult children to AIDS and is now caring for all 35 of her grandchildren. With some aid through loans from a village banking system, she supports this large family by growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil. With the money she earns, she is able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are now HIV-positive, and begin construction on a house big enough to sleep all of them at the same time.

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✓ Mother To Child Transmission

→ Compounding the tragedy of children orphaned by AIDS are those who are living with AIDS, many of whom were infected through the mothers they lost. Ten percent of all new infections in Africa occur through mother-to-child transmission during pregnancy or through breast feeding. In sub-Saharan Africa, nearly 600,000 new infections occur each year among infants. ~~In Africa~~ today. ^{in Africa today} For every 10 children born to HIV-positive mothers, 2 become infected during delivery and one becomes infected through breast feeding.

The prognosis is grim. Indeed, AIDS is reversing years of progress in child survival. In the next 10 years, in many ^{African} Africa countries, infant mortality is expected to double, child mortality to triple, and as we move into the new millennium, one in three children in Africa will be orphaned by AIDS. ✓

Therefore, developing methods that are feasible in Africa to reduce mother-to-child transmission of HIV is a high priority. For the past 3 years, multiple studies have been initiated to develop interventions that could be utilized in poor countries. In February 1998, data from the first of these studies demonstrated that a short course of zidovudine (AZT) could reduce mother-to-infant HIV transmission by nearly 40 percent in non-breast feeding infants. Even more

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Furthermore, in many areas of sub-Saharan Africa, infant formula is unaffordable and the lack of clean water often makes it impractical. In some cases, babies are as likely to die from diarrhea resulting from incorrect use of formula as they are from AIDS. These technical and ethical challenges deserve our immediate attention, so that the promise of new technologies can become a reality for as many women and children as possible.

✓ Effective Prevention and (15-20)
Barriers to Care ✓

There are numerous barriers to effective HIV prevention, and the care and treatment of those already living with HIV and AIDS. In order for prevention and care efforts to truly take hold, several underlying issues—including health care infrastructure and stigmatization of those living with HIV/AIDS—must be addressed. The problems surrounding AIDS in Africa have shown us that responses to these factors ~~can~~ *should* be incorporated into plans to address the epidemic in any society.

The lack of health care infrastructure is a serious obstacle in Africa. At least 95 percent of pregnant women do not know **whether?** they are HIV-positive and currently lack access to testing and counseling services where they could find out **their status**. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics currently unequipped for complex interventions. In the poorest parts of Africa, nearly 80 percent of women lack access to any kind of health care at all.

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As in the early dark days of this nation's struggle with AIDS, many African communities cover the all-too-frequent funerals with a shroud of silence. The stigmatization of AIDS can be so overwhelming that just the fear of discrimination, violence, and abandonment can dramatically restrict the ability of women to make safe choices. Recently, for example, an HIV-positive woman in South Africa went public with her status and was stoned to death by her neighbors. Countless other women and children have been left destitute after their husbands

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To support this kind of multi-sectoral response, the Clinton Administration has launched a broad new initiative called Leadership and Investment in Fighting an Epidemic, or LIFE. The centerpiece of this initiative is a \$100 million investment in the FY2000 budget to implement a four pronged strategy ~~that includes~~ prevention, including the prevention of HIV transmission from mother to child, basic care and treatment, support for children orphaned by AIDS, and development of the infrastructure needed to accomplish these goals. The plan represents an unprecedented collaboration between the U.S. Department of Health and Human Services, the Department of Defense, and the Agency for International Development. ✓

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9

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10

made the critical difference.

Partnerships are also essential. AIDS is not just a health problem, ^{but a development problem,} ~~it is also a~~ ^{a trade problem,} ~~but a for trade problem,~~ ^{problem} a democracy and civil society^{problem}, and security^{problem}. AIDS is everyone's problem and everyone must be part of the solution.

Finally, truth matters. Thousands have paid the ultimate price for the stigma that surrounds AIDS. Together, we must lift the secrecy that surrounds AIDS so that individuals and families living with AIDS will no longer be forced to suffer in silence. For years in America, AIDS victims remained underground. People living with AIDS lost their jobs, their homes, their health insurance, and their dignity to the fear mongering and finger pointing of others. Leadership, education, and expansion of civil rights laws have helped—though there remains much work left to be done. AIDS thrives in secrecy, and shrinks from the light of truth.

Much has been written about what we need to do to turn the tide of this epidemic. It is now time to move from paper to practice and from words to deeds. Together, we must find ways to affirm that we are a global community and that we must battle against AIDS in America, in Africa, and around the world in a shared campaign. As Archbishop Desmond Tutu has said, "If we wage this holy war together—we will win."

We are living in a time of great challenge. The lives of millions hang in the balance. We cannot afford to forget the nearly 14 million people around the world lost to AIDS, but instead must build from this tragedy a foundation of hope, a legacy of compassion, and a partnership forged by a shared struggle. Our children deserve no less. ■

Sandra L. Thurman is the Director of Office of National AIDS Policy at the White House in Washington, DC. ✓

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Diseases tighten grip worldwide

Health grants
fight rising tide
around the globe

By Steve Sternberg
and Anita Manning
USA TODAY

Microsoft's Bill Gates, whose family foundation has pledged \$1 billion to supply vaccines to the poor worldwide, will announce a new series of health grants today worth \$133 million, including \$25 million to promote the development of new tuberculosis drugs.

COVER STORY

The donation coincides with the release today of a dramatic World Health Organization report that finds that the most dangerous strains of TB, those that are resistant to conventional drug treatment, are gaining a foothold even in wealthy countries.

"TB is a good example of how, if we don't pay attention to these diseases, we'll go backward," Gates says.

Gates' gift, along with the latest series of grants announced by foundation president Patty Stonesifer in India, boosts hopes among experts that it might be possible to make substantial progress against killer diseases worldwide. They say now is the time to strike.

After decades of limping along, hobbled by political indifference and a lack of funding, global health officials are rushing to save whole populations.

An unprecedented confluence of factors, from an energized World Health Organization to the generosity of the Bill and Melinda Gates Foundation, has created a rare "window of opportunity to defeat tuberculosis, malaria and drug-resistant microbes with the tools we have at hand," says Nils Daulaire, president of the Global Health Council, an advocacy group. "In 10 to 15 years, it may



By Samar Jodha, Gates Foundation

Gift of health: Women and their children line up for immunization shots Wednesday in Kanchanpuri, India.

be too late."

Public health authorities offer many explanations for the relative neglect of global health problems in the past 20 years, including economic insecurity at home to the feeling that the world's health problems were too vast even for history's richest nation to tackle.

Pessimism gripped even the idealists dispensing medicine and wielding syringes. "The sense cultivated in the '80s and '90s was often one of hopelessness,"

Daulaire says.

Gates' contributions and active concern over the plight of children and the poorest of the poor have proved infectious. His influence is hard to overstate, says Richard Feachem, director of the Institute for Global Health at the University of California, San Francisco.

"The immunization programs in many countries were faltering. The industry was not investing in new vaccines, and the whole international pic-

ture was deteriorating," Feachem says.

"In 18 months, that has been transformed into dynamism, major new flows of money, new energy, new programs, new commitment and a sense we're on a new path of optimism. It's been a spectacular change."

Gates says he has always been interested in science and medicine, but he has recently recognized that medical

See COVER STORY next page ►

Health care in poor nations as much as a century behind

Continued from 1A

advances have bypassed millions of people worldwide. "Three million children die each year of vaccine preventable diseases," Gates says. "When I first started reading about this stuff, I said, 'Three million? It blows your mind.' "Why isn't this getting more attention?"

The key reason is money, some experts say. "Global public health has become conventional, in the sense that its logic has become economic: How much can you do

"In a time of limited resources?" says Paul Farmer, an AIDS and TB expert at the Harvard Medical School. "People neglect to add that resources happen to be less limited now than ever before in human history."

"The immensity of Gates' wealth serves as a reminder that the pie isn't as small as we've made it out to be — and that has led to a much-needed infusion of imagination in our ranks."

"This may be the best thing I've seen in public health," says William Foege, Gates' adviser and a veteran of the campaign that led to the eradication of smallpox in 1977. "The excitement levels I've seen in people working in public health remind me of the heady days when we were working on smallpox eradication. Suddenly, no one wants to be left behind."

Answering the challenge

The bandwagon is filling up: The Clinton administration has earmarked more than \$100 million for the global fight against AIDS. Clinton also has proposed offering drug firms \$1 billion in tax incentives over 10 years to develop vaccines for malaria, TB and AIDS.

Several drug firms, responding to Clinton's challenge, offered millions of doses of vaccines for hepatitis B and haemophilus influenza B. Smith-Kline Beecham agreed to expand its public health vaccine program and begin a trial in Gambia this fall.

The Senate Foreign Relations Committee approved a public health bill Thursday sponsored by Sens. John Kerry,

D-Mass., and Bill Frist, R-Tenn. The bill, partly drafted by Patty Murray, D-Wash., and Jesse Helms, R-N.C., would provide \$300 million for AIDS prevention in Africa and \$50 million for the newly organized Global Alliance for Vaccines and Immunization (GAVI). GAVI was jump-started by a \$750 million fund established by Gates.

The bill also would enable the United States to take a lead role in setting up a multinational vaccine-purchase fund to create a market for new vaccines once they are developed.

In the House, Sherrod Brown, D-Ohio, and Connie Morella, R-Md., will introduce a bill today that would provide \$100 million this year for TB treatment and prevention.

Rep. Joseph Crowley, D-N.Y., who represents the district in Queens where the West Nile virus emerged, has introduced the Global Health Act of 2000. It would allot \$1 billion for infectious disease, AIDS, child health, maternal health and family planning.

The World Health Organization, newly energized by Director general Gro Harlem Brundtland, launched a Roll Back Malaria campaign in 1998 that seeks to combat a disease that afflicts 500 million people a year and kills 3,000 a day. Gates' funding will play a role.

In June, Queen Noor of Jordan will serve as chair of the Global Health Council's annual meeting in Arlington, Va. The theme is "A century of health for the children of 2000." In Jordan, Noor heads a foundation to address the health needs of women and children.

Foreign policy experts have begun to view global illness as a national security concern. U.N. Ambassador Richard Holbrooke has stated that AIDS could destabilize many African nations. The CIA's advisory National Intelligence Council asserts in a newly declassified report that infectious diseases "will complicate U.S. and global security over the next 20 years."

All this attention couldn't come at a better time, Daulaire says. America may be coasting into the 21st century on the updraft of a hot economy and dazzling scientific breakthroughs, but for people in developing countries, it's still the 19th cen-



The power of vaccines: A boy waits for immunization shots Wednesday at a clinic in Kanchanpuri, India.

tury. And for them, time is moving backward.

"What's sobering is that the trends are moving in the wrong direction," Daulaire says. He cites declines in life expectancy and rising death rates because of AIDS, TB and malaria. Six million die of malaria, TB and AIDS each year, he says.

The goal of the new dynamism in public health is to make inroads into the challenging problems of world health before they grow even worse, Daulaire says.

Domino effect of diseases

Consider: If HIV had begun spreading before smallpox was eradicated in 1977, smallpox would still be spreading. The reason: Smallpox vaccine would have been too dangerous to use in countries with HIV be-

cause it can actually cause a fatal smallpox-like disease in people whose resistance is low.

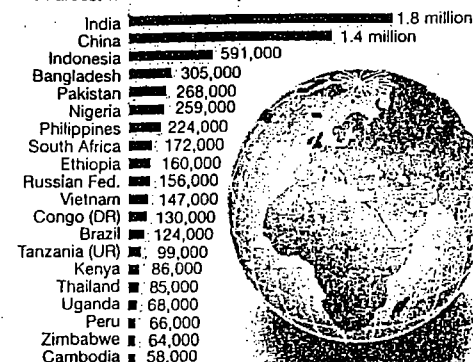
The picture isn't entirely bleak, however. This year, 74% of the world's children will receive the standard vaccines recommended by WHO. The vaccines will save an estimated 3 million lives and prevent disabilities in 750,000 children, though this figure has remained static since the 1980s.

Narrowing the focus may help get a handle on these seemingly overwhelming problems, Daulaire says. "Eighty percent of the health differential between poor and rich nations is really due to eight conditions," he says. "Instead of dealing with 1,000 things, we need to deal with only eight to address this health gap."

Six of the eight are infectious diseases: TB, malaria, childhood pneumonia, diarrhea,

Tuberculosis on the rise

Tuberculosis, a bacterial infection of the lungs, is widespread. The hardest-hit countries this year:



Source: World Health Organization

By Suzy Parker, USA TODAY

Resistant strains are spreading

Strains of tuberculosis that are impervious to one or more of the drugs used to cure the disease are spreading around the world, says a report to be released today in Amsterdam by the World Health Organization.

While more common in poor regions, resistant strains are increasing even in some developed countries, the report finds: In Germany, the percentage of strains resistant to one drug jumped from 7.7% to 10.3% from 1997 to 1998.

In Denmark, the percentage went from 8.8% to 13.4% from 1996 to 1997. In New Zealand, rates jumped from 4.8% to 12% from 1996 to 1997.

"The fact that they're growing as fast as they are is very troubling," says Nils Daulaire of the Global Health Council. "What we're seeing is the dangerous beginning of a take-off curve."

TB strains that are resistant to two or more drugs, called multidrug resistant or MDR, are less common (fewer than 2%) in those

countries but also are increasing significantly.

In the USA, the percentage of strains resistant to one drug declined slightly, from 12.9% to 12.4% from 1995 to 1997. The percentage of MDR strains dropped from 2% to 1.4% during the same period.

The report is the second of its kind; an earlier study examined drug-resistant TB rates from 1994 to 1996. "This is the first time we've been able to look over time," Daulaire says. "We've had snapshots before, but with a snapshot you can't tell if the rates are going up."

In some countries, the situation is drastic: Estonia reports that in 1998, 40.8% of TB strains were resistant to one drug, up from 31.6% the year before; 18.1% were multidrug resistant, a jump of 4.6% in a single year.

Yet, the report says, where TB control programs exist, the rates of resistance have not increased and in some cases have decreased.

By Anita Manning

measles and HIV/AIDS. The other two are reproductive health issues: millions of unintended pregnancies and the risks posed by pregnancy and childbirth in poor nations.

Solving most of these problems would cost \$13 to \$15 a year per person worldwide, Daulaire says. "It's one of the great bargains of the century," he says, but far more than the

\$3 to \$5 a year now being spent on health care for people in poor countries.

Many health experts believe these problems can be solved. "In the past, we might have been able to hide behind an altitude of 'It's too difficult; the scientists can't solve it, we can't crack that problem,'" Feachem says. "But it's very hard to take that view now."

An investment in global health

Advances in biotechnology and medical science make it possible to tackle problems that might have seemed insurmountable just a decade ago, he says, and new incentives offered to vaccine manufacturers by the U.S. government are fueling research into vaccines against malaria, TB and AIDS.

The United States is encouraging an investment in global health for good reason, Daulaire says. Though developed countries are benefiting from a "revolutionary shift" in health care because of technological advances, poorer countries are about a century behind.

"As we are making this rapid leap into the 21st century, we have this huge body of human beings — 2 billion people living in the poorest countries of the world — whose health conditions are more akin to the 19th century," he says.

Though the moral questions of ignoring the health needs of the poor can be debated, Daulaire and others believe there's a more urgent force at work: "There is no longer a physical divide that can leave us safe on one side of the pool," he says. "If we were to abandon those 2 billion people, it would lead to a world of chaos, a breakdown of social and political order and ultimately war."

What affects Africa and India affects Western Europe and the United States, he says, pointing to the emergence of mutant tuberculosis, malaria and other organisms that are impervious to one or more drugs that used to be effective.

"If we leave those (poor nations) as a petri dish for the development of these modified organisms, we're all at risk," he says. If we get to a point where the bugs are resistant to all antibiotics, "it will pull all of us back to the 20th century."

The Washington Post

AN INDEPENDENT NEWSPAPER

Science vs. Poverty

TECHNOLOGY AND prosperity advance relentlessly in the rich world, obscuring the truth that much of the poor world is going backward. In southern Africa, life expectancy is projected to drop from a high of 59 years in the early 1990s to 45 in this decade—the lowest since the 1950s. Elsewhere in Africa, life expectancy is falling too. Unless something is done about the cause, it will afflict other continents.

The cause—or at least the direct one—is the spread of infectious diseases. AIDS is reckoned to have killed a record 2.6 million people last year. Tuberculosis, which often afflicts people weakened by AIDS, accounts for another 2.3 million or so deaths annually; malaria kills more than 1 million. Although Africa carries the brunt of this scourge, infection rates for HIV—the virus that causes AIDS—are climbing in Asia and Latin America too. Last year the country with the sharpest increase in HIV was Russia.

The administration and Congress are belatedly responding to this tragedy—partly in traditional ways, and partly in exciting new ones. The administration is asking for \$100 million in extra funds to fight HIV and AIDS in Africa and Asia, and is pushing the World Bank and other regional development banks to devote more resources to health issues. In the Senate, Sens. John Kerry (D-Mass.) and Bill Frist (R-Tenn.)

have a range of ideas, including tax breaks for targeted pharmaceutical research. But the really innovative scheme, embraced by administration and senators alike, is a global fund to buy vaccines for poor countries.

The fund provides a way to enlist science in the struggle against poverty. Most applied research is conducted by private firms, which have no incentive to develop medicines for countries that cannot pay. This is why only 2 percent of world biomedical research is aimed at overcoming malaria or other diseases of the developing world, while 98 percent is devoted to rich country priorities such as Viagra or Prozac. The vaccine fund should reduce that imbalance: By subsidizing immunizations for the poor world, it creates the necessary incentive to create them.

The vaccine fund has already been embraced by a number of donors, notably Bill and Melinda Gates, but U.S. support will advance its cause significantly. In time, the same concept should be extended beyond vaccines: Agricultural research, for example, has vast potential, but the private sector currently lacks an incentive to develop crops suitable for tropical conditions. Still, vaccines are a decent start; and the administration's budget request for \$50 million plus some tax credits represents a good down payment.

March 14, 2000, Tuesday
Editorial Desk



New Vaccines for the Poor

Buried in President Clinton's new budget is a cleverly designed proposal to encourage pharmaceutical companies to invent new **vaccines** for poor countries. The proposal would address a severe problem. Malaria, tuberculosis and AIDS kill more than five million people each year. Yet effective **vaccines** do not exist, in part because most of the victims live in poverty and cannot afford drugs.

The administration's task was to find some way to encourage drug companies to invest huge amounts of money in long-term research to produce products that few of their intended customers could afford. The answer was a targeted tax credit.

Under the plan, drug companies would be given a credit against their taxes of one dollar for each dollar of sales of new **vaccines** they make to government or nonprofit agencies in the world's poorest countries -- in effect doubling the companies' money on each sale. That could create sufficient incentive for an expensive research program.

The administration proposes to spend \$1 billion over nine years on the tax credit -- about the same amount Unicef spends each year on its vaccination programs. One reason to believe the credit will work is the successful record of a similar tax credit for low-income housing that has successfully channeled corporate money to community groups in some of America's worst slums. The drug credit would be limited to new **vaccines** for malaria and any other infectious disease that kills more than a million people each year. With any luck, the benefits for mankind could be spectacular.

Organizations mentioned in this article:

Related Terms:

Medicine and Health; Editorials; Finances; Budgets and Budgeting; Vaccination and Immunization

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A Thank You to the Volunteers Who Step Up for Clinical Trials

Experimental trials offer last chance when other treatments fail

I remember the day my friend JoAnn told me she had breast cancer. She was chopping carrots in her kitchen, when she mentioned it matter-of-factly, brushing the carrots off the cutting board into the salad.

That was years ago. Doctors treated her cancer aggressively and, thankfully, it hasn't returned. My mother, mother-in-law and several close friends could tell the same story.

But not everyone discovers the disease in time for today's therapies to give them a fighting chance.

It is these people who make up the ranks of clinical trial volunteers. It is unethical to withhold a proven medicine to test whether an experimental drug might work better.

So physicians must find patients who have already undergone unsuccessful surgery, radiation and chemotherapy, and ask them to be test subjects, even though the doctors cannot hold out much hope of a cure.

It's a tough sell. But the volunteers I've spoken to are generally upbeat about their decisions. "I



BIOSCOPE

Tom Abate

really believe in this," said Nancy Schroeder, a cancer trial volunteer living in Fresno. "When you're under a research program, they monitor you closely. You really get top

care."

The National Cancer Institute has made clinical trials easy to find on the Web at cancertrials.nci.nih.gov.

More information can be found in a book by science writer Robert Finn, "Cancer Clinical Trials: Experimental Treatments & How They Can Help You" (\$14.95 soft-cover).

But in truth, their participating in a trial is a gift to the rest of us. To Nancy and the many people like her — thanks!

■ **THIRD WORLD VACCINES:** Pharmaceutical and biotech executives met President Clinton last week

and made a substantial down payment toward the goal of making vaccines widely available in the poorest countries.

Merck, American Home Products, SmithKline Beecham and Aventis Pharma all pledged substantial donations of free medicines. Merck will donate \$100 million worth of its Hepatitis B vaccine. SmithKline said it will expand its malaria vaccine research and renewed its pledge to donate \$1 billion to help fight elephantiasis, a parasitic disease that enlarges the arms, legs and breasts and afflicts 120 million people in the Third World.

Bay Area biotech executives

Donald Francis of VaxGen and Sean Lance of Chiron helped brief the president on the results of a recent workshop — led by Richard Feachem of the Institute for Global Health in San Francisco — which came up with proposals to stimulate vaccine development. (Bioscope, February 21).

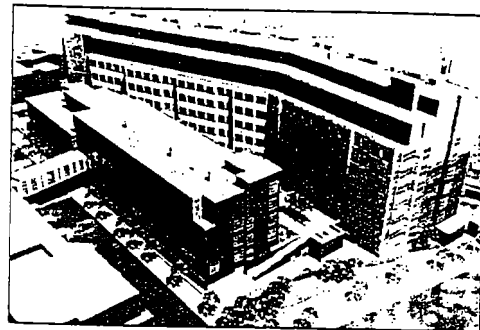
Some of these ideas have been incorporated into the Vaccines for the New Millennium Act, introduced last week by San Francisco Rep. Nancy Pelosi. The new bill updates similar legislation Pelosi introduced last year (Bioscope, April 5, 1999).

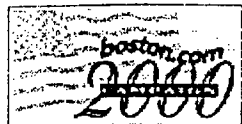
► **ABATE:** Page B5 Col. 1

San Francisco Chronicle * Monday, March 6, 2000

—ADRIAN CHO

Global Health in San Francisco. The 3-day affair, which boasted an "all-star cast" of global health experts, came up with few new ideas, but its message is being heard loud and clear: President Clinton has already signaled his interest in launching an initiative aimed at narrowing the seemingly in-





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New drugs are urged by Clinton

By John Donnelly, Globe Staff, 3/3/2000

WASHINGTON - Hoping to spur a race for the discovery of vaccines for the world's deadliest diseases, President Clinton yesterday brought to the White House the heads of the four largest pharmaceutical companies with an offer to create a guaranteed market for new drugs in poor countries.

Clinton announced legislation to create a \$1 billion tax credit over 10 years for companies that would cover the cost of economical vaccines for HIV/AIDS, tuberculosis, or malaria in developing nations.

The meeting was prompted by the unfolding health pandemic in Africa, where 13 million children have lost one or both parents to AIDS.

Clinton said nothing at the beginning of the meeting in his Cabinet Room, but listened for an hour to participants from pharmaceutical and biotech companies, public health advocates, officials from philanthropic institutions, and from those in his administration. He spoke at the end, telling the group that dealing with the diseases of those in poverty was a moral obligation.

"He told us, 'It was the right thing to do,'" said Carol Bellamy, executive director of UNICEF.

The big question remains whether the pharmaceutical companies - known as Big Pharma - will calculate that the administration's incentives, coupled with other publicly financed incentives, would create a profitable market.

There was some doubt yesterday. "I think it's great the president called this meeting, but what we've heard from the industry in the past is that \$1 billion is not nearly enough pull to get Big Pharma interested in working on these vaccines," said Jim Yong Kim, codirector of Harvard University's Program in Infectious Disease and Social Change.

Michael R. Kremer, a Harvard economist whose research influenced the president's proposal, said the plan was "a major step in the right direction, but I think more is going to be needed."

Kremer, who estimated that \$2.5 billion over 10 years in incentives per

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vaccine would be needed to spark interest from the pharmaceutical companies, said he expected funds from the World Bank and European countries to help bridge the gap.

The administration plan, which in some respects parallels legislation sponsored by Democratic Senator John F. Kerry of Massachusetts and Republican Senator Bill Frist of Tennessee, also calls for \$50 million toward a vaccine-purchase fund established by the Global Alliance for Vaccines.

The meeting yesterday almost fell through, according to Senate and White House officials. In exchange for a presidential audience and the ensuing free publicity, White House officials requested that the pharmaceutical companies donate large amounts of existing vaccines and push ahead with clinical trials of drugs.

At first, officials resisted, but they later relented. Among the announcements yesterday outside the Cabinet Room: Merck & Co. donated 5 million doses of Recombivax HB, a vaccine to prevent hepatitis B, a \$100 million value; SmithKline Beecham agreed to continue a second stage of clinical trials for a malaria vaccine; American Home Products Corp. donated 10 million doses of Haemophilus influenza type-B vaccine, helping protect 3 million children; and Aventis Pharm gave 50 million doses of polio vaccine to five war-ravaged African nations.

The company heads said they were already committed to doing research on vaccines. "The key is once these drugs are discovered is to get access to them worldwide, particularly the developing world," said Raymond V. Gilmartin, chairman, president, and CEO of Merck.

Gilmartin described the White House initiative as a means of "providing funding to the developing world to be able to develop the infrastructure, the health care delivery systems, as well as to be able to finance health programs within each of these countries."

After the meeting, Nils Daulaire, president and CEO of Global Health Council, a White River Junction, Vt., coalition of international providers, said he was surprised at the support expressed by the industry presidents.

"They see the opening being provided by the president's policy," said Daulaire, a former administration health policy adviser. "One of the Big Pharma heads said vaccines account for less than 2 percent of their overall budget. They could double their investment and still not make a huge dent on their bottom line."

This story ran on page A02 of the Boston Globe on 3/3/2000.
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March 2, 2000

The President And The CEOs Of The Four Largest Vaccine Manufacturers Will Announce Unprecedented Levels Of Corporate Support To Vaccinate The World's Children. Today, industry will respond to the President's call with important new steps...

THE CLINTON-GORE ADMINISTRATION: NEW PARTNERSHIPS TO DEVELOP & DELIVER
VACCINES TO DEVELOPING COUNTRIES

March 2, 2000

Today, President Clinton Will Meet With Leaders of Industry, Foundations, and International Organizations to Announce New Partnerships to Develop and Deliver Vaccines For Diseases -- Including HIV/AIDS, Malaria, and Tuberculosis ? For Developing Countries. In his State of the Union Address, the President said, ?I ask the private sector and our partners around the world to join us in embracing this cause. We can save millions of lives together, and we ought to do it.? At this meeting, key leaders of pharmaceutical and biotechnology companies, international organizations, foundations, and the public health community will endorse the President's Millennium Vaccine Initiative, released last month, and announce new commitments to develop and deliver vaccines to developing countries. The President will also call upon Secretary Shalala to convene a meeting of experts from industry, government, and academia to address impediments to vaccine development in the private sector and to strengthen public-private partnerships.

The President And The CEOs Of The Four Largest Vaccine Manufacturers Will Announce Unprecedented Levels Of Corporate Support To Vaccinate The World's Children. Today, industry will respond to the President's call with important new steps as CEOs of the four largest vaccines manufacturers -- Merck and Co., Inc., American Home Products Corporation, Glaxo SmithKline Beecham, and Aventis Pharma AG -- will announce that they will donate millions of doses of state-of-the-art vaccines -- worth more than \$150 million -- to those in the developing world and make a renewed commitment to step up research and development on vaccines for HIV/AIDS and malaria. ? Merck and Co. will donate one million doses, worth \$100 million, of RECOMBIVAX ? HB ? a vaccine to prevent Hepatitis B and will commit to develop AIDS vaccines for strains of the virus found worldwide; ? American Home Products Corp. will announce a donation of 10 million doses of Haemophilus influenza type-B (Hib) conjugate vaccine to GAVI to protect more than 3 million children in developing nations; ? SmithKline Beecham will announce expansion of its malaria vaccine program and also renew its pledge to donate \$1 billion to eliminate lymphatic filariasis (elephantiasis); ? Aventis Pharma will announce a donation of 50 million doses of polio vaccine to Africa.

These Private Sector Commitments Build On The Administration's Millennium Vaccine Initiative, Announced by the President In His State of the Union Address. The major components of the Millennium Vaccine Initiative include:

- ? \$50 million in the President's FY2001 budget as a contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization (GAVI);
- ? Presidential leadership to ensure that the World Bank and other multilateral development banks dedicate an additional \$400 million to \$900

million annually of their low-interest rate loans to health care services;
? Significant increases in federally funded basic research on diseases that affect developing nations;
? A new tax credit for sales of vaccines for infectious diseases to accelerate their invention and production;
? A call to our G-7 partners to join our efforts to ensure a future market for these vaccines.

The President Will Also Recognize the Unprecedented Contributions From The Philanthropic Community. This includes a \$750 million contribution from The Bill and Melinda Gates Foundation to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization. The President will also praise new models for public-private partnerships, including the International AIDS Vaccine Initiative, which will announce that it will invest more than \$10 million this year to triple the number of AIDS vaccine candidates moving toward trials.

The Scope Of The Problem of Infectious Disease In Developing Countries:
? While sub-Saharan Africa accounts for only 1/10 of the global population, over 70% of individuals infected with AIDS globally live there. There is a 60% chance that a 15-year old in Zambia will die of AIDS today. Thirteen million sub-Saharan African children have now lost one or both of their parents to AIDS.
? One-fourth of all deaths each year worldwide -- 13 million people -- are the result of infectious diseases. Over 8 million children die each year of centuries-old diseases -- and more than 3 million of these deaths could be prevented by existing vaccines.
? Immunization is one of the most cost effective health interventions. It costs only \$15 to immunize a child, yet in developing countries, children remain 10 times more likely to die of a vaccine-preventable disease than those in the industrialized world. Twenty percent of children worldwide lack access to basic immunization services.
? Only 2% of all global biomedical research is devoted to the major killers in the developing world.

Details of the Corporate Commitments Include:

? Merck will donate one million doses, worth \$100 million, of RECOMBIVAX -- HB -- a vaccine to prevent Hepatitis B -- over five years. Merck will collaborate with the GAVI to identify countries that will most benefit from this vaccine. Merck also reaffirmed its commitment to the discovery of new vaccines for diseases of global significance, including HIV/AIDS. Merck committed to developing AIDS vaccines for strains of the virus found not only in the industrialized world, but in the poorest countries as well.

? American Home Products Corp. will announce a donation of 10 million doses of Haemophilus influenza type-B (Hib) conjugate vaccine to GAVI. As a result, more than 3 million children in developing nations will be protected from one of the leading causes of deadly pneumonia and meningitis.

? SmithKline Beecham will announce a commitment to expand its malaria vaccine program and will begin malaria vaccine trials in Africa for the most critical population -- children. The trial would begin in the Gambia as early as this autumn. SB also renewed its pledge to donate \$1 billion to eliminate lymphatic filariasis (elephantiasis), which destroys lives in 80 countries.

? Aventis Pharma will announce a donation of 50 million doses of polio vaccine to Africa. This donation will support the WHO and UNICEF-led drive to end polio in five war-torn African nations. Aventis also will reaffirm its commitment to maintain the largest private AIDS vaccine research program and to moving forward with clinical trials in Africa, Asia, the United States, Europe, and soon, the Caribbean.

The President's Millennium Vaccine Initiative:

In his State of the Union address, President Clinton called for concerted international action to combat infectious diseases, which kill more than eight million children worldwide and orphan millions more. Recognizing

that vaccines are a critical, cost-effective weapon in the fight against these diseases, the President announced a multi-part Millennium Vaccine Initiative:

? A new financial commitment to purchase and deliver existing vaccines in poor countries. As Vice President Gore told the U. N. Security Council earlier this month, the Administration's FY 2001 budget includes a proposed \$50 million contribution to the vaccine purchase fund of the GAVI.

? Increased investments in health in developing countries. The President is calling on the World Bank and other multilateral development banks to dedicate an additional \$400 million to \$900 million annually of their low-interest-rate loans to expand immunization, prevent and treat infectious diseases, and build effective delivery systems for other basic health services. These investments are as central to economic progress as investments in education and physical infrastructure, and they would build on the new focus on basic health services that we have supported as part of the Highly Indebted Poor Countries (HIPC) debt initiative. This proposed shift in existing resources does not require additional U.S. budget expenditures.

? A significant increase in basic research on diseases that affect developing nations. The Administration's FY 2001 budget for the National Institutes of Health includes a sharp step-up in research critical to the development of vaccines for malaria, tuberculosis, and HIV/AIDS.

? A new tax credit for sales of vaccines for malaria, tuberculosis, and HIV/AIDS to accelerate the invention and production of these vaccines. Because developing countries often cannot afford to buy vaccines, the market provides little incentive for pharmaceutical companies to develop vaccines for diseases that disproportionately affect those countries. This tax credit would provide such an incentive, because every dollar paid by a qualifying organization to buy a qualifying vaccine would be matched by a dollar of tax credits ? representing up to \$1 billion of additional funding for future vaccine purchases.

? A call to the G-7. This summer in Okinawa, the President will work with our G-7 partners to ensure a future market for critically needed vaccines.

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USA TODAY **Washington**

03/02/00- Updated 03:08 PM ET

Companies donate vaccines to Third World

WASHINGTON (AP) - Heeding a White House call, four major drug companies Thursday donated millions of doses of vaccines to combat malaria, hepatitis B, polio and other dreaded diseases in Africa and other troubled regions of the world.

"Today we're beginning a partnership to eradicate the leading infectious killers of our time," President Clinton said after meeting with leaders of pharmaceutical and biotechnology companies, public health foundations and international organizations in the Cabinet Room.

The donations, valued at more than \$150 million, aimed to accelerate the development of vaccines for troubled countries in Africa, Asia, the Caribbean and elsewhere.

Clinton said meeting participants agreed to emphasize "speeding the delivery of existing vaccines" and to address the "lack of incentive for private industry to invest in new vaccines for people who simply can't afford to buy them."

The four companies also pledged to step up research and development on vaccines for HIV/AIDS and malaria. Clinton has proposed a \$1 billion tax credit over 10 years to encourage the development of such vaccines.

Infectious diseases kill more than 8 million children worldwide and orphan millions more annually. In Africa, 10 times as many people died from AIDS last year as were killed in wars.

UNICEF executive director Carol Bellamy said last month that AIDS is turning parts of Africa into "a killing field," leaving 11 million orphans, a figure expected to rise to 13 million within the year.

Thursday's pledges:

- Merck will donate 1 million doses a year of RECOMBIVAX _HB, a vaccine to prevent hepatitis B, for five years. The vaccine is valued at \$100 million.
- American Home Products Corp. will donate 10 million doses of Haemophilus influenza type-B conjugate vaccine to UNICEF.

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Officials said it should protect more than 3 million children in developing countries from one of the leading causes of pneumonia and meningitis.

- SmithKline Beecham will expand its malaria vaccine program and begin vaccine trials in Africa for children, starting in Gambia as early as next fall.
- Aventis will donate 50 million doses of polio vaccine in Africa to support the World Health Organization- and UNICEF-led campaign to eliminate polio in five war-torn African nations.

Clinton directed Health and Human Services Secretary Donna Shalala to convene a meeting of representatives from industry, government and the academic world to address obstacles to vaccine development and to strengthen public-private partnerships.

The president has asked Congress for \$150 million for vaccine research and prevention programs in Africa, where about 2.2 million people died from AIDS in 1998.

In today's meeting, Clinton recognized the \$750 million contribution of the Bill and Melinda Gates Foundation to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization. The president also acknowledged public-private partnerships such as the International AIDS Vaccine Initiative, which is investing more than \$10 million this year to triple the number of AIDS vaccine candidates it is moving toward trials.

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HEA

Merck & Co. Will Pledge \$100 Million Of Vaccines to World's Poorest Children

By GARDINER HARRIS
And MICHAEL WALDHOLZ

Staff Reporters of THE WALL STREET JOURNAL

At a White House meeting today between President Clinton and leaders of the four largest pharmaceuticals companies, Merck & Co.'s chairman, Raymond Gilmartin, will announce that Merck is donating \$100 million of vaccines to the world's poorest children.

Three other vaccine makers—American Home Products Corp., SmithKline Beecham PLC and Aventis Pharma AG—also will announce major vaccine donations to help prevent meningitis, malaria, elephantiasis and polio. Merck's donation is expected to be the largest.

Merck, Whitehouse Station, N.J., intends to vaccinate during the next five years a fifth of the vulnerable children in sub-Saharan Africa and Southeast Asia against hepatitis B, a blood-borne disease that causes liver failure and cancer.

Besides the immediate donations, the four companies will also pledge to increase their commitment to vaccine research. All are hoping this push soon leads to the development of an AIDS vaccine—the Holy Grail of vaccine research.

Industry leaders are nervously awaiting the coming debate in Congress over a prescription-drug benefit proposed for Medicare, the federal health-insurance program for the elderly. Industry leaders worry that some proposals—including President Clinton's—will lead to drug-price controls. The White House meeting and the donations are clearly aimed in part to burnish the industry's image.

The White House said the meeting is part of president's Millennium Vaccine Initiative, which calls for a sharp increase in

vaccine funding, delivery and research and offers a tax incentive for investments in creating new vaccines.

The companies are joining a group of government, world-health and philanthropic groups to support the wider use of vaccines, one of the most cost-effective and efficient means of saving children's lives. The meeting has been organized in part by the Global Alliance for Vaccines and Immunization, a Geneva organization that has been supported by a \$750 million donation from the Bill and Melinda Gates Foundation.

Among the principal issues being addressed at the meeting is the difficulty poor nations have in buying vaccines and getting them to vulnerable children. The Gates's money and the largess of the four companies will increase the supply of at least some vaccines, and will act as an incentive to poor countries to strengthen their health infrastructure.

American Home will announce the donation during the next three years of 10 million doses of Haemophilus influenza type-B vaccine, which prevents deadly meningitis and pneumonia and is valued at about \$40 million at retail. SmithKline will announce pediatric trials of its malaria vaccine. Aventis will donate 50 million doses of its polio vaccine. Combined, the White House estimated that the total donation is worth more than \$150 million in vaccines at their retail prices. The true cost to the drug industry is far less.

Despite Merck's donation, the majority of poor children will still be unprotected against hepatitis B. Merck estimates that its donation will protect 1.5 million children, but more than 10 times that need it.

HEALTH

Vaccine Giants to Pledge Third-World Offensive

By RICARDO ALONSO-ZALDIVAR
TIMES STAFF WRITER

WASHINGTON—The four biggest vaccine makers will announce today at the White House that they are donating millions of doses of their products and stepping up research to cure diseases that plague African countries and other developing nations.

The announcement reflects a growing realization by governments, public health doctors, medical researchers, foundations and pharmaceutical company heads in industrialized countries that the "neglected diseases" of the Third World pose a threat to continued global economic development.

"There is a global crisis around the big, killer diseases: pneumonia, tuberculosis, HIV and malaria," said Dr. Richard Feachem, director of the Institute for Global Health at UC San Francisco and a participant in the effort. "We have a major problem in that incentives are not in place for the pharmaceutical industry to invest in finding cures."

President Clinton, in his new budget, is proposing a tax credit to encourage drug companies to find vaccines for these diseases. He is also proposing steep increases for federal research through the National Institutes of Health and a \$50-million U.S. contribution to a global fund for distributing vaccines to poor countries. In Congress, Sen. John F. Kerry (D-Mass.) has introduced legislation calling for a broader package of incentives to drug companies.

"We can really have a big wallop here," Dr. Anthony Fauci, the government's leading AIDS researcher, said of today's White House meeting. "It's something that's actually happening, not talk. This initiative has not only galvanized the drug companies, but foundations and other organizations."

The donations and commitments from the drug industry include:

- A million doses of hepatitis B vaccine, worth \$100 million, by Merck. The company will also commit to developing AIDS vaccines for strains of the virus found in poor countries.

- Ten million doses of influenza type B vaccine by American Home Products. The vaccines should provide protection for more than 3 million children.

- Fifty million doses of polio vaccine by Aventis Pasteur. The donation will support an effort to eradicate polio in five African countries that have been engulfed in civil wars.

- A commitment by SmithKline Beecham to expand its malaria vaccine program and begin vaccine trials for children in the African nation of Gambia later this year.

Although the pharmaceutical industry is among the most consistently profitable, the vast bulk of its research goes into finding treatments for diseases and conditions that afflict the developed world, such as cancer or high cholesterol. The infectious diseases that are the main killers in the Third World get much less attention.

Indeed, less than 10% of all public and private research funding goes to addressing the primary health problems that affect 90% of the world's population.

Clinton's combination of tax credits for private research and funding for international organizations to buy and distribute vaccines is a strategy aimed at developing both new products and a market for them.

"The tax credit is an incentive to go in and do the research," Fauci said. "No matter how wealthy a drug company is, this is important to them."

Under Clinton's budget proposal, the government would match every dollar of vaccine sold by a manufacturer to international health organizations with a dollar of tax reduction. Vaccines for malaria, tuberculosis and HIV/AIDS would be eligible.

Thursday March 2, 2000

Drug firms boost vaccine donations

By Steve Sternberg
USA TODAY

Several of the world's largest vaccine makers will pledge today to donate millions of doses of vaccines to people in needy countries, government officials say.

The drug firms are to make the announcements today at a White House session called by President Clinton to urge vaccine makers, health groups and other organizations to join forces to save the lives of needy people worldwide.

The meeting follows last month's launch of Clinton's Millennium Vaccine Initiative, which calls for a major boost in vaccine research efforts, new funding for the purchase and delivery of existing vaccines, and a \$1 billion tax credit for drug firms that invest in vaccine development.

Three million children die of vaccine-preventable illnesses each year worldwide. The firms announced:

► Merck & Co. will donate 1 million doses of hepatitis B vaccine over five years and enhance efforts to develop vaccines including one against HIV,

the AIDS virus.

► American Home Products Corp. will contribute 10 million doses of Haemophilus influenza B to UNICEF to prevent pneumonia and meningitis.

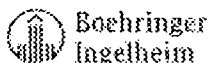
► SmithKline Beecham will expand its malaria vaccine program and begin a trial in Gambia this fall.

► Aventis Pasteur will donate about 50 million doses of polio vaccine to Africa and will continue to work on an AIDS vaccine.

"We're very excited about what can be done in next decade to accelerate the development of new vaccines to

address critical diseases killing millions today," says Patty Stonesifer, president of the Bill and Melinda Gates Foundation. The foundation recently gave \$750 million to support the Global Alliance for Vaccines and Immunization (GAVI), a public and private partnership that aims to get existing vaccines to poor people as well as develop new ones.

"This is really good news," says Tore Godal, GAVI's director. He urged the drug firms to develop combination vaccines to enhance coverage of poor populations efficiently and at low cost.

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Boehringer Ingelheim Offers VIRAMUNE? (nevirapine) Free of Charge to Developing Economies for the Prevention of HIV-1 Mother-to- child Transmission

7 July 2000

Ingelheim, 7 July 2000 – Boehringer Ingelheim announced today that VIRAMUNE? will be offered free of charge for a period of five years for the prevention of mother-to-child transmission (MTCT) of HIV-1 in developing economies.

This initiative is part of Boehringer Ingelheim's commitment to the collaborative effort with five companies (Boehringer Ingelheim, Bristol-Myers Squibb, F. Hoffman-La Roche, Glaxo Wellcome and Merck & Co., Inc.), United Nations agencies (World Health Organisation (WHO), World Bank, UNICEF, UNFPA and UNAIDS) and committed governments to explore practical ways of working together to make HIV/AIDS care available and affordable to a significantly greater number of people in developing countries.

"VIRAMUNE can fill a critical need in the developing world," said Prof Rolf Krebs, Vice Chairman of the Board of Managing Directors at Boehringer Ingelheim. "We hope that our initiative for the prevention of mother-to-child transmission will help make an impact on the HIV/AIDS epidemic."

A recent publication in the June 17 issue of The Lancet presents hope for reducing newborn HIV infections in the developing world.¹ Findings indicated that antiviral intervention can have a significant impact on the prevention of MTCT. Researchers projected that if all pregnant women in South Africa took a short course of antiretroviral medication during labor, as many as 110,000 infant HIV infections could be prevented over the next five years.

Authors of The Lancet article cited that a single dose of VIRAMUNE to mother-baby pairs is likely the most cost effective, efficacious and most easily administered antiretroviral agent for the prevention of MTCT to date. Researchers have been investigating the drug since 1997 for this important use. The outcome of these investigations encouraged the WHO to place VIRAMUNE on its Model List of Essential Drugs for MTCT in December 1999.

"Viramune, which has been studied in women in Uganda and South Africa, holds great promise for reducing mother-to-child

HIV transmissions in the developing world because it represents a short and simple regimen, which can be easily administered in a resource-poor environment," said Dr. Brooks Jackson, principal investigator, HIVNET 012, Johns Hopkins University, Baltimore.

Boehringer Ingelheim will adhere to the WHO guidelines for drug donations to ensure that VIRAMUNE is donated to the developing countries with the greatest need. The WHO guidelines require that donations be based on an expressed need by the country in question. Further, donations must be relevant to the needs of the recipient country. Boehringer Ingelheim will rely on interested local governments that approve the use of VIRAMUNE in MTCT and global organisations, such as UNAIDS, UNICEF and the WHO to optimise existing infrastructures so that safe and proper administration of VIRAMUNE is possible.

Boehringer Ingelheim will make every effort to see that VIRAMUNE is available in every country around the world. VIRAMUNE has now been registered in more than 75 countries and registration packages have been submitted in almost every country worldwide.

"Providing Viramune is only one component of making prevention of HIV-1 mother-to-child transmission possible in the developing world," said Prof. Krebs. "However, a successful program to reduce MTCT of HIV entails additionally education of mothers and health service personnel, testing for infection, and counseling of infected mothers-to-be."

VIRAMUNE was shown to be a well-tolerated and effective option for the prevention of MTCT in the Ugandan HIVNET 012 trial.² The study was published in the September 4, 1999 issue of The Lancet and demonstrated that a simple regimen of one oral dose of VIRAMUNE given to an HIV-infected mother in labour and another dose to her newborn within three days of birth was almost twice as effective in reducing MTCT as a short course of zidovudine (AZT).

To date about 1700 mothers and babies have been treated with the simple one-dose treatment regimen of nevirapine in MTCT and no safety concerns have been raised. While there are still scientific questions to be answered, the overwhelming opinion of experts is strongly in favour of treatment.

The company acknowledges the importance of continued research into the role of VIRAMUNE in preventing MTCT. Boehringer Ingelheim is sponsoring the SAINT study, a large, multicenter trial designed to further evaluate the safety and efficacy of two doses of VIRAMUNE compared to a weeklong regimen of two drugs, ZDV+3TC, in reducing MTCT. Preliminary results of this study, as well as twelve-month HIVNET 012 data, will be presented at the 13th International AIDS Conference in Durban, South Africa (9 – 14 July).

A critical area of research into the prevention of MTCT is the extent to which HIV is transmitted during breastfeeding. Healthy babies born to HIV-infected mothers may contract HIV through breastmilk. This risk appears to be highest in the early months of breastfeeding.³

Another critical area of research is the development of drug resistance after treatment. An abstract presented at the 7th

Conference on Retroviruses and Opportunistic Infections (HINVET 006) suggests that a minority of patients may develop resistance to VIRAMUNE after a single dose.⁴ At least in some patients this resistance is transient.⁵ Further studies are evaluating the clinical relevance of these findings.

VIRAMUNE has been investigated for the MTCT indication because of its potency, pharmacokinetic profile and affordability. VIRAMUNE is rapidly absorbed and transferred across the placenta to the infant and is passed into breast milk. VIRAMUNE can be stored at room temperature, an important consideration in developing countries.

VIRAMUNE is registered for the chronic treatment of HIV-1 infection in combination with other antiretroviral agents. Major adverse events associated with VIRAMUNE in the treatment of chronic HIV infections are rash and increases in liver function enzymes. Hypersensitivity reactions have also been observed. Severe and life-threatening skin reactions and hepatotoxicity, with fatal outcome, have occurred in chronically infected HIV patients treated with VIRAMUNE.

VIRAMUNE was the first member of the non-nucleoside reverse transcriptase inhibitor (NNRTI) class of anti-HIV drugs to be approved for combination HIV therapy. VIRAMUNE's approval is based on analysis of changes in surrogate end-points, such as reduction in viral load or increases in CD4+ cell count. VIRAMUNE should always be administered in combination with other antiretroviral agents.

VIRAMUNE is a product of original research done at Boehringer Ingelheim Pharmaceuticals, Inc., a member of the Boehringer Ingelheim group of companies. VIRAMUNE is marketed world-wide by Boehringer Ingelheim and in the United States by Roxane Laboratories, also a member of the Boehringer Ingelheim group of companies. Boehringer Ingelheim recently acquired world-wide marketing rights to an additional anti-HIV drug, an investigational protease inhibitor, tipranavir.

Boehringer Ingelheim has focused a number of years on HIV drug research to prevent new infections and to treat HIV-infected people around the world. In addition to high investments in research and development and sponsoring initiatives (such as to the Elizabeth Glaser Pediatric AIDS Foundation), Boehringer Ingelheim supports training initiatives for the developing world as a partner of the IAS-SHARE Treating Program for Physicians.

For more information on Boehringer Ingelheim or VIRAMUNE, please see www.boehringer-ingelheim.com.

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July 8, 2000

Report Dims Hope for AIDS Therapy

By LAWRENCE K. ALTMAN

D URBAN, South Africa, July 7 -- A United Nations-sponsored study of AIDS infection among infants has dashed the hopes of scientists who thought they had found a simple way to prevent mothers from giving their infants the AIDS virus during breast-feeding.

The results of the study, discussed during interviews here ahead of an international AIDS conference, confirmed earlier reports that a relatively simple drug regimen can stop many infected mothers from infecting their children during pregnancy and childbirth. But it also found that the protection does not last for as long as experts had hoped, and the therapy appears to leave children vulnerable to infection from breast milk.

Scientists had hoped that the treatment would be a powerful weapon in their broad effort to shield very young children from the AIDS epidemic in Africa, without the need to tackle the difficult issue of breast-feeding, which is a medical risk but a cultural, religious or economic necessity for millions of African women.

For about the last five years, doctors have been giving women in the United States and elsewhere infected with H.I.V., the virus that causes AIDS, one of two treatments during pregnancy to prevent the spread of the disease to their unborn children. The infants were treated in the first few days after birth, and an earlier study showed significant reductions in AIDS infections in the first six weeks of life. The success of that and similar studies had been hailed as one of the

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rare triumphs in the war against AIDS.

The new study, which involved 1,797 people and was the largest ever performed on the transmission of AIDS from mothers to children, followed children who were born to these mothers and found that by 18 months the initial benefit was completely lost as the infants who had been spared infection at birth later became infected through breast-feeding.

At week six in the study, 6.7 percent of the babies born to mothers who took the two-drug combination were infected or had died, compared with 16.4 percent in the group that received no drugs. But the infection and death rates after 18 months were 21.3 percent in the treatment group compared with 26.8 percent in the placebo group.

The findings are to be reported at the 13th International Conference on AIDS, which begins on Sunday. But the study's leaders disclosed the findings in extensive interviews in advance of the meeting because of their public health importance.

"It's bad news," said Dr. Joep M. A. Lange, of the Academic Medical Center in Amsterdam, the study's principal investigator. The study was conducted in South Africa, Tanzania and Uganda by researchers from the three African countries and his Dutch team.

In retrospect, said Prof. Hoosen M. Coovadia, the head of the department of pediatrics and child health at the University of Natal and the AIDS conference's chairman, who helped design the United Nations study, "it was naïve to believe that continued breast-feeding would not make an impact."

Nevertheless, said Dr. Glenda Gray, who heads the perinatal research unit at Baragwanath Hospital and the University of Witwatersrand in Johannesburg, "it's not all or nothing because we can still make a difference" by trying other approaches.

The new challenge for AIDS researchers and government officials is to preserve the benefit of drug therapy in pregnancy and find safe alternatives to breast-feeding. That is a formidable task in Africa where the overwhelming majority of women breast-feed their infants for long periods. Poverty limits the ability of women to buy formula and breast-milk substitutes. Widespread contamination of water supplies and poor sanitation make it dangerous to mix formula. Also, male domination leaves many women with little ability to choose an alternative to breast-feeding. And a woman who avoids breast-feeding her infant can be stigmatized as having AIDS.

Further, the findings seem certain to renew the often bitter controversy over breast-feeding, which pits the new public health emergency of AIDS against a fundamental, even ideological, pediatric practice. Proponents say "breast is best" for infant nutrition and that the dangers of contaminated water make the use of formula

too risky. But opponents contend that formula and other substitutes are needed in the face of a growing epidemic in which an estimated 570,000 children became H.I.V.-infected last year, mostly in Africa, where more than a third of pregnant women in some countries are infected.

Unaid, a joint United Nations program, has issued recommendations intended to discourage H.I.V.-infected women from breast-feeding, but it said the decision should be left to each mother, in part because the controversy cuts across cultural and religious beliefs.

The new findings could also have political ramifications.

The South African president, Thabo Mbeki, has caused an international furor in recent weeks over his questioning of the use of AZT in combating mother-to-child transmission of H.I.V.

And the findings could bring added pressure on governments in third world countries for wider testing among pregnant women to identify those who can breast-feed safely and to identify and counsel mothers who are infected but whose infants are not.

When the benefits of drug therapy during pregnancy were first reported, AIDS researchers were surprised that a relatively short course of drugs could have such an impact in preventing mother-to-child transmission of H.I.V. But there was no way to know in advance how long the benefit would last.

In the regimen found most effective in that study, a woman takes AZT and another drug, 3TC (lamivudine), for four weeks before her expected delivery date and again during labor. Then both mother and infant take the two drugs for one week after delivery.

The United Nations study was also pivotal in leading to apparent success with an even simpler, cheaper and seemingly more effective therapy -- a single pill of nevirapine given to a mother at the time of delivery and one dose in fluid form to the infant. That study was conducted in Uganda by Johns Hopkins University researchers with funding from the United States National Institutes of Health.

However, Dr. Lange said that "there is no reason to believe that this loss of effect is specific for" the combination of AZT and 3TC.

Indeed, a follow-up of the nevirapine study in Uganda shows the same negating effect in the breast-feeding period, said Francis Mmiro, a professor of obstetrics at Makerere University in Kampala.

In a separate development, Boehringer Ingelheim, which makes and sells nevirapine as Viramune, announced today that it would offer the drug at no charge for five years to prevent mother-to-child transmission in developing countries.

The company said the action was part of its commitment to the

collaborative effort of five companies, the United Nations, the World Bank and cooperating governments to explore practical collaborative efforts to make AIDS drugs more affordable and more widely available.

Leaders of the United Nations study said they would have to go back to the drawing board to find new ways to block mother-to-child transmission of H.I.V.

"No single intervention will control pediatric AIDS," said Dr. Coovadia. The challenge now is "to make breast-feeding safer just as we have made sex safer," he said.

Dr. Coovadia and Professor Mmiro of Uganda were among those who said they were concerned that government leaders might stop paying for public programs to prevent mother-to-child transmission on the grounds that breast-feeding reversed many of the early gains.

Geert Haverkamp, who coordinated the United Nations, said his Dutch team from the Academic Medical Center now plans to conduct at least one follow-up study to help identify new ways to prevent infection of newborns.

In the planned study involving 500 children, they will receive either nevirapine or 3TC during the entire period their mother breast-feeds.

In a possible second study, about 500 mothers will receive three anti-H.I.V. drugs (AZT, 3TC and a third to be chosen) for the entire period she breast-feeds.

Reflecting on the new findings, Mr. Haverkamp, a sociologist, said that "we know there are certain limitations to short-term therapy during pregnancy, but we have to fight for what we won."

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Sister power

Atlanta women bring a new way to with AIDS to South Africa

BY HAROLD CONNETT

7/19/00



Harold Connnett
U.S. AIDS czar Sandra Thurman (background) visits the Cato Manor settlement.

DURBAN, SOUTH AFRICA Far beyond the crowded halls of the 13th International AIDS Conference where overhead slides illuminate the numbing statistics, Sandra Thurman is standing at Ground Zero of the world AIDS epidemic.

Here in the muddy streets of Cato Manor, she is demonstrating one of the few effective weapons against HIV -- the female condom. For the past three years, Thurman has been called on to perform all sorts of duties expected of the executive director of the White House Office of AIDS policy. Unraveling a condom in the middle of a squatter's camp is not one of

them.

Ostensibly, Thurman has come here to inspect the progress of a U.S. funded project that is providing permanent homes for the 80,000 settlers who live in one-room shacks made of mud walls and tin roofs weighted down by tires. Never missing the opportunity to promote safe sex, however, the former Atlantan pulls out the condom for a group of girls who seem less awed by the device than by the sudden appearance of a white Mercedes carrying a blond-haired woman smartly dressed in black and surrounded by reporters.

As she peels back the package and unravels the polyester

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film, a U.S. Agency for International Development staffer, as if to remind her that a CBS camera is rolling, calls out: "You're not going to show us how to wear it?"

"Not with this suit on," quips Thurman, never missing a beat.

Such light moments are rare amid the grim realities of AIDS in South Africa. It is now estimated that one out of every three teenagers standing before her will die of the disease. A vaccine is years away. Drug treatment is too expensive. Even the female condom is hard to find. What else is there, other than education?

Thurman, a former director of an umbrella group for AIDS organizations called AID Atlanta, is the most visible of those who are struggling to bridge the AIDS-prevention gap between developed and undeveloped countries. But not far from her side are women like Dazon Dixon Diallo, founder of SisterLove Inc. in Atlanta. For the four years or so, Diallo has been pouring her organization's resources into creating partnerships with similar women's support groups in this country -- an African-American from the South reaching out to her sisters in South Africa.

Diallo already had a burning desire to serve and an interest in women's health issues when she stumbled in the mid-1980s upon what would become her personal mission. She was attending an international women's conference along with about 200 other American women. Only two of those women, she and one other, were African-American, a fact that disturbed Diallo.

Women of color make up an ever-growing portion of the U.S. AIDS epidemic. Today, more than one of every two new HIV infections in the country has a black face. In Georgia, which ranks ninth in AIDS cases, the proportion is even greater, with AIDS now the second most common discharge diagnosis at Grady Hospital, just behind labor and delivery. But the trend of AIDS becoming a more significant issue for African-American women already was making itself apparent in the 1980s.

"How can we have a voice if white women are always telling our story," Diallo says she asked herself at that earlier conference.

That question prompted her to throw her energy to AIDS issues. Diallo established the Women's AIDS Prevention Project, a collaboration with other women's organizations. When it folded in 1989 from lack of support and a backlash against abortion, the advisory board asked her to continue her work.

In 1989, she founded SisterLove, which took the then unique tack of empowering infected and high-risk women to take control of their lives. Through counseling and support groups they learned how to assert themselves, gaining the self-esteem that the infection stole from them along with their

expectations of a long and healthy life.

"I'm one of those fortunate people who, as I put it, didn't meet the virus through people -- I meet people through the virus," she explains. "It has been my privilege and honor that people can say, 'OK, she's not positive but she feels something special for us.'"

In the early years, when Diallo was unknown and Thurman was executive director of AID Atlanta, the needs and issues of HIV-positive women were nearly as silent as the virus itself. It was a disruptive time of fear and prejudice not unlike that experienced in much of Africa today.

"We had an incredible stigma," says Thurman. "Nobody would rent us an office and even when we got larger we ended up in the basement of an awful building because nobody wanted us, and that was true until the early '90s."

Like AID Atlanta, SisterLove struggled to stay alive. Raising money from fish fries and friend-to-friend solicitations, Diallo provided a safe haven where infected African-American women could talk about issues that were unique to women of color.

Eventually, AID Atlanta provided SisterLove with administrative support. It wasn't long before Diallo and Thurman had adjoining offices. Now, Diallo's seat-of-the-pants organization has grown from a voice of one to a dynamic service program that has spread its reach far beyond the Southeast.

"She has come a long way," Thurman says. "Long before I came to Africa, Dazon came here to help women learn about the epidemic as infected women. She has been a pioneer."

Prudence Nobantu Mabek crossed Diallo's path by a different route. Eight years ago, at age 18, the Pretoria woman became the first South African woman to tell the public she was infected with the virus.

"It was painful," she says, "but at least I broke the ice for many others."

Painful and dangerous. The scarlet ribbon that has become the worldwide symbol of AIDS solidarity is more like a scarlet letter among many African societies. Last year, in one of the more infamous cases in this country, where nearly 10,000 new infections and 2000 deaths take place in the span of a week, a woman was stoned to death after she publicized her infection.

The seeds for a partnership between Diallo and South African women were sown four years ago when she met Mabek at the United Nation's world conference on women in Beijing. A year later, when Mabek visited Washington, D.C., their relationship solidified. By then Mabek was so sick Diallo wondered whether she would be around by the time of the Durban conference.

But Mabek had promised her aging grandmother that she would not have to watch her granddaughter die.

Despite no access to drugs, Mabek appears as healthy and energetic as ever -- a testament not just to the body's resilience but also to the growing recognition and support she has found throughout her country.

SisterLove's role in strengthening Mabek's organization has been significant. Through a \$250,000 grant from the United States Agency for International Development, SisterLove has built partnerships with fledgling women's support groups in Johannesburg, Pretoria and Durban.

The money has supplied Mabek's network with much-needed condoms and with an equally critical form of protection: practical advice and education that ranges from grant writing to SisterLove's infamous healthy love parties, where HIV-positive women explore what it is to be a human being with the AIDS virus by talking about such things as ways to get and give pleasure safely.

A Spelman graduate whose training in reproductive health helped prepare her for HIV-prevention work, Diallo is not one to hedge discussions of sex and body parts. In the war on AIDS, she is a drill sergeant who delivers life-saving tactics without a blink or a blush. Like the stealth mint condom technique.

"We are training women to think of their sexuality in the context of HIV," she explains during a session on women and rights. "And that means they have to negotiate condoms. There are women who have never practiced oral sex with men, but when we teach them how to put on a male condom with their mouth, you better believe they learn it quickly because their male partners are less likely to refuse it."

Such open talk about sex doesn't come easy in Africa. "You don't know how shocked we were," confesses Desiree Bouysen, an HIV-positive woman who is a hospice nurse in Durban. "We never heard someone talk about how we are entitled to enjoy our sexuality."

Since attending a healthy love party more than a year ago, Bouysen's mother, Monica, has become one of SisterLove's most passionate disciples. For an hour a day, she presents HIV prevention messages -- mint condom and all -- to factories, in union halls, even over the airwaves.

"She's just too much," laughs Diallo as the women rest outside the conference. "She's used the mint condom so many times I don't think there's any mint left on it."

Against a cultural backdrop of stigma and male dominance, women like Diallo and Mabek are emerging as leaders in a woman's AIDS support movement whose time has finally arrived. The conference last week in Durban, the first major

AIDS conference on African soil, was a mecca of sorts, a hard-won pilgrimage by Third World scientists and activists that has changed the dialogue of AIDS research, moving it out of the labs and ivory towers and into the dusty villages and overcrowded clinics.

While headlines regarding AIDS focus on depressing statistics, policy debates and the latest drug therapies, the most promising aspect of the conference here was a more subtle development. In a century of high technology and vast bureaucracies, an ancient, human process - the growth of caring communities through which people nurture each other -- has emerged as a crucial method of dealing with the plague of the 21st century.

Speaking to the 12,000 delegates at the close of the 13th International AIDS Conference on Friday, a leading researcher highlighted the scientific progress reported throughout the largest medical gathering in African history. A cheaper drug has been shown just as effective as AZT in stopping mother-to-child transmission. Plans for the first vaccine trial in Africa are underway. Patients may be able to take "drug holidays" without developing resistance. But the greatest progress, he said, has been seen in the field of human relationships.



Harold Connett
**Dazon Dixon Diallo and
Prudence Nobantu Mabek**

"Undoubtedly, the most inspiring aspect of this conference is that groups of people are getting together to help themselves and are making a dramatic difference," said Brian Gazzard, an AIDS researcher at Chelsea Westminster Hospital in the United Kingdom.

As always, ACT-UP was visible here with its provocative T-shirts and loud whistles but there are fewer pharmaceutical executives walking around in expensive suits. "Security threats" was their explanation for not coming, but the political angst directed at them is as pervasive here as the sweet molasses scent that blows in from sugar cane factories. More harsh indictments have been unleashed at South African President Thabo Mbeki for questioning whether HIV is the cause of AIDS.

As one scientist put it, Africa is on fire while the government debates whether it was started by a lighter or a match.

The South African women empowered by the community building of groups like Mabek's network are vocal in their criticism. Bouyson cannot contain her bitterness toward her

government. Rolling her r's with an accent that is half British, half Zulu, she smokes a cigarette in one hand and stabs the air with the other. "We get outside sponsors to help us because our government won't. Our president flies in a private jet and now we are buying submarines. Submarines! Can you believe it? We are investing in the sea." Looking at this woman, so young and healthy, one easily forgets she is infected with a virus that will likely kill her before she turns 30. More than most, she knows the darkness she faces at the end of the tunnel. Only a week ago she watched helplessly as a man died of AIDS in an overcrowded hospital ward.

Unlike in most cases, his dying wish was that his wife be told of his infection. Bouysen and another nurse visited his family and told his wife the truth. She seemed to take the news well and on Saturday, as is custom, she buried her husband. A teacher, she would normally return to her school on Monday, but there is another tribal custom that forbids a wife to leave the home once a husband dies, Bouysen explains. Welfare entitled to her as a widow would amount to only 100 rand a month, which would barely cover rent for her and her children.

"On Monday, the children came back from school and they found their mother hanging," she says bluntly. "We went to the house and there were these four children and I said, 'What is going to happen to them?' The orphanage had no room to take them in. The grandparents would not take them in unless they tested negative. So they were tested, and thank God, none of them were infected."

In a world defined by suffering, Bouysen visits homes of dying AIDS patients with the one drug that is readily available -- morphine. "They are screaming out in pain," she says. "Last Sunday, I lost a woman, 18-years-old. She was raped and that is how she got infected and pregnant. Her baby aborted at six months and then she died -- from the pain, I believe."

Most hospice workers here won't work at nights or weekends for fear of being robbed or carjacked. Not Bouysen. She puts on her "I am HIV-positive" T-shirt and no one comes near her as she embarks on her missions of mercy. As for her own health, she wouldn't take anti-HIV drugs even if they were available. If one is lucky to get enrolled in a clinical trial, there is little chance that treatment will continue after the trial is stopped, she says.

"I'm not here to be anyone's guinea pig," she adds.

Bouysen's scorn for drug companies has only intensified during the conference. A stone's throw away stand the huge exhibitor tents where companies like Bayer and DuPont Pharma show their wares and promote their successes in elaborate booths decorated with African images. Their ubiquitous satellite meetings, hosted morning and evening, are catered affairs that, from her perspective, mock the paltry

resources of the 24 million Africans infected with the virus.

"They should have taken all the food in there and given it to the orphans," she says with disgust. "Right over there in the park there are women with HIV-infected babies sleeping in the drains."

The real action at the conference is taking place in smaller gatherings where the empowerment of infected women is on display in a suite at the Hilton. Amid candles and quiet supplications, a dozen women gather in a circle, holding hands as they share their stories. There is so much to share, so much to learn, but time has run out. Tears still streak their faces when the doors are flung open. Only then do the women reluctantly step out into a less hospitable world.

But not before they embrace.

"You know what we say in the States," says Dazon Dixon Diallo. "A hug makes your T-cells rise." (T-cells are cells that help the body fight the HIV virus.)

Forging such bonds is what has brought Diallo and three SisterLove workers to this meeting titled Strength to Strength.

Like Diallo, Thurman traces her skills at international AIDS collaboration to her days in Atlanta. "My experience there is the foundation for which I based all my work in the developing world. When I first went to AID Atlanta we were \$200,000 in the hole and couldn't make payroll and didn't have housing to place people. In the rural areas no one wanted to disclose their status and so they were coming to Atlanta in droves for treatment and care. They would arrive at our doorsteps with no jobs, no food, no nothing. Now, what people in South Africa are doing is building community based organizations just like AID Atlanta."

During the conference, Thurman and a group of journalists visited a small orphanage in a Durban suburb of middle-class homes. This is another USAID project that could be a model for dealing with the orphan catastrophe the agency predicts will reach 44 million worldwide by 2010. This a media trip, with good visuals, but Thurman is here out of genuine interest. She can't pass a crib without stopping to pick up a baby and comfort it while the founders of the orphanage describe how the 20 infants here were found abandoned in parks and public toilets. With lots of hugs and good nutrition, most are thriving by the time they must leave at 6 months old.

"These are my children," says Thurman, as she pats an infant named Siburgile, which is Zulu for "thank you." "This is why I love my job. Not because I'm in the White House but because I can do this."



Harold Connett
Thurman at Cato Manor

That evening, the ever-visible AIDS czar hardly has time to wash up at the Royal Hotel before she is honored with a first-ever award from Family Health International, a tribute to her dedication to global prevention efforts. And to her endurance. A day later she is meeting another dignitary, former President Nelson Mandela. Only this time she is on the giving side as USAID presents his children's fund with a large check.

Only someone of Mandela's stature could put a closing climax to a conference that began with fireworks and a haunting display of courage that came in the form of an emaciated 11-year-old boy describing his plight. Not apartheid, not wars, not even famines have matched the decimation of AIDS on this continent. Hearing it from this white-haired saint of South Africa added gravity to the often-repeated statistics.

"Something must be done as a matter of the greatest urgency," he said to a packed hall. "The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale."

Among the 12,000 who cheered Mandela as he was led away by security guards was Diallo's mother, Virginia Dixon. She came on this trip at her daughter's insistence, even though it would eat up her entire two-week vacation. It would not be a relaxing trip -- how could it be living with 17 AIDS activists housed in a women's dorm? Yet how could she not go? History would mark this conference as a tide-turning event that woke up the world from its collective denial, a time when the difficult subjects of sexual violence and women's rights were finally given a fair shake at an international AIDS meeting. And here was her daughter at the center of it, representing Atlanta and the women from back home.

A principal at a Fort Valley, Ga., middle school, Dixon is keenly aware that in small towns like hers the epidemic is spreading across the rural South faster than any other region of the country. The young girls and boys of her school are its most vulnerable targets. But denial is a tenacious foe.

"We don't do enough, care enough," she says. "Too many of us, especially back home, stay in our own little worlds as long as it doesn't touch us."

After five long days of meetings and inspiring talks, delegates spill out one last time from the conference halls, lugging their bright red backpacks inscribed with the conference theme, "Break the Silence." Across the flap of Diallo's bag are a

handful of AIDS pins, each uniquely styled with colorful beads by people who may never live to see a vaccine. Still, they hope and carry on, bead by bead, spreading the message. "Here," they are saying, "take and wear this, lest the world forget."

For Diallo, the conference is a milestone rather than a climax. She will continue guiding SisterLove but perhaps not from Atlanta. A year ago she married Elimane Diallo, a computer expert from Senegal who works in Johannesburg. With new roots in Africa, she may find it hard not to move there. For now, however, she will be busy sharing with Georgia women the insights and ideas she has received from her South African partners.

Unlike Diallo, most of these far-flung delegates are not likely to return to this distant city. Aware of that, Edward, a black bus driver who has witnessed many events in this city, feels compelled to offer encouragement. As they take their seats, he tips his black bowler hat -- one more reminder of colonial influence -- and shares a parting observation.

"You have got the pot boiling," he says. "The big guns in government are worried."

But what about after we leave, someone asks, will the silence stay broken?

"Yes, most definitely yes," he answers fervently. "You have started something, something big, and it will not stop. One day, perhaps soon, we will be marching in Pretoria."

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World Bank approves \$500 million to fight AIDS in Africa

September 13, 2000

Web posted at: 3:09 PM EDT (1909 GMT)

By Janet Guttman

WASHINGTON (Reuters) -- The World Bank on Tuesday approved a \$500 million credit line to help Africa cope with the scourge of AIDS and said it would ask its board to approve an additional \$85 million for countries in the Caribbean.

The bank said some \$110 million would be disbursed immediately to Kenya and Ethiopia, and more countries should soon be eligible for cash.

"Last April we promised that no sensible AIDS program in Africa would want for funding," World Bank President James Wolfensohn said in a statement announcing the credit.

"Today, we deliver on that promise. We hope this program will help break the silence and inspire every country that needs help to ask for it."

Some 24.5 million of the world's 34.5 million AIDS sufferers live in Africa and experts say the continent needs \$3 billion a year to fight the disease and pay for education, drugs and other medical care.

The World Bank said 15 million people in Africa had already died from AIDS, with devastating consequences on countries and societies.

"The ultimate impact of the multi-country AIDS program will be to avert millions of HIV infections, alleviate suffering for tens of millions, and help preserve the development prospects of entire nations," Wolfensohn said.

Countries will qualify for the World Bank help if they can provide evidence that they are drawing up a "strategic approach" to fight the deadly disease.

Governments must be ready to channel grant aid directly to communities, civil societies and the private sector and countries must be poor enough to qualify for World Bank concessionary loans, which charge nominal interest rates.

"One of the most important features of the (program) is the participation of communities and of associations of people affected by HIV/AIDS in the design and implementation of activities at the village level," the bank said. "The program will channel resources directly to them and help finance their own local initiatives in response to the epidemic."

It added: "The new approach in Africa is part of the World Bank's expanding global effort on HIV/AIDS. From 1996-2000, the Bank committed approximately \$493 million for new HIV/AIDS components and stand-alone projects in 39 countries. For 2001-2003, an additional \$345 million has already been earmarked for global HIV/AIDS prevention and care."

The bank said separately it would ask its board to approve between \$85 million and \$100 million for AIDS programs in the Caribbean.

"Caribbean leaders have recognized the gravity of the AIDS epidemic and are prepared to fight it," Orsalia Kalantzopoulos, World Bank Director for the

Caribbean, told a conference in Barbados.

"This is now accepted as a critical development priority, one that encompasses much more than health issues, but also social and economic ones."

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Nigeria declares local cure for HIV virus unsafe

September 13, 2000

Web posted at: 12:06 PM EDT (1606 GMT)

ABUJA, Nigeria (Reuters) -- A committee appointed by the Nigerian government to probe claims by local scientists that they had developed vaccines for the HIV virus said on Tuesday the substances should be banned until professionally tested.

The report of the committee of experts set up by the National Action Committee on AIDS (NACA) followed the establishment of a parliamentary inquiry into the claims.

The head of the 14-member committee, Idris Mohammed, said the vaccines should be banned until they were made to "pass through the various processes of screening and registration by relevant professional bodies.

"We are constrained to point out that some of the vaccines are prepared from blood of several HIV-infected patients, pooled together and treated in some unknown manner and then given to normal HIV-negative individuals under the guise of protecting them from HIV/AIDS," Mohammed said while presenting the report to Vice-President Atiku Abubakar.

However, the committee recommended government financial and logistics support for people claiming to have developed vaccines for the virus that cause AIDS.

The committee was set up last July to verify all such claims.

A local scientist, Jeremiah Abalaka, claimed earlier this year to have developed a vaccine in his clinic in the capital Abuja. Abalaka claims to be immune to HIV and has vowed to inject himself publicly with the virus to prove his case.

Abalaka and Nigeria's health ministry are engaged in a legal battle over the scientist's claim to a breakthrough.

The controversy deepened after senior military officers said Abalaka's vaccine had been effective on Nigerian soldiers infected with the HIV virus.

Human immuno-deficiency virus (HIV) attacks the immune system and leads to full-blown AIDS, or acquired immune deficiency syndrome.

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California requires HMOs to provide AIDS specialists

September 18, 2000

Web posted at: 11:05 AM EDT (1505 GMT)

SACRAMENTO, California (AP) -- Under a new state law, California HMOs will soon be required to let HIV-positive patients get standing referrals to doctors with expertise in treating AIDS.

While HMOs are required to have specialists for many conditions, from allergies to urology, the treatment of HIV and AIDS isn't a certified specialty. AIDS activists say finding a doctor who has expertise in treating HIV is necessary because of the complex health problems and treatment regimes needed for those infected.

"Anyone who has a relationship with an HMO knows how difficult it is to navigate the system to get a referral to a specialist," said Cesar Portillo of the AIDS Healthcare Foundation. "For people with HIV, any delay in getting proper care from a specialist can be fatal."

Gov. Gray Davis signed the measure Tuesday. The requirement takes effect Jan. 1.

Portillo said he believes the law is the first to direct HMOs to use HIV/AIDS specialists. Other states have used "special needs" provisions in the law to require health plans to use HIV/AIDS specialists, he said.

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FDA approves new AIDS drug

September 18, 2000

Web posted at: 10:20 AM EDT (1420 GMT)

WASHINGTON (AP) -- Patients in the United States with the AIDS virus are about to get a new option that may help those who have failed standard therapy -- a drug called Kaletra.

The Food and Drug Administration approved Kaletra late Friday, for use by both adults as well as HIV-infected infants and children who are older than 6 months of age.

Kaletra is one of a class of AIDS drugs called protease inhibitors. But early evidence suggests it may work a little differently than its competitors -- allowing higher HIV-fighting levels of drug to circulate in the blood system than other medicines do.

"This is all still a little theoretical," cautioned Dr. Heidi Jolson, the FDA's AIDS chief.

But in studies of patients who had failed other protease inhibitor treatment, enough saw their HIV levels dramatically drop -- presumably because of this effect -- to persuade the FDA to speedily approve Kaletra's sale.

Scientists with manufacturer Abbott Laboratories said in one study about 70 percent of such protease-failed patients improved on Kaletra, although Jolson cautioned that those patients also took another relatively new pill, so it's unclear if Kaletra should get all the credit.

Abbott said the prescription-only medicine -- available in capsules or liquid, taken twice a day as part of a cocktail of standard AIDS drugs -- should be on pharmacy shelves around the end of next week. The company did not reveal the price.

Kaletra is a combination of a new chemical called lopinavir plus a small dose of Abbott's older AIDS drug Norvir. The company mixed the two because together they produce what co-inventor Dale Kempf calls a great drug reaction: The Norvir increases blood levels of lopinavir. Abbott calls that Kaletra's key, contending the drug can get to higher levels in the body than other protease inhibitors without causing more side effects than a standard dose would.

But Kaletra does cause side effects, Jolson stressed. It comes with a long list of drugs that physicians cannot prescribe together with Kaletra because the interactions are dangerous, she said. She urged doctors to carefully check that list, which includes certain heart drugs and sedatives.

About 10 percent of Kaletra users had significant rises in cholesterol and triglyceride levels, she said. About 1 percent suffered pancreatitis. Other side effects were typical for AIDS drugs, including diarrhea, fatigue and nausea.

Parents got a special warning: Keep the bottle out of reach of children, because liquid Kaletra contains enough alcohol to be dangerous if a child overdoses.

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S.African labor hits Mbeki on AIDS, economy

September 18, 2000

Web posted at: 10:05 AM EDT (1405 GMT)

JOHANNESBURG, South Africa (Reuters) -- South Africa's biggest labor federation COSATU hit out on Monday at President Thabo Mbeki's economic policies and urged him to back down on his controversial stand on HIV/AIDS.

In a tough speech to the annual meeting of the Congress of South African Trade Unions, its leader Willie Madisha told Mbeki and delegates that the president's policies on privatization had failed and challenged him to acknowledge that the HIV virus causes AIDS.

Madisha called for a review of reforms set out in the government's Growth, Employment and Redistribution strategy (GEAR), set out in 1996. The strategy -- praised in business circles -- focuses on boosting growth by lowering inflation, interest rates, the budget deficit and government spending.

"A major setback was the adopting after 1996 of conservative economic policies incorporated in the GEAR," he said.

Madisha also said COSATU wanted a rethink on the privatization of state enterprises, saying it limited services to the poor and threatened jobs.

"We are concerned by the proposed privatization of state utilities," Madisha said to loud applause from some 2,000 delegates.

Tough words on HIV/AIDS

But Madisha saved his harshest criticism for the government's AIDS policy. Madisha said Mbeki was wasting time on scientific speculation and hindering the fight against the disease.

"The current public debate on the causal link between HIV and AIDS is confusing. For COSATU, the link between HIV and AIDS is irrefutable and any other approach is unscientific and unfortunately likely to confuse people," Madisha said.

Mbeki sat stony-faced throughout Madisha's speech and he avoided the issue when he took to the podium to address the congress.

The 1.8 million-strong COSATU and the South African Communist Party are alliance partners with Mbeki's ruling African National Congress (ANC).

Mbeki's policies on HIV/AIDS, which afflicts 10 percent of South Africa's population of 43 million, have been steeped in controversy since he cited personal Internet research in remarks last year questioning the predominant view that AIDS is caused by the HIV virus.

In the clearest explanation of his position to date, Mbeki told Time Magazine last week that HIV could be a cause of AIDS, but that it was not the sole origin of the disease.

But Madisha said Mbeki should spend time finding urgent ways of providing cheap medicines to AIDS sufferers.

"We need to put the current controversies behind us and develop strategies to obtain cheap drugs," he said.

Mbeki urges allies not to be sidetracked

In his speech Mbeki sought to deflect COSATU's and the South African Communist Party's anger with the government's GEAR strategy, which aims to boost growth by curbing spending.

COSATU feels that GEAR is responsible for job losses and is becoming increasingly disgruntled with Mbeki's controversial stand on AIDS.

But Mbeki made only a passing reference to AIDS when he listed diseases afflicting his people. Instead he concentrated on slamming the "beneficiaries of our racist past" for the rift in the alliance, and urged it to "intensify the struggle against racism."

"They want us to become a house divided against itself, concentrating on a campaign to destroy one another," he said.

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S. Africa's Mbeki acknowledges assumed link between HIV and AIDS

September 20, 2000

Web posted at: 1:03 PM EDT (1703 GMT)

CAPE TOWN, South Africa (Reuters)
-- South African President Thabo Mbeki on Wednesday refused again to acknowledge that HIV causes AIDS, but said an assumed link did form the basis of his government's response to the AIDS crisis.

His remarks to parliament during a question-and-answer session went further toward acknowledging a relationship between HIV and AIDS than he has since he first questioned the link in October last year.

"The program of the government in this country is based on this thesis that HIV causes AIDS and everything in the program says that," Mbeki said.

But he went on to tell legislators that while the Human Immunodeficiency Virus (HIV) could be a factor in the AIDS pandemic, it could not actually cause the syndrome.

"When you ask the question 'Does HIV cause AIDS?', the question is: 'Does a virus cause a syndrome?'. It can't....A virus cannot cause a syndrome.

"The syndrome is a group of diseases as a result of immune deficiency, of the acquired immune deficiency syndrome," he said.

Mbeki and his cabinet have refused to concede that HIV is the sole or primary cause of AIDS and the president has appointed an international panel, including controversial scientists who doubt the existence of AIDS, to research the link.

"The basic problem is that many people don't want to study this question. They are perfectly happy to repeat what is said to be the conventional wisdom," he said.

Health Minister Manto Tshabalala-Msimang refused at a news conference Monday to answer whether HIV cause AIDS.

AIDS activists have condemned his skeptical stance, saying he is undermining efforts to halt the spread of the virus that already has infected more than 10 percent of the population of 43 million.

The umbrella Congress of South African Trade Unions demanded this week that the government admit the link, warning that hesitation was costing lives.

Echoing public concern about the effect of Mbeki's ambivalent stance, the Mail

and Guardian newspaper devoted its front page Friday to a headline: "Just say yes, Mr. President."

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AIDS prevention and treatment strategies continue

September 27, 2000

Web posted at: 5:50 PM EDT (2150 GMT)

From staff and wire reports

(CNN) -- Even as research continues into new strategies to combat AIDS, a report released Wednesday called on the government to do more.

"Thousands of new HIV infections could be avoided each year if we gave greater emphasis to prevention, and were smarter in the way we spent our prevention dollars," said Harvard University Provost Harvey Feinberg, co-chairman of the committee that prepared the report. HIV is the virus that causes AIDS.

The report, "No Time to Lose: Getting More from HIV Prevention," calls for improved tracking of the epidemic and greater investment in prevention strategies, including support for comprehensive sex education, condom distribution and clean-needle programs. It was prepared by the Institute of Medicine, a nonprofit institution that provides policy advice to the National Academy of Sciences.

Last year, the federal government spent about \$775 million on HIV/AIDS prevention, or 8 percent of the total budget for HIV-related programs. Funding should instead focus on preventing as many new infections as possible, the report said.

Feinberg and colleagues also call on the Centers for Disease Control and Prevention in Atlanta, Georgia, to create a national surveillance system that would identify new HIV infections and allow public health officials to track recent changes.

'A dangerous complacency'

In the past 15 years, the rate of AIDS infections has declined among gay men and increased among women, minorities and teen-agers. In recent years, however, the rate of decline among gay men has begun to level off.

The advent of powerful drugs that inhibit the AIDS virus, along with other improved methods of treatment may have contributed to "a false sense of security and a dangerous complacency," the report said. "But the need for prevention has not diminished one bit."

New research indicates it may be possible for AIDS patients to take a "drug holiday" from the strong medications used to squash the virus down to near undetectable levels.

According to a study published this week in the journal Nature, some patients continue to do well even after discontinuing the regimen.

Although the AIDS "cocktail" drugs are effective, they are expensive and can

have toxic side effects.

A key, doctors said, is to begin treatment early -- perhaps even before a patient tests HIV positive by conventional means.

In November 1996, Mike Burns thought he had the flu, but his doctors suspected HIV. They were right.

"The level of the virus in his blood was extremely high," said Dr. Eric Rosenberg, an AIDS researcher at Massachusetts General Hospital in Boston. "And when we tested him for the standard HIV antibody test, that was negative."

The Nature study followed eight patients like Burns, who were aggressively treated with AIDS drugs early in the infection process, and then took a break. The average treatment interruption was about six months.

The idea, said Dr. Bruce Walker, another Boston researcher, is to use the drugs early to teach the immune system "to control HIV in the way that other people control mono or chickenpox viruses."

Still, the odds of catching these infections early enough to impact the immune system are not good, others say.

"Most of the time, in the real world, you get a patient after they've been infected for a reasonably long period of time," said Dr. Anthony Fauci of the National Institutes of Health, who has himself studied the drug holiday option.

But with such promising results, Rosenberg said the study should serve to prompt doctors and patients to seek treatment right away.

"It's critical for doctors to know what tests to send (out), and it's really important for patients, when they're seeking medical attention, to inform their health care provider that they may have been exposed to HIV," Rosenberg said.

And medical authorities continue to warn against patients simply stopping their medications on their own.

Early detection also can help to track the pace of the epidemic, prevention advocates said in the Institute of Medicine report.

CNN Medical Correspondent Christy Feig and The Associated Press contributed to this report.

Christine L. Anderson
12/01/99 06:12:51 PM

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Subject: Fact Sheet: President Clinton Announces New Cooperative Effort to Help Poor Countries Gain Access to Affordable Medicines, Including for HIV/AIDS Treatment

**PRESIDENT CLINTON ANNOUNCES NEW COOPERATIVE EFFORT TO HELP POOR COUNTRIES
GAIN ACCESS TO AFFORDABLE MEDICINES, INCLUDING FOR HIV/AIDS TREATMENT**
December 1, 1999

The President today announced that the Office of the United States Trade Representative (USTR) and the Department of Health and Human Services (HHS) will develop a cooperative approach on health-related intellectual property matters consistent with our goal of helping poor countries gain access to affordable medicines. Through this approach, we will ensure the application of U.S. trade law related to intellectual property, such as Special 301, remains sufficiently flexible to respond to legitimate public health crises. President Clinton also called upon our trading partners to join him in this effort. The United States will continue to work with its partner nations, multilateral organizations, industry, and affected communities to improve access to medical treatment.

Poor countries face special challenges providing adequate public health care and gaining access to affordable medicines, including those needed to treat diseases such as HIV/AIDS.

· Under this new arrangement, there will be a more direct interaction between USTR and HHS on health-related intellectual property issues.

· When a foreign government expresses concern that U.S. trade law related to intellectual property significantly impedes its ability to address a health crisis, USTR will seek substantive information from HHS on the health conditions prevailing in that country.

· This will enable USTR to ensure that the application of U.S. trade law related to intellectual property, consistent with international trade treaties, is sufficiently flexible to respond to public health crises.

The challenge of improving access to treatments without stifling innovation is one that eludes simple answers. A modern patent system helps promote the rapid innovation, development, and commercialization of effective and safe drug therapies for diseases such as HIV/AIDS. Sound public health policy and intellectual property protection are, and must continue to be, mutually supportive. The WTO Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) allows the flexibility for all WTO Members to respond to public health crises.

As a related policy objective, we continue to assist developing countries create the public health infrastructure that will allow treatments to be utilized effectively. Treating diseases effectively requires that developing countries not only make adequate investment in prevention efforts, clinics and medical equipment, but continuous monitoring of treatments to ensure that no contamination occurs and that medicines are administered at the time and with the appropriate dosage. Without such infrastructure,

there is significant risk that pharmaceuticals, including antibiotics and HIV drugs, may not be administered to patients correctly.

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