

# Will Third World need 'Harambee' for AIDS drug?

By JONATHAN POWER

Within five to 10 years the world will have an AIDS vaccine. This was the conclusion of scientists meeting at the recent Sixth International Conference on Aids, held in San Francisco.

The scramble to be first to get hold of the vaccine may not be as seemly as we would like. Many will pay everything they've got to jump the queue.

For his part, the manufacturer

of the first successful vaccine will be sorely tempted to make every penny he can while he is ahead of the pack.

Drug companies are no longer part of what for decades was a gentlemen's industry. Nowadays the fear of ungentlemanly take-over looms large. So does the fear, in an age of ever more rapid scientific advance, that a competitor will be treading on their heels.

In all likelihood the early years of the vaccine are going to be economically and ethnically telling.

In the United States, many homosexuals in such cities as San Francisco and New York are well-to-do members of the artistic and literary community.

However, the great majority of present and, even more so, future Aids-inflicted people are the very poor - drawn from the American underclass or from Africa, Haiti and Thailand.

One out of every 50 adult men and women in sub-Saharan Africa is infected with the AIDS-causing immuno-deficiency virus (HIV), overwhelmingly caught during normal heterosexual intercourse.

Millions of African children over the next few years will be born already infected. Hard-won gains in reducing infant mortality over the past decade will be reversed.

## Hepatitis

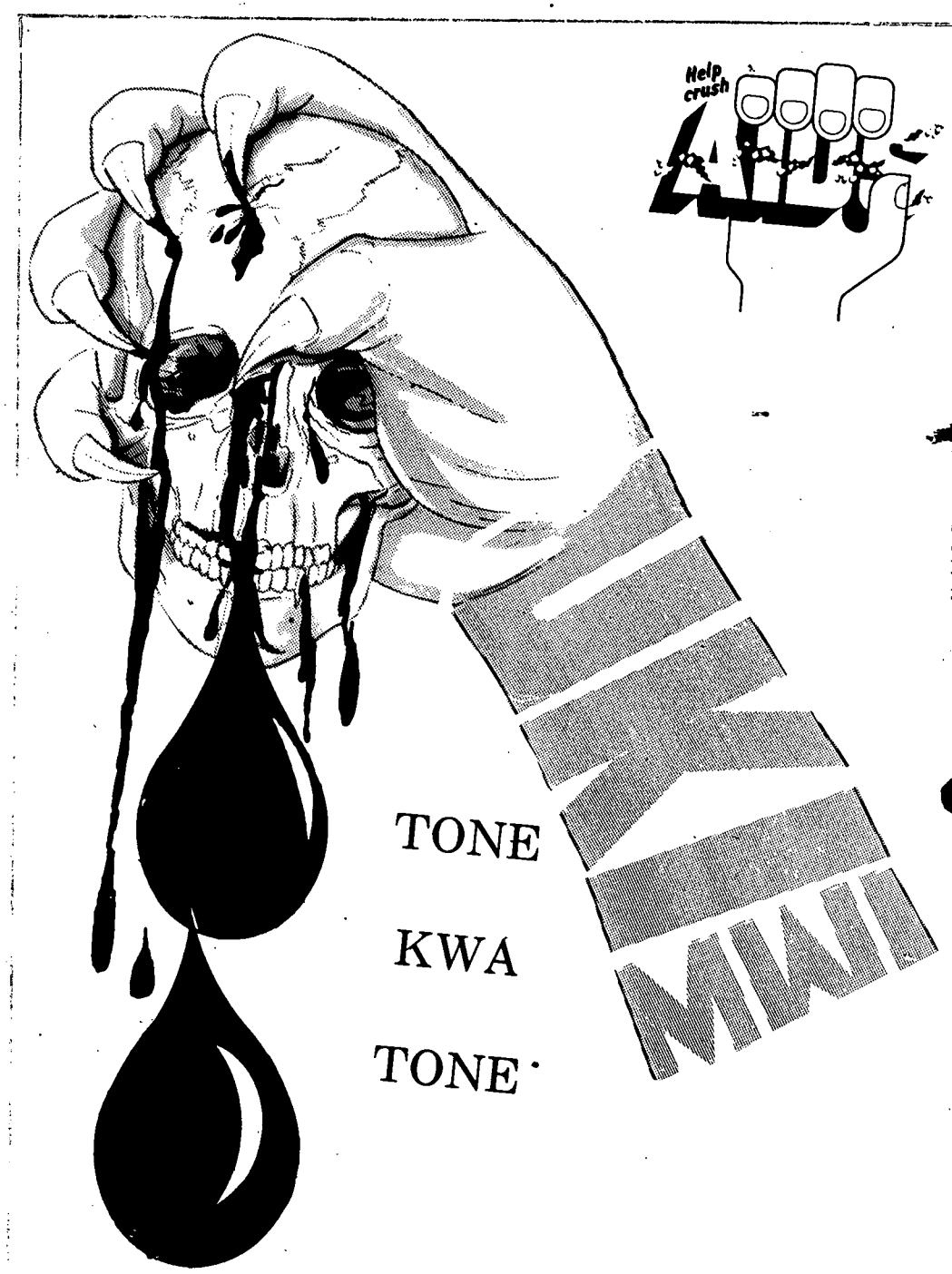
Who will pay for their vaccine? Or will they have to wait for it well into the next century until initial profits are reaped and prices fall?

Already we have learnt from the history of the Hepatitis B vaccine what may happen.

When it was discovered 10 years ago it cost \$100 to inoculate each person, putting the treatment out of reach for most of the millions with the disease in the Third World.

Gradually, an attempt was made to find a way to make it cheaper but even today it is still at a price that only the middle classes can afford. For the average factory worker or peasant in Africa and Asia it might as well not exist.

Of course, public opinion is not exactly charged with the cause of Hepatitis B, awful and debilitating disease though it is. But one



Abstention remains the best means of squeezing out Aids terror out of humanity before a vaccine is discovered.

can safely assume that such a repeat performance with an AIDS vaccine will not get the same easy passage.

It will become one of the great angry dividing issues of our time. We have seen the fuss over the AZT drug which slows the pace of AIDS-related diseases. It was costing \$10,000 per patient per year.

After much public agitation, Wellcome, its British inventor and manufacturer, has cut its price to \$3,000.

In reality the big "price-cut" was largely cosmetic. Welcome found the dosage could be halved. Then they topped that up with a 20 per cent reduction in price.

A high-price AIDS vaccine means emotions unleashed, lobbies mounted, editorials written and parliamentarians and congressmen shouting. Governments will feel pressured to legislate against "the profiteering" of the drug companies.

There may be indeed quite a bit of inflated windfall profit in the price, but drug production is a high-risk business with many hoped-for possibilities biting the dust.

Government regulation of the drug business has to be very sensitive if it is not to be counter-productive, knocking new ventures on the head, making them still-born.

The problem is better approached in another way and the time to do this is now, before the invention is made and certainly before field trials begin. By then the opposing views will be locked into positions like armed camps.

We should start with the premise that a large-scale inoculation campaign is feasible at a modest few cents a jab. It was done in the 1970s with smallpox in a campaign co-ordinated by the World Health Organisation - one of the great modern-day medical success stories.

Second, we have to assume the good faith of the drug companies. This means, however, that for the first few years the price will be high and will only fall over time as the market is gradually widened and as rival products come on stream.

Mass markets, especially in the Third World, are never created overnight. But there is a way out, a short-cut to this process.

We need a global buying consortium to acquire the patent from the successful drug company on behalf of the international community, perhaps using the WHO as its representative.

Then the vaccine can be produced at cost - for pennies.

Let's assume it costs a manufacturer \$100 million to research and develop the AIDS vaccine. We will pay \$500 million for it. An international fund-raising drive will be launched in anticipation of the day of invention. Governments will make donations. So will individuals.

We'll do what we've always done when there's something we believe in - organise garden parties, concerts, lotteries and "fun runs." We'll do what Bob Geldof did for the Ethiopian famine and we'll do it for three years, not just one.

## Organisations

It's reckoned that well over half of the world's population is aware of AIDS. People everywhere know what it is and that it is spreading like wildfire. If every second person in every country of the world contributed 25 cents we'd have enough.

What is needed before the year is a round table meet and devise an action plan.

It should be made up of the main AIDS-active organisations, the director-general of WHO, the presidents of the leading drug companies, distinguished representatives of the medical profession and high government officials from the main afflicted countries.

We must do this quickly before tensions and tempers get a life of their own.

The arrival of the AIDS vaccine need not lead to blood on the floor. But we have to reckon with the emotions it is going to arouse and take some imaginative and farsighted preventative action straight away. - Compass News Features.



A doctor at Bucharest's Victor Babes Hospital holds an Aids victim child.

# A vaccine won't sideline Kemron

By SAM WAINAINAH

Excitement over the possibility of an Aids vaccine being discovered in the foreseeable future, a prospect once thought impossible, should not becloud work on other quite promising drugs which will be of direct benefit to millions of individuals infected by the HIV or dying from this modern plague. Kenya's own drug, Kemron, is a front runner in the battle.

A vaccine may be of no value once a virus has embedded itself in the body. Skeptics in the medical world previously doubted the possibility of an effective vaccine for the Aids because of the dynamic nature of this killer virus. (It is able to alter its surface characteristics and thus make it difficult to be targeted by a vaccine).

One of the prospective vaccines developed by a team led by the inventor of the Polio vaccine, Dr Jonas Salk, uses killed Aids viruses. This approach has been criticised because some live viruses may escape during the processing stage, posing a danger to public health. However, its developers say their techniques are foolproof and there is no possibility of such an error. They are looking for individuals in California willing to volunteer in preliminary tests. A Catholic bishop in one diocese in America has suggested in all good faith that senior citizen priests come forward and volunteer in the tests.

It is believed that there are at least a dozen vaccines being de-

veloped worldwide. Last December medical researchers in America reported in *Nature* magazine that they had made encouraging progress towards developing vaccine and reported successful tests using monkeys.

The bulk of the vaccines are products of biotechnology in which scientists using "chemical scissors" are able to alter and subsequently recombine genetic material. New drugs may then be manufactured by introducing new genetic material into fast multiplying cell cultures. There are many other techniques being developed for cancer, degenerative and deficiency diseases.

## Toxic

Vaccines apart, most of the money in the mega-million dollar Aids research has been concentrated on two lines of attack. These include immune boosting drugs (immune stimulators) into which falls Kenya's Aids drug, Kemron. Another drug here is Imuthiol used in cancer treatment in France but which Rhone-Poulenc are trying to develop into an anti-Aids drug.

There are also drugs which are able to block (technically poison) the ability of the virus to multiply in the body. This class of drugs are quite toxic because the blockage effect is not specific to the virus but spills over to affect human cells.

The best known of these antiviral drugs is AZT

(Azidovuzine) made by Wellcome and introduced into the market more than two years ago at artificially high prices until public pressure forced the prices down by half to \$3,000 per patient per annum. Unfortunately this drug which was always considered as a mere stop gap already appears to be "vetoed" in the body by the tricky Aids virus. There are reports from Texas of Aids resistance to AZT and this may be more widespread than was believed. It is known to suppress bone marrow and patients on AZT may develop severe anaemia.

A more recent entrant onto the scene is another anti viral with a trade name Videx (code-named DDI). Developed by Bristol-Myers Squibb in the US, first results released early this year say initial findings from 53000 patients on this drug produced "satisfactory results". Videx is said to be well tolerated but no studies are known in Africa and one must await such tests on the continent because reaction to drugs may differ from place to place globally. As research continues to pour out new medicines it is possible that in future combinations of drugs may be used in the management of the disease.

Naturally the Kenyan Aids drug, Kemron, first revealed last December has continued to excite the imagination of many people both in Kenya and elsewhere in spite of subdued international press coverage. Many people prefer to maintain a wait-and-see at-

titude and it is common for journalists and doctors to be asked if the drug actually exists! People desperately want this drug for relatives, friends and themselves, who are afflicted.

The drug, a modified interferon developed at the Kenya Medical Research Institute (Kemri) will be launched officially this August. It will then be available in the chemist shops on prescription.

## Kemri

Research findings that are tentatively corroborated by a senior official of the World Health Organisation (WHO) in a recent report filed by the Pan African News Agency (Pana) from Dakar, Senegal, indicate that Kemron should be taken as a front runner in the battle against Aids.

According to its key developers at the Kemri, Dr David Koech and Professor Arthur Obel, "Kemron eliminates all symptoms associated with the disease in four weeks leading to dramatic improvement of the patient."

Better still, for a small sample of patients the Aids virus in the body appears to be wiped out completely.

All in all, vaccines are not the end of the story and judging by the large number of promising compounds being churned out by research establishments worldwide, the solution to the Aids nightmare may well be on the horizon.