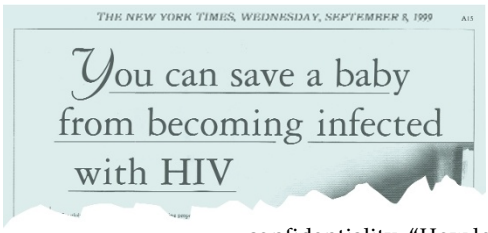
Call to buy nevirapine for developing countries

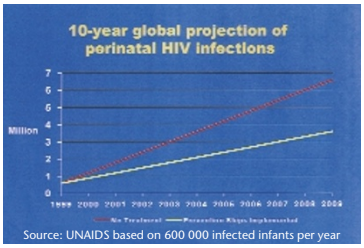
"You can save a baby from becoming infected with HIV" read the inch-high lettering in a full-page advertisement in the 8 September issue of the New York Times. After spelling out the statistics of the global HIV epidemic, the ad went on to encourage readers to make a donation to the Elizabeth Glaser Pediatric AIDS Foundation and concluded, "With an investment of $12 million now, the estimated 600,000 HIV infections in newborns can be dramatically reduced."



Central to the newspaper ad was information from the joint US/Uganda trial (HIVNET012), which shows the antiviral drug nevirapine reduces perinatal transmission by 47 percent (*The Lancet* **354**, 795; 1999). The $12 million figure is calculated based on the number of infected pregnant women worldwide, 2.4 million, multiplied by the price of nevirapine therapy, $4, plus $2.4 million in implementation costs. The Glaser Foundation has committed the first $1 million to the Call to Action, another $10,000 has been donated by the Global Strategies for HIV prevention organization, headed by Arthur Ammann, and the International AIDS Society based in Stockholm has committed $10,000.

The Glaser Foundation and the Global Strategies organization will distribute the $12 million. Priority will be given to areas that can demonstrate they have the infrastructure necessary to reach pregnant women.

Amman first announced the Call to Action, which asks governments of all nations to "negotiate with pharmaceutical manufacturers for discounts on HIV drugs and diagnostics," during his chairmanship of the "Second Global Strategies for the Prevention of HIV Transmission from Mothers to Infants" meeting (1–6 September) in Montreal, Canada. At the opening ceremony, he presented special recognition awards to American and Ugandan members of the nevirapine trial team.



Source: UNAIDS based on 600 000 infected infants per year

Although the venue was Canada, half of the 700 delegates came from developing countries, and several ministers of health took the podium to speak. Attendees expressed delight at news of the nevirapine study but cautioned that drug implementation is not the biggest problem in developing countries. Social stigma along with weak infrastructure were recognized in most of the workshops as substantial hurdles in the fight against the epidemic. Zambian Health Minister Nkandu Luo reported that her country is working hard to demystify HIV and will re-examine the issue of confidentiality. "How long can we protect one individual and put the rest of the community at risk?" she asks.

The exception to this statement is Uganda, where 90 percent of the population is aware of HIV in a country that is 60 percent literate; condom use has increased from 7 to 42 percent and the numbers of positive HIV pregnant women decreased from 35 to 15 percent. But Health Minister Crispus Kyonga told participants that the country now has 1.5 million orphans, and commented that AIDS is "no longer a health problem but a development one…because most of the victims are young, agricultural production has been affected so that there is now a danger of food scarcity."


Arthur Ammann honors HIVNET012 team members.

The South African health minister was notable by her absence, but representative Quarraisha Abdool-Karim of the South African Medical Research Council told *Nature Medicine* that a new policy regarding vertical transmission is close to implementation (*Nature Med.* **5**, 963; 1999), but that the country needs "time to make the right decision." South Africa that has seen a 30-fold increase in the past decade, its incidence now reaching 22 percent of the population. Abdool-Karim cited HIV testing as a major hurdle, as it would cost around $2 per pregnant woman in her country where the total annual health expenditure per capita is $6. She said that an estimated 10-fold increase in the current national health budget would be required to treat all HIV/AIDS people in 2000. Another obstacle raised by Karim is that nevirapine is not registered in South Africa—a predicament faced by most of the developing countries and one that must be remedied before any implementation of this new drug course outside clinical trials could begin.

The presence of health ministers from Africa was in marked contrast to the Indian delegation, which did not include any high-ranking government officials. India has the highest absolute number of HIV infections worldwide, although in terms of percentage this is less than one percent of its one billion population. Knowledge of HIV/AIDS is limited even among Indian health professionals, some of whom still do not know the cause of AIDS, and added to this is the complication of 1,700 different dialects, which hinders awareness programs.

Both African and Indian representatives called separate impromptu meetings at the end of the conference. Whereas the Indian grouping achieved no consensus, the African delegates concluded that "for the first time, there were effective interventions which could be implemented in resource poor settings so typical of sub-Saharan Africa." They agreed on the urgent need to license nevirapine, AZT and 3TC in their countries as therapy for preventing HIV transmission, and concurred that provision of nevirapine to all pregnant women is cost-effective in areas of antenatal HIV prevalence of more than 12 percent. But although they recognize the value of nevirapine, they note that this approach "could cause more harm if it is done in lieu of providing comprehensive [care] services."

They agreed to call for the third meeting in this series in Africa, most probably Uganda. However, at the 11th International Conference on AIDS and Sexually Transmitted Diseases, which took place one-week later in Zambia, not a single African president attended the meeting of the 16 that were reportedly invited.

BEATRICE RENAULT, MONTREAL &
KAREN BIRMINGHAM, LONDON