By the time this issue of *Nature Medicine* reaches you, a new director general of the World Health Organisation (WHO) will have been appointed. That person may be Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a man respected throughout the global HIV community for making progress towards combating the AIDS epidemic. Piot talked to *Nature Medicine* during the run-up to the election.

Peter Piot

Like Peter Piot, all of the contenders for the job of director general of WHO have a medical degree. But none of the other candidates is a scientist—unlike Piot, who has excellent research credentials and is, in fact, credited with co-discovering the Ebola virus.

Piot notes that most of the other candidates are “ministers of health, and politicians.” Yet many of those familiar with Piot’s leadership of UNAIDS would call him a skilled politician himself. He is considered one of the principal figures who, over the past five years, have revolutionized prospects for combating the disease on a global scale. This is largely due to his ability to win over those with a stake in the epidemic—presidents, prime ministers, non-governmental organizations (NGOs), employers, donors, activists and patients.

Piot says he has had a keen interest in developing countries since he was “a small boy.” The same fascination drove him, after finishing medical school at the University of Ghent in Belgium, to study infectious diseases at the Belgian Institute of Tropical Medicine at a time when most people considered such research a “thing of the past.”

In 1976, after Piot isolated the Ebola virus from tissue samples of a Flemish missionary nun, his desire to observe the virus’s effects first-hand took him to Zaire. “It’s very rare to be able to work on an epidemic of totally unknown origin and mode of transmission,” he says.

Piot returned to Zaire in 1983 when the same curiosity led him to investigate AIDS. “I thought that if we had 50 patients from Central Africa in Belgium with this syndrome, there must be thousands in the country of origin. That was a defining moment in my life—when I walked into the then-named Mama Yemo hospital, a 2,000-bed hospital in Kinshasa, and saw these young emaciated men and women [who] were only my age. I suddenly realized that this was a heterosexual disease and as such it had the potential to spread. In the absence of any control program and with such illiteracy and poverty, I saw an epidemic looming.”

With a clear resolve to not become a “UN bureaucrat,” Piot took a sabbatical to join the WHO Global Programme on AIDS in 1992. “I had been documenting the growing disaster of AIDS but I asked myself how much longer I could go on without doing something that would have more impact. What were the options? Working for an NGO on the ground, or working in a position where you can influence bigger entities, shape policy and raise money. I had done the former and wanted to try the latter. I got more and more interested in the politics of science and public health.”

Piot was hooked. “I enjoyed the work at WHO, discussing with ministers of health, presidents and prime ministers.” And in 1995, instead of returning to academia, he became the executive director of UNAIDS, which replaced the disbanded WHO initiative.

Whether he secures the post of director general or remains at UNAIDS, perhaps the most important HIV issue on Piot’s agenda is dealing with the results of the first phase 3 trial of an AIDS vaccine—the gp120 subunit vaccine, AIDSVAX, made by the California-based company VaxGen.

Data from the first arm of the study, involving 5,400 volunteers in the United States, will be released by 1 April 2003. But rumors suggest that the efficacy of the vaccine, at around 20–30% protection from infection, may be even lower than anticipated. Although those numbers may not meet the criteria of American regulators, there will almost certainly be pressure on UNAIDS and WHO to establish a policy for the use of the vaccine, based on mathematical modeling arguments that a marginally effective vaccine could make a significant impact on the epidemic if used in high-incidence areas.

“I was one of those in the early nineties who said the only way to know

if a vaccine works is to do the trial, and not by studying more chimpanzees,” says Piot. “I want to reserve my reaction until I’ve seen the data, but I’ve always said that it’s extremely important to learn from these trials in terms of infection and breakthroughs. We will assemble more experts in modeling and public health policy—we’ve been working on this for well over a year—to come up with some recommendations, but at some point it is a matter of judgment, and that’s what lands on my desk.”

The lack of a vaccine notwithstanding, Piot believes that the epidemic is now at a “tipping point” between a “marginal response and

one that is full-scale and effective.” Though money is not the only factor, it is a central element of this precarious status. Although Piot lauds the National Institutes of Health research budget of \$2.8 billion and the tenfold increase in money to fight the disease in developing countries since the creation of UNAIDS, he acknowledges that other major sources, such as the Global Fund to Fight AIDS, Tuberculosis & Malaria, are short of cash. “Last year around \$3 billion was spent versus the \$10 billion needed,” he notes, “but if you go beyond the sound bite, \$10 billion today could not be absorbed, so we have to gradually increase over the next two to three years.”

Maintaining donor momentum is a problem in the face of AIDS fatigue and interest diverted to bioterrorism research. “Part of my motivation to run for director general of WHO is to promote AIDS in the face of waning interest,” Piot says. “But my background goes far beyond AIDS, and I really do believe that health in general in developing countries is not getting enough attention. Plus, I know how to make UN organizations move.”

Karen Birmingham, London

UNiting the world against AIDS