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Issues - Vaccines - Purchase Fund

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Todd A. Summers
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Record Type: Record

To: Ronald L. Silberman/OMB/EOP, Daniel N. Mendelson/OMB/EOP
cc: See the distribution list at the bottom of this message
Subject: HIV Vaccine Purchase Fund

The International AIDS Vaccine Initiative has put forth a series of proposals relative to the development of a HIV vaccine. As you recall, the President put forth last May an initiative to develop such a vaccine within ten years. One of IAVI's proposals is for an internationally-supported Vaccine Purchase Fund. Essentially this would involve the creation of a fund, to be administered by the World Bank, that would be available to pay for the purchase and distribution of a HIV vaccine when (or if) one is developed.

I have attached the full version of the proposal received by several White House staff persons. The text specific to the Purchase Fund proposal is as follows:

The first prong of the strategy seeks to assure commercial vaccine companies of a commercially viable market in developing countries by establishing a Vaccine Purchase Fund. Such a fund can create a guaranteed paying market in the developing world of known minimum size. By encouraging industrial investment in vaccine development, the Vaccine Purchase Fund will help to mobilize private capital and allow market forces to work, incorporating the efficiency of the private sector in creating vaccines for the developing world. The Vaccine Purchase Fund could be financed by current country or donor funds, or by a guaranteed line of credit through the World Bank. Ten to 15 participating countries, providing \$50 - \$100 million each, would create a \$0.5 - 1.0 billion dollar developing country vaccine market. Funds would only be made available to purchase a vaccine once it was successfully developed. A World Bank line of credit is a particularly attractive approach as current funds allocated to HIV could continue to be used for prevention and treatment until a vaccine was developed. Ultimately, having subsidized funds available for purchase will be essential for assuring vaccine availability for the poorest populations, but by itself will most likely not be adequate to fully overcome the reluctance of major vaccine companies to invest in developing HIV vaccines for low-income countries.

I have done some asking around about this concept and have gotten generally warm responses, though there are clearly a myriad of details that must be addressed.

We would like to determine how to more formally vet this idea, including the process for making an "earmarked" forward commitment of funds. I am assuming that we have done this in the past in the form of physical or economic disaster relief.

Can you help? I assume that OMB is one of the first steps. Can you get back to me with your thoughts?

Thanks!

Todd Summers
Deputy Director
Office of National AIDS Policy

**Summary of an
HIV vaccine development proposal for the May 1998 G-8 meeting
Birmingham, United Kingdom**

"Preventing the transmission of HIV infection and the development of AIDS is an urgent global public health imperative. While other prevention and treatment methods must be pursued, in the long term, the development of safe, accessible and effective vaccines against AIDS holds the best chance of limiting and eventually eliminating the threat of this disease. We will work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration. Cooperation among scientists, and governments in the developed and developing world and international agencies will be critical. We call on other states to join us in this endeavor,

**--Denver Summit of the Eight Communiqué,
Paragraph 33, June 22, 1997**

On June 22, 1997, the leaders of the eight largest economies pledged to provide the resources necessary to accelerate AIDS vaccine research and to enhance global cooperation toward this end. What follows is a summary of a bold plan to fulfill this worthwhile promise.

The Challenge

Despite a decade long global effort to control HIV, the epidemic continues to spread. More than 30 million persons are infected with HIV, and it is estimated that 16,000 people are newly infected each day, 90% of whom live in developing countries. New therapeutic advances are, in general, only available in industrialized countries, are expensive (costing \$15,000 to \$20,000 per person annually), are complicated to use, and are now failing a growing number of the persons taking them. A vaccine is the only feasible means to control the global epidemic, yet vaccine development is proceeding far too slowly.

Relevant Issues

A number of key scientific advances have created a sense of optimism within the scientific community that a vaccine can indeed be developed. The challenges, however, are still formidable. Because science lacks either a good animal model for HIV disease or correlates of immunologic protection, it is only through testing vaccines in humans that we will be able to determine what works and ultimately develop an effective tool.

Although the public sector research institutions play a key role in basic research, vaccine product development is almost exclusively a commercial enterprise. There are not adequate commercial incentives for large amounts of private sector capital to be invested in HIV vaccines particularly those for developing countries. AIDS is currently costing the world community approximately \$18 billion a year in research, prevention and treatment of those afflicted. While the cost-effectiveness of vaccines is unassailable, less than 1% of global AIDS resources have been devoted to vaccine research. Vaccines receive less than 10% of overall HIV research expenditures and only a small percentage of that is directed at vaccine product development. Thus, the slow progress in vaccine development can be attributed to the

combination of industry's reluctance to invest heavily in the HIV vaccine research and development process coupled with the continuing low priority given to vaccine product development by the public sector.

In the past, the world has relied on an iterative process to create vaccines. Vaccine candidate products have been developed based upon the best scientific knowledge. These products have then been clinically tested, with the results used to improve vaccine designs. Eventually a safe and effective vaccine has resulted. In the case of HIV, however, this usual mechanism of vaccine development has been abandoned for a more basic science approach to the understanding of pathogenesis and immunology that has so far been unsuccessful. It is an approach without precedence in the history of vaccine development.

Because of the uncertainties as to what will eventually work, a variety of different vaccine approaches must be investigated in parallel and not serially. Although new vaccine product development has slowed, there is, fortunately, a substantial backlog of untested vaccine products. In fact, over 25 vaccine candidates have been developed and found safe in small-scale human studies. Many of these have stimulated some type of immune response in the human body. Despite evidence of their immunogenicity, none of these candidate vaccines has yet been tested for efficacy. The decision not to test these candidate vaccines turns on clear political and social considerations rather than any specific scientific barrier. These can be overcome. A rational and thorough approach to vaccine development would call for rapidly testing a range of the best of these existing products for efficacy while continuing to improve vaccine designs.

Vaccine development costs are high. Given the uncertainty involved, the financial risks to any industrial developer to move a single approach forward are unacceptably high. The risks become especially acute in view of the fact that more than 90% of the potential market for vaccines will be in developing countries. Developing countries not only have the greatest need for vaccines, but it is in these countries where vaccines can be most effectively tested. Vaccine candidates may need to be specifically devised for particular developing countries because the virus strains circulating in these populations differ from those in industrialized countries as are the vaccine characteristics, such as cost, ease of administration and stability, that will need to be considered for successful deployment in developing nations. For all of these reasons, commercial market forces are inadequate to ensure vaccine development in a timely fashion—and without public sector cooperation and support, they never will be. This market failure is not unique to HIV vaccines; many successful vaccine development efforts were previously stimulated by a strong public sector investment in partnership with industry.

Suggested strategies for the G-8

To advance HIV vaccine research and development, the G-8 nations have an historic opportunity to overcome the problem of a potentially unprofitable market for HIV vaccines. By providing crucial public financing to develop and test HIV vaccines, particularly those with limited commercial potential, the G-8 can push promising HIV vaccines off their blocked path and onto an efficient road leading ultimately to protection from this growing epidemic. If an end to the AIDS epidemic is the ultimate destination, then only one vehicle, a preventive

vaccine, can get us there. What follows is a two-pronged strategy to do just this.

The first prong of the strategy seeks to assure commercial vaccine companies of a commercially viable market in developing countries by establishing a Vaccine Purchase Fund. Such a fund can create a guaranteed paying market in the developing world of known minimum size. By encouraging industrial investment in vaccine development, the Vaccine Purchase Fund will help to mobilize private capital and allow market forces to work, incorporating the efficiency of the private sector in creating vaccines for the developing world. The Vaccine Purchase Fund could be financed by current country or donor funds, or by a guaranteed line of credit through the World Bank. Ten to 15 participating countries, providing \$50 - \$100 million each, would create a \$0.5 - 1.0 billion dollar developing country vaccine market. Funds would only be made available to purchase a vaccine once it was successfully developed. A World Bank line of credit is a particularly attractive approach as current funds allocated to HIV could continue to be used for prevention and treatment until a vaccine was developed. Ultimately, having subsidized funds available for purchase will be essential for assuring vaccine availability for the poorest populations, but by itself will most likely not be adequate to fully overcome the reluctance of major vaccine companies to invest in developing HIV vaccines for low-income countries.

The second prong of the strategy seeks to provide direct public sector financing of vaccine development and testing. This can be accomplished by creating a Vaccine Development Fund to support industrial development and testing of vaccines specifically designed for developing countries and for those vaccines with limited commercial potential. This approach is based on the traditional means of promoting vaccine development. Such a fund can create a rapid response from the vaccine industry; be targeted toward vaccines of greatest potential for use in lower income countries, and also be used for vaccine testing as well as targeting the development of vaccines that would otherwise have no commercial potential. (Examples of these include vaccine vectors whose intellectual property is already in the public sector, such as BCG vectors or vaccines with risk/benefit ratios which would make them not commercially viable in low HIV incidence countries). Suggested amounts are \$2 million per G-8 country for the first two years, rising to \$5-10 million for the next five years. This would allow the world to move forward multiple approaches in parallel. Such a fund would be very effective at accelerating development of specific products, but would require making tough up-front strategic decisions about which products should receive investment.

Conclusions

Over the last decade, the global community has devoted major resources to developing HIV basic science and therapeutic drugs. The dramatic advances that we have made reflect this worthwhile investment. At the same time, the long-term need of developing better preventive technologies has yet to win adequate world attention and investment. Preventive vaccine development, the most cost-effective approach in combating and ultimately eliminating viral diseases, is best advanced through the industrial sector. However, without a new public/private effort, vaccine development will remain a low priority, allowing the epidemic to grow unchecked with rising health care and impact costs throughout the world. This status quo is far too costly.

To most effectively accelerate vaccine development, the G-8 countries can build both the Development and Purchase Funds. By quickly advancing vaccine product research and assuring the private sector reliable HIV vaccine markets in developing nations, these funding vehicles can provide the synergy to fully mobilize the world's scientific and industrial potential to finally meet the AIDS vaccine challenge.

By adopting this proposal, the leaders of the Group of Eight countries will make good on their pledge to undertake one of the single greatest leadership challenges of this century and the next. A vaccine is our only hope of eliminating this disease—not just in developing countries where the epidemic is spreading unchecked, but also in industrialized countries where HIV drug regimens are already failing and are barely affordable to the majority of people with AIDS. The G-8 nations can create the pathway to solving a health and economic problem that will continue to defeat us until we finally harness the world's finest science and industrial efforts. This approach offers a new model of economic and scientific cooperation in this era of globalization. It is a model the world urgently needs as we face a new millennium. Tens of millions of lives can be saved through this effort. There is no greater promise to be kept.

Message Copied To:

Sandra Thurman/OPD/EOP
Sarah A. Bianchi/OPD/EOP
DvonZinkernagel @ osophs.dhhs.gov @ inet
Wendyw @ nih.gov @ inet
Toby Donenfeld/OVP @ OVP
JW14Z @ nih.gov @ inet

To Todd Summers

April 29, 1998

Memorandum to: Sandra Thurman
The White House
Washington, DC

From: Victor Zonana
Vice President, International AIDS Vaccine Initiative
New York, NY

With the May 18 anniversary of the President's AIDS Vaccine speech at Morgan State rapidly approaching, I am writing to offer IAVI's assistance in coming up with a suitable announcement the Administration can make to mark the anniversary.

The enclosed concept paper sketches out the two-pronged strategy IAVI is championing in order to more fully engage private industry in the search for an HIV vaccine.

The first part of our strategy envisions the creation of a Vaccine Purchase Fund to assure commercial vaccine companies that a viable market will exist in developing nations when a vaccine is ready. Funds would only be made available to purchase a vaccine once it is developed. One approach would be for donor nations to guarantee a line of credit through the World Bank, where Dr. Richard Feachem has already convened a Task Force on New Instruments to help make this happen. (Dr. Seth Berkley, IAVI's president, sits on the Task Force.)

The second part of our strategy envisions a much smaller Vaccine Development Fund to support industrial development and testing of vaccines specifically designed for developing countries. Suggested contributions are \$2 million per G-8 country for the first two years, rising to \$5-\$10 million for the next five years.

It would be a huge step forward for the President to announce his support, even in principle, of AIDS vaccine development and purchase funds. It would send a powerful signal to the biotech industry, and the venture capitalists who finance it, that the President's commitment to develop an AIDS vaccine within a decade was a serious one, and that he recognizes that private industry must be part of the solution.

Barring a statement of support, the President could ask Vice President Gore to convene an interagency working group to examine and overcome commercial obstacles that stand in the way of an AIDS vaccine, especially the lack of a guaranteed market in developing countries. Participants could include Sandra Thurman and officials of HHS, NIH, Treasury, State, AID and, perhaps, OSTP.

I am sending copies of this note to Bruce Reed and Chris Jennings.

My phone number at IAVI is 212-655-0201.

Best,


cc: Todd
Summers

April 29, 1998

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The White House
Washington, DC

From: Victor Zonana
Vice President, International AIDS Vaccine Initiative
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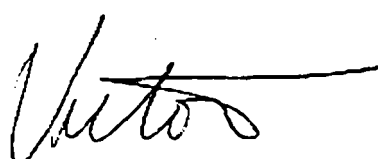
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I am sending copies of this note to Bruce Reed and Sandy Thurman.

Best,




Suggested language for the G-8 Communique at Birmingham:

“The Denver Summit of Eight Communique (Paragraph 33, June 22, 1997) declared that to meet the “urgent global public health imperative” of AIDS, Summit members would “work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration”. The Birmingham Summit determined the next step in meeting this aim is to enhance both the supply and demand mechanisms for vaccine development. To ensure necessary economic conditions to encourage industrial investment in HIV vaccines, the G-8 leaders ask the World Bank to work with countries to investigate and develop effective mechanisms to finance the purchase of HIV vaccines for developing countries. The G-8 leaders also support the creation of a vaccine development fund which would assure the development of vaccines appropriate for use in developing countries. We ask other states to support this effort.”.

IAVI

810 Seventh Avenue • New York, NY 10019-5818 • USA
phone (212) 655-0201 • fax (212) 843-0480

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Summary of an
HIV vaccine development proposal for the May 1998 G-8 meeting,
Birmingham, United Kingdom

"Preventing the transmission of HIV infection and the development of AIDS is an urgent global public health imperative. While other prevention and treatment methods must be pursued, in the long term, the development of safe, accessible and effective vaccines against AIDS holds the best chance of limiting and eventually eliminating, the threat of this disease. We will work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration. Cooperation among scientists, and governments in the developed and developing world and international agencies will be critical. We call on other states to join us in this endeavor."

--Denver Summit of the Eight Communiqué,
Paragraph 33, June 22, 1997

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The Challenge

Despite a decade long global effort to control HIV, the epidemic continues to spread. More than 30 million persons are infected with HIV, and it is estimated that 16,000 people are newly-infected each day, 90% of whom live in developing countries. New therapeutic advances are, in general, only available in industrialized countries, are expensive (costing \$15,000 to \$20,000 per person annually), are complicated to use, and are now failing a growing number of the persons taking them. A vaccine is the only feasible means to control the global epidemic, yet vaccine development is proceeding far too slowly.

Relevant Issues

A number of key scientific advances have created a sense of optimism within the scientific community that a vaccine can indeed be developed. The challenges, however, are still formidable. Because science lacks either a good animal model for HIV disease or correlates of immunologic protection, it is only through testing vaccines in humans that we will be able to determine what works and ultimately develop an effective tool.

Although the public sector research institutions play a key role in basic research, vaccine product development is almost exclusively a commercial enterprise. There are not adequate commercial incentives for large amounts of private sector capital to be invested in HIV vaccines particularly those for developing countries. AIDS is currently costing the world community approximately \$18 billion a year in research, prevention and treatment of those afflicted. While the cost-effectiveness of vaccines is unassailable, less than 1% of global AIDS resources have been devoted to vaccine research. Vaccines receive less than 10% of overall HIV research expenditures and only a small percentage of that is directed at vaccine product development. Thus, the slow progress in vaccine development can be attributed to the combination of industry's reluctance to invest heavily in the HIV vaccine research and development process coupled with the continuing low priority given to vaccine product development by the public sector.

In the past, the world has relied on an iterative process to create vaccines. Vaccine candidate products have been developed based upon the best scientific knowledge. These products have then been clinically tested, with the results used to improve vaccine designs. Eventually a safe and effective vaccine has resulted. In the case of HIV, however, this usual mechanism of vaccine development has been abandoned for a more basic science approach to the understanding of pathogenesis and immunology that has so far been unsuccessful. It is an approach without precedence in the history of vaccine development.

Because of the uncertainties as to what will eventually work, a variety of different vaccine approaches must be investigated in parallel and not serially. Although new vaccine product development has slowed, there is, fortunately, a substantial backlog of untested vaccine products. In fact, over 25 vaccine candidates have been developed and found safe in small scale human studies. Many of these have stimulated some type of immune

response in the human body. Despite evidence of their immunogenicity, none of these vaccines has yet been tested for efficacy. The decision not to test these candidate vaccines turns on clear political and social considerations rather than any specific scientific barrier. These can be overcome. A rational and thorough approach to vaccine development would call for rapidly testing a range of the best of these existing products for efficacy while continuing to improve vaccine designs.

Vaccine development costs are high. Given the uncertainty involved, the financial risks to any industrial developer to move a single approach forward are unacceptably high. The risks become especially acute in view of the fact that more than 90% of the potential market for vaccines will be in developing countries. Developing countries not only have the greatest need for vaccines, but it is in these countries where vaccines can be most effectively tested. Vaccine candidates may need to be specifically devised for particular developing countries because the virus strains circulating in these populations differ from those in industrialized countries as are the vaccine characteristics, such as cost, ease of administration and stability, that will need to be considered for successful deployment in developing nations. For all of these reasons, commercial market forces are inadequate to ensure vaccine development in a timely fashion -- and without public sector cooperation and support, they never will be. This market failure is not unique to HIV vaccines; many successful vaccine development efforts were previously stimulated by a strong public sector investment in partnership with industry.

Suggested strategies for the G-8

To advance HIV vaccine research and development, the G-8 nations have an historic opportunity to overcome the problem of a potentially unprofitable market for HIV vaccines. By providing crucial public financing to develop and test HIV vaccines, particularly those with limited commercial potential, the G-8 can push promising HIV vaccines off their blocked path and onto an efficient road leading ultimately to protection from this growing epidemic. If an end to the AIDS epidemic is the ultimate destination, then only one vehicle, a preventive vaccine, can get us there. What follows is a two-pronged strategy to do just this.

The first prong of the strategy seeks to assure commercial vaccine companies of a commercially viable market in developing countries by establishing a Vaccine Purchase Fund. Such a fund can create a guaranteed paying market in the developing world of known minimum size. By encouraging industrial investment in vaccine development, the Vaccine Purchase Fund will help to mobilize private capital and allow market forces to work, incorporating the efficiency of the private sector in creating vaccines for the developing world. The Vaccine Purchase Fund could be financed by current country or donor funds, or by a guaranteed line of credit through the World Bank. Ten to 15 participating countries, providing \$50 - \$100 million each, would create a \$0.5 - 1.0 billion dollar developing country vaccine market. Funds would only be made available to purchase a vaccine once it was successfully developed. A World Bank line of credit is a particularly attractive approach as current funds allocated to HIV could continue to be used for prevention and treatment until a vaccine was developed. Ultimately, having subsidized funds available for purchase will be essential for assuring vaccine availability for the poorest populations, but by itself will most likely not be adequate to fully overcome the

reluctance of major vaccine companies to invest in developing HIV vaccines for low income countries.

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Conclusions

Over the last decade, the global community has devoted major resources to developing HIV basic science and therapeutic drugs. The dramatic advances that we have made reflect this worthwhile investment. At the same time, the long-term need of developing better preventive technologies has yet to win adequate world attention and investment. Preventive vaccine development, the most cost-effective approach in combating and ultimately eliminating viral diseases, is best advanced through the industrial sector. However, without a new public/private effort, vaccine development will remain a low priority, allowing the epidemic to grow unchecked with rising health care and impact costs throughout the world. This status quo is far too costly.

To most effectively accelerate vaccine development, the G-8 countries can build both the Development and Purchase Funds. By quickly advancing vaccine product research and assuring the private sector reliable HIV vaccine markets in developing nations, these funding vehicles can provide the synergy to fully mobilize the world's scientific and industrial potential to finally meet the AIDS vaccine challenge.

By adopting this proposal, the leaders of the Group of Eight countries will make good on their pledge to undertake one of the single greatest leadership challenges of this century and the next. A vaccine is our only hope of eliminating this disease -- not just in developing countries where the epidemic is spreading unchecked, but also in industrialized countries where HIV drug regimens are already failing and are barely affordable to the majority of people with AIDS. The G-8 nations can create the pathway to solving a health and economic problem that will continue to defeat us until we finally harness the world's finest science and industrial efforts. This approach offers a new model of economic and scientific cooperation in this era of globalization. It is a model the world urgently needs as we face a new millennium. Tens of millions of lives can be saved through this effort. There is no greater promise to be kept.

Article from our newsletter

IAVI Launches Campaign for Global HIV Vaccine Purchase Fund

In an effort to stimulate private sector investment in HIV development and help ensure access to HIV vaccines once they are developed, IAVI has launched an international campaign to create a Global HIV Vaccine Purchase Fund.

Over the past year, IAVI leaders have worked to build support for a Vaccine Purchase Fund among international agencies and G-8 and G-77 governments. The fund would provide developing countries with funds to purchase HIV vaccines, once candidate vaccines are demonstrated to be effective in humans.

The fund would also help assure pharmaceutical and vaccine companies of a commercially viable market for HIV vaccines in developing countries. Through grants and/or loans provided by industrial nations and international agencies, the Purchase Fund would, in effect, create a worldwide guaranteed paying market for HIV vaccines.

Historically, vaccines have been created primarily for industrialized country markets and have only "trickled down" to those in developing countries years after receiving marketing approval (usually only after they come "off-patent" and have paid off the industrial research investments). If this paradigm were to continue, once an HIV vaccine is developed, the results would be disastrous for poorer countries hard-hit by the epidemic.

For this reason, a growing number of public health authorities are suggesting that mechanisms must be created so that HIV vaccines can be made available in developing countries at the same time they are made available in industrialized countries (where HIV treatment and other forms of prevention are readily available).

According to Seth Berkley, IAVI's President, creation of the fund will stimulate industrial investment in HIV vaccine development. "A Global HIV Vaccine Purchase Fund would help mobilize private capital and provide real incentives for companies that have the experience and expertise to produce vaccines. It is absolutely vital that we encourage real market forces to develop in the area of HIV vaccines," says Berkley.

As envisioned, funding for the HIV Vaccine Purchase Fund would be provided by developing country contributions, industrialized country grants and/or guaranteed lines of credit arranged through international agencies such as the World Bank. According to Berkley, if 10 to 15 countries each provide US\$100 million, a US\$1.5 billion guaranteed market for HIV vaccines would be created in developing countries.

The World Bank is currently exploring different potential models for structuring the Purchase Fund. One model would be to obtain commitments from wealthy nations to provide direct grants or low cost financing for the purchase of HIV vaccines once they are developed. Funds and credit would be provided to countries according to need with the poorest, and those hardest hit by HIV, receiving the most funds. Another more innovative and attractive model would be to create an approved line of credit for countries at the World Bank which would be used to purchase vaccines of a specified nature when they became available. A key advantage of this plan would be that funds need not be made available until a safe and effective HIV vaccine is

developed. Thus current funds could continue to be used for short-term prevention and treatment needs.

The senior management of the World Bank has embraced the idea of creating an environment more conducive to industrial investment in HIV vaccines and convened a Bank-wide task force to look at potential financing options. The European Commission has also indicated support for such an idea and is investigating possible participation.

In order to further stimulate HIV vaccine development, IAVI is also pushing the G-8 and G-77 nations to create an HIV vaccine development fund or provide direct funding for HIV vaccine research and development. Such funding would stimulate the development of approaches that may not have a viable commercial market at this time because of intellectual property issues or unfavorable risk-benefit profiles for industrialized countries with relatively low rates of HIV infection. Moreover, issues such as ease of use, temperature stability and the cost of production may be critical in some of the more impoverished markets and, therefore, vaccines with these characteristics, even if shown to have lower efficacy, may have an important role to play.

In the Final Communiqué at the Denver Summit of the Eight in June 1997, the G-8 nations agreed that "the development of a safe, accessible and effective vaccines against AIDS holds the best chance of limiting and eventually eliminating the threat of this disease. We will work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration. We call on other states to join us in this endeavor." (Denver Summit of the Eight Communiqué, Paragraph 33, 22 June 1997).

The G-8's agreement to act on HIV vaccine development was, according to many observers, a response to U.S. President Bill Clinton's call for development of an AIDS vaccine by 2007 just one month before the meeting. It was also brought about by international pressure generated by IAVI's Call to Action, an international consensus statement endorsed by more than 80 leading organizations in 52 countries. However, since the Denver Summit, the G-8 nations have done little, if anything, in the area of joint action on HIV vaccines.

IAVI is marshalling worldwide support for the Vaccine Purchase Fund. "We are committed to encouraging real private sector investment in HIV vaccines and to guaranteeing that all the countries of the world have full access to any HIV vaccines that are developed," says Berkley. "We must begin working now to ensure that the huge disparity that we see in terms of access to HIV treatments never happens with HIV vaccines."