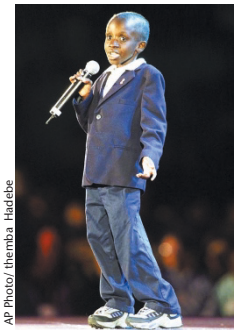
The death of just another AIDS orphan?

AIDS was first reported 20 years ago last month in the United States *Morbidity and Mortality Weekly Report*. Since the start of the epidemic, the disease has cost the lives of nearly 22 million adults and children—12-year-old South African AIDS activist Nkosi Johnson being just one of them.

Johnson died last month and during his short and difficult life he did more than most to bring some simple truths to bear on the question of AIDS in South Africa. Sadly, his government seems unable to act on these truths.

Johnson sought to understand it himself and to help others understand it. In 1997, for example, he and his foster mother successfully campaigned to allow HIV-positive children to attend state-funded schools. Their fortitude led to a new policy of non-discrimination against HIV positive school children.

However it was during last year's 13th International AIDS conference in Durban (*Nature Med.* **6**, 843; 2000) that he shot to international fame. Speaking during the opening ceremony of the most important event on the international AIDS calendar, Nkosi wondered why his country shunned HIV-positive people and did so little to help them: "I just wish that the government can start giving AZT to pregnant HIV mothers to help stop the virus being passed on to their babies. Babies are dying very quickly…"


AP Photo/ themba Hadebe
Nkosi Johnson

And the government's response? Nothing more than a year of politics, prevarication and a virtually useless report questioning the role of HIV in AIDS (*Nature Med.* **7**, 515; 2001).

Johnson contracted the virus from his mother and was orphaned at an early age by her death. Mother-to-child transmission of HIV gives rise to 70,000 HIV-positive babies every year in South Africa. In 1999, *Nature Medicine* took Nkosazana Zuma, then Minister of Health, to task for failing to provide anti-HIV drugs to pregnant HIV-positive women (*Nature Med.* **5**, 1; 1999).

It was as clear then as it is today that the third-trimester treatment of HIV positive women with cheap antiviral drugs such as AZT and nevirapine significantly reduces the likelihood that their babies will become infected. Since then, several pharmaceutical companies have offered to supply the drugs for free or at reduced cost. Yet only last month the present Health Minister, Manto Tshabalala-Msimang announced that the government's policy on antiretroviral drug treatment has not changed. Due to their ongoing concerns about the drugs' toxicity and the fact that antiretroviral drugs are not a cure for AIDS, the government has no plans to introduce them wholesale into the public sector. Nor has there been any indication of progress on the launch of an 18-site nevirapine-testing program.

South Africa faces many health-related challenges. But none can be greater than AIDS. According to a report in the South African Medical Journal last month, hospitals in KwaZulu-Natal, the country's most AIDS-ravaged province, are at breaking point. As much as 80% of their beds are taken by AIDS patients.

Tshabalala-Msimang is running out of excuses. She must persuade her government to change its AIDS policies. If she is unwilling or unable to do so, then her position is surely untenable and she should step aside and make room for someone for whom the needless death of Nkosi Johnson is more than just a statistic.

Adrian J. Ivinson,
Harvard Medical School

O'Toole is chief of UK cancer research

Liam O'Toole has been appointed as director of the United Kingdom's newly formed National Cancer Research Institute (NCRI). Theoretically, this makes O'Toole the most powerful man in cancer research in the UK, since the NCRI will coordinate the activities of the Cancer Research Campaign (CRC), the Imperial Cancer Research Fund (ICRF), the Medical Research Council (MRC) and the Marie Curie Research Institute to name but a few. However, he might not have the free reign that he would wish because the NCRI director must answer to a board whose members comprise several heads from the very groups he will oversee.


Liam O'Toole

The NCRI was created in response to a parliamentary investigation last year into cancer research across the country (*Nature Med.* **6**, 360; 2000). It will operate as a virtual center to coordinate the activities of existing specialist institutions. O'Toole, who presently runs the MRC's Cellular and Molecular Medicine Board, will remain within MRC offices when he takes up the new role next month.

In addition to coordinating basic research efforts, the NCRI will oversee clinical cancer research carried out within the National Health Service under the auspices of the equally new National Cancer Research Network (NCRN) (*Nature Med.* **7**, 6; 2001).

Cancer research is one of the most competitive fields of study in the UK, not least because there are over 600 active research charities, dominated by large organizations such as the CRC and the ICRF, which together contribute £180 million ($250 million) to research—more than double the government's expenditure. Persuading these groups to work cooperatively will be O'Toole's biggest task.

According to O'Toole, evidence that these historically independent groups can work together already exists. They have completed a joint national review of prostate cancer research and distributed jointly funded grants to investigators. "That's the first time that we've reviewed an area as a collective and we set up a joint panel to do that," says O'Toole.

The is now trying to consolidate collections of tissue samples. "There are hundreds of separate tissue collections going on and we need to coordinate this," says O'Toole. "We've agreed to co-fund a common databank.

Karen Birmingham, London