South Africa releases controversial AIDS panel report

The timing could hardly be worse. Last month, while the rest of the world increased efforts to find a way of delivering and distributing expensive AIDS drugs to the millions of people infected with the virus in sub-Saharan Africa, the South African government released its highly controversial and contradictory presidential AIDS panel report on the cause of AIDS and its treatment, even though the document has been in existence for several months.

The panel was convened last year as part of the government's demonstration that it was taking the pandemic seriously. The panel's terms of reference were to address questions such as, what causes the immune deficiency that leads to death from AIDS? and Why is HIV/AIDS in sub-Saharan Africa heterosexually transmitted while in the western world it is said to be largely homosexually transmitted?

To the amazement of many, HIV dissidents such as Peter Duesberg, who do not believe that HIV is the cause of AIDS, were invited to sit on the panel beside senior health experts such as Helen Cayle, a director at the US Centers for Disease Control. Unsurprisingly, the 134-page report reflects the deep divisions of such a group. So split was the panel, that the recommendations section of the report lists the advice of each faction separately.

The dissidents recommended that the government stop "the dissemination of the psychologically destructive and false message that HIV infection is invariably fatal" and suspend "all HIV testing until its relevance is proved especially in the African context." In addition, this faction asked that resources be used to eradicate "AIDS-defining diseases such as malaria, TB and enteric infections," and that "antiretroviral drugs...should under no circumstances be used to treat AIDS patients..."

Immediately following this section comes the advice of mainstream scientists that antiretroviral drugs be evaluated in the context of South Africa. For example, the report asks for research into what stage of infection different age groups should be treated and how to develop affordable and sustainable drug protocols.

Equally, the report lists the recommendations of the dissidents for preventing AIDS transmission—improving sanitation, reducing poverty, testing substances such as Chinese cucumber, aloe vera and the use of massage—side by side with the mainstream message of safe sex and blood transfusion efforts and control of transmission through childbirth and breast-feeding.

On releasing the report, Health Minister Manto Tshabalala-Msimang said the government would not change its approach to the crisis, which is rooted in the premise that HIV causes AIDS. She denied that it had been an expensive exercise that had

produced nothing of substance. The report is available at <http://www.gov.za/reports/2001/aidspanelpdf.pdf>.

Elsewhere, a team from Harvard has drawn up a plan to move AIDS drugs to Africa (see overleaf), and the Secretary-General of the United Nations, Kofi Annan, secured an agreement from major pharmaceutical companies to keep reducing the prices of AIDS-related drugs for the world's poorest nations. Annan is believed to be preparing a plan for a special session on the global AIDS epidemic at the 25 June meeting of the United Nations General Assembly.

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Resistance study to re-evaluate HAART

Next month will see the start of a large international trial aimed at determining the most effective treatment for AIDS patients for whom triple therapy is not successful. The development of HIV resistance to highly active antiretroviral therapy (HAART) drugs and the long-term toxicity of such medicines has resulted in HIV/AIDS researchers believing that re-evaluation and increased global management of existing drug regimes—and not simply the development of new drugs and vaccines—is an important, if temporary, solution.

The \$15.3 million Options in Management with Antiretrovirals study, or Optima, is the first venture of the Tri-National Clinical Trials Research Initiative, which was announced in May last year. Operated jointly by the Canadian Institutes of Health Research (CIHR), the US Department of Veterans Affairs, Cooperative Studies Program (US-VA CSP) and the UK's Medical Research Council (MRC), Optima will trial an estimated 1,700 patients at 70 sites over 3 years, taking place in 22 hospitals in Canada, 25 in the UK and 30 VA hospitals in the US.

According to the UK's lead investigator, Mike Youle, director of HIV Clinical Research at the Royal Free Centre for HIV Medicine in London, the study will evaluate whether patients benefit from a set

of five rather than three of the currently used HIV drugs. It will also examine whether waiting for a period of three months between different drug programs is beneficial. The five drugs tested will differ depending on what the physician believes is the most appropriate treatment for any given patient.

Meanwhile, HIV drug resistance means 1 in 10 AIDS patients are undergoing salvage therapy of drug cocktails and one in 50 AIDS patients now finds they are resistant to all of drugs on the market. "There is nothing particular about HIV, resistance is emerging because of widespread treatment—it's just like herpes drug resistance," says Youle adding, "We will also see similar resistance in the near future to drugs for hepatitis A and B."

In addition to mixing therapies, alternative ways to combat resistance to HIV as with all pathogens includes the development of new, more powerful drugs and drugs that act at different stages of infection. Earlier this year, researchers at the biotechnology company Tibotech in Maryland, announced that a new protease inhibitor TMC-126 has entered clinical trials. TMC-126 is believed to bind more tightly than existing compounds to protease while being more thermodynamically flexible than other inhibitors.

In recent weeks, scientists at the Children's Hospital of Philadelphia have reported encouraging results from *in vitro* tests of CP-96,345—a compound that blocks entry of the virus into immune cells by binding to the CCR5 coreceptor (PNAS, 98, 3970; 2001).

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Cut away of HIV virion