

AIDS vaccines wait while Europe dawdles

Each month an AIDS vaccine is delayed, 400.000 people will die of AIDS in Africa. This is equivalent to 1,5 times the number of people killed by the Tsunami wave which struck Asia a few years ago.

European – and global – management of AIDS vaccine research is in crisis, scientists claimed at an EAGLES/INDEPTH* meeting in Ouagadougou today. The European Developing Countries Trials Partnership (EDCTP) is moribund, highly promising vaccine candidates are languishing untested, and a new structure to manage research and development is now urgent, the meeting heard.

Fred Binka, of the INDEPTH Secretariat in Ghana told that what was needed to take control of AIDS vaccines for Africa – and the world - was an enterprise culture, with firm, strategic management from the top, to tackle the HIV/AIDS crisis like a private company – but with a public mandate.

“The EDCTP was one mechanism by which Europe was trying to engage and develop partnerships with African scientists, to be able to address critical interventions. But the stark fact is that it is not working!” said Binka.

“We are three or four years down the line, no grants are coming, there’s frustration on all sides – and someone has to sit down and admit that. We don’t want to wait forever.”

Hans Wolf, as a leading German AIDS researcher with what he believes is an extremely promising vaccine, CHIVAC, arising out of his long work in China, which has recently shown 100% immunogenicity in monkeys and man in Phase II trials, is also frustrated by European delays.

“The US National Institutes of Health (NIH), the International AIDS Vaccine Institute (IAVI) and the Gates Foundation told me that CHIVAC was the most promising vaccine yet. IAVI said we should get the vaccine as quickly as possible into clinical trials in highly endemic areas. I want to do that with Europe. But I don’t want to say that the EDCTP is dead – but it has been alienated from the people who thought about the system, and the people who thought out how it should be funded. They are not involved any more – [the

management] has been occupied by people who don't understand it... They have no passion. It doesn't work."

"This is not the way other programmes work, for example in the US, in their networking with other countries" said Wolf. "They are straightforward, with a continuous line of thought and management, and links with Africa, and China... Those networks work. But in Europe, there are very few administrators, and they have no personal expertise to manage the programme."

European clinical trials should be mandated to other organizations, Wolf argued.

Mike Bennish of the University of KwaZulu Natal, South Africa, believes that there should be global coordination of AIDS vaccine development and trials: "The anarchic approach with everyone doing their own thing just isn't going to work. We need structures that allow us to make rational, deliberate decisions in the best interest of finding solutions to the [major] health problems that we see. Number one is to find vaccines and other interventions that work against HIV."

The academic system of competitive grants is totally inappropriate to face up to the extraordinary human challenge of HIV/AIDS, Bennish said.

"And there is an imbalance between the voice of Africa in the this and the rest of the world" said Bennish. It reflects the disproportionate balance of power in resources, but we have to find a way to overcome that. And I think what Fred Binka and the INDEPTH network has done is to really try to give a voice to African and Southern concerns and show us a model of how this can be solved."

"Government needs to come in to support initiatives like INDEPTH to really give equal stature to African countries and developing countries at the table, as we go about defining a research programme to solve these really urgent and immediate problems" Bennet said.

Fred Binka explained the INDEPTH model: "We've tried to make sure that we can bring African scientists to work together, to define questions, and to try to find solutions. This is not easy! Even in Europe and other places [it's difficult]. INDEPTH is our attempt, by coming together and identifying the issues that we need to address."

Hans Wolf however thought that EDCTP could not build up structures in Africa "because this would have to come from totally different budgets in the EU! They are product orientated, and product-driven. And if there is no strong lead from the North... then this is going to fail, as you are not meeting their expectations."

Ronald Galiwango of Makerere University, Uganda, reported on a huge – but disparate - amount of research going on HIV/AIDS in Africa. "There's a shortfall in coordination, to bring all these scientists together in beneficial partnerships – to lead to better care for the patients."

And a lot of crucial research is simply missing, Galiwango said. Africa has 65% of the world's HIV positive people, with only 10% of the world's population. But "Africa has a *unique* epidemic. A lot of things are happening that we're not so clear about. And there's a need to further harness the research potential to carefully come to terms with the true factors driving the epidemic, and the way it is moving in Africa."

Antiretroviral toxicity has also not been adequately addressed in Africans, with most toxicity trials taking place in the North, said Galiwango. And there are many children with HIV/AIDS, being managed according to adult guidelines using dosages that are just proportionately reduced according to the weight of the children. We must work on this."

For all this work to be properly handled "we need a strong coordination body, to cater for all the researchers' interests" Galiwango said. "HIV has no respect for borders. We need strong partnerships, where the scientists involved have equal footing on what takes place within their sites, and their concerns are adequately addressed."

Aldo Tagliabue of Chiron also raised the issue of the bottom line: the final paymasters, and making the final choice of vaccine to deliver, when the trials are done.

"We start from science – but who is going to pay for these vaccines? We need to think of the role of the G8, [promising to buy and stockpile], but it is postponed continuously...". The European Commission has two problems – budget and people. "The budget of the Commission's current five year Framework Programme for everything is equal to the budget of NIH for one year, so we can't do anything; and the human resources [are too few]."

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