

# Slow progress made in search for cure

By ROSE LUKALO

The first HIV vaccine trial in Africa is set to begin in Uganda and a new set of guidelines for vaccine trials in humans has been drawn up by the international community to facilitate the aggressive search for a means of combating HIV/Aids.

Addressing the press during the World Aids Conference held recently in Geneva, the Executive Director of the joint United Nations Programme on HIV/Aids (UNAIDS), Dr Peter Piot, said there was urgent need to have ethical guidelines for vaccine research in place as several research initiatives are now close to the human testing phase. "If you are asking whether we are putting the search for a vaccine on the fast track, I think I would say yes, but there can be no short cuts in ensuring the safety of the vaccine," said Dr Piot.

The guidelines were drawn up at a meeting held two days ahead of the Aids Conference and followed regional meetings held in Brazil, Bangkok, Uganda and the United States. The final document will be available for circulation in three months.

The International Aids Vaccine Initiative Report said the Ugandan study, a Phase I study of the giant pharmaceutical company, Pasteur Merieux Connaught AL VAC vCP205 (Canarypox HIV), had already been approved by the Ugandan Parliament and reviewed by the Aids Research Committee.

"The approval of two committees by the Ministry of Health specifically for scientific and ethical review of vaccine is still needed," IAVI report quotes Roy Mugerwa, a vaccine researcher at Makerere University and one of the trials' principal investigators as saying.

Other partners in the study sponsored by the US National Institute of Allergy and Infectious Diseases are Uganda's Ministry of Health and Case Western Reserve University.

The first large scale human trials of the vaccine against the HIV virus, AIDSVAX, developed by the US biotechnology company, VanGen, began in the United States in early June and the company awaits authorisation for a similar trial in Thailand. AIDSVAX is the first to go into human trials but there are more than 40 other potential vaccines currently being tested.

Although vaccines have to date been tested along guidelines laid out under the Declaration of Helsinki, under the World Medical Association, this is the first time guidelines have been developed for a specific vaccine.

## HEALTH

Scientists say the guidelines will help protect the rights of those living in developing countries even as they assist in speeding up the race for protection against HIV/Aids.

Ruth Macklin, professor of medical history at Harvard Medical School, pointed out that some features of existing vaccine testing guidelines place barriers on human tests for HIV vaccines.

She describes current guidelines on vaccine testing in humans as paternalistic and imbued with protectionism, having been drawn up at a time when scientific expertise and experience was dominated by the Western countries and developing countries lacked capacity. Giving one example Macklin said: "Previous guidelines said tests had first to be done in developed countries. Now it will be ethically permissible to conduct human vaccine trials simultaneously in a developed as well as a developing country or even in a developing country first."

"There has been a significant amount of capacity-building among scientists in developing countries," said Macklin. "Many, many developing countries are now scientifically ready to be involved in human vaccine testing."

There was no doubt in her mind that in the past incidences of undeniable exploitation of people in developing countries took place but ethical awareness has replaced the lack of structure for accountability.

"The new ethical guidelines have been drawn up to complement the current international ethical guideline for biomedical research involving human subjects, which were produced by the Council for International Organisation of Medical Science and the World Health Organisation in 1993," a press statement issued by UNAIDS said.

The new guidelines reinforced the need to get informed consent and deal with difficult issues such as ensuring proper counselling and providing treatment and care for those who become infected during the vaccine trial.

A controversial aspects of the guidelines was what would pass as appropriate treatment for those who become HIV infected. It was eventually decided that participating countries need to consider the highest attainable standards of care within the context of their realities rather than insisting on the provision of expensive anti-retroviral drugs which are not available to the rest of the pop-

ulation or which may not be available once the trial ends.

The vaccines currently being studied normally contain only pieces of HIV or, in the case of "live attenuated vaccines", virus whose genes have been manipulated so that it cannot cause disease but can grow and stimulate the body to fight it by producing antibodies.

Speaking during the World Aids Conference, Dr Piot said with 16,000 new infections occurring every day, the development of an HIV vaccine was a major priority for the world community.

A safe and effective vaccine is seen as the primary goal of Aids research and this is particularly true in the face of challenges brought out by the conference.

Mr Harrington, who is living with Aids, told the conference that although access to life-prolonging drugs help, it is not enough. He has developed resistance to six of the eleven available drugs for people-living-with-Aids (PWAs) and there is little information coming out of research to guide beyond drug resistance.

"More than this, Harrington said, although the impact of Highly Active Anti-retroviral Therapy (HAART), a cocktail of drugs currently favoured in the treatment of PWAs can be durable, problems of adherence to the daily dosage of up to 20 tablets in a day, the toxicity which produces extreme discomfort and drug resistance are only some of the problems that emerge.

Those on the drug regimen also complain of significant changes in body shape — wasting of the limbs and extremities accompanied by the thickening in the waist and chest and the development of a hump back.

Part of the problem Harrington argues is the consensus among researchers that everyone who is infected or with a viral load over 10,000/ml should immediately go on therapy.

"Some of these obstacles can be removed by good science. Others require intelligent focused activism," says Harrington who is actively involved in his own treatment and is demanding greater investment in research and the fight against Aids. "I can assure you that I'd had to be compliant to my current regimen for the entire 13 years of my HIV infection to date, the likelihood of periodic non-adherence and emergency of resistance would have been high."

For much of the developing world, access to HIV/Aids drugs is a dream unless efforts are made through the international community and trans-national drug companies to provide drugs at a subsidised rate.

## Our aids against AIDS

A series by Prof. Joseph Maina Mungai

## Sugar daddies worsen the situation

There are twice as many girls affected by Aids as there are boys in the age group 15-24 years. Many of these are still in school and have been infected by sugar daddies. The sugar-daddy practice is carried out in total disregard of the importance of the monogamous family unit.

**Our aids against Aids are in helping schoolgirls to remain virus-free.**

Since many of the sugar daddies are married men, the result of their relationships with young girls leads to instability in their marriages or divorce on the one hand and ruination of the adolescent girls' life on the other.

Although kept a secret between the couple, — sugar daddy and the girl — the social implications go far beyond the two individuals as it can seriously affect the lives of the family of the sugar daddy, especially children. It is also a major channel for the spread of Aids.

Sugar daddies and their girls tend to circulate within organised groups. The practice involves visits to such places as nightclubs, drinking of alcohol and staying the night in hotels or having quickies in lodgings and boarding houses. In this regard, these relationships are similar with prostitution.

However, the sugar daddy phenomenon is unacceptable to the great majority of girls and especially so when these men come between the girls and their boyfriends purely on the basis of having a lot more to spend on the girl.

Not all girls will do anything for money and the changes of styles of living imposed by these sugar daddies. Most girls are interested in relating to young men and in marriage. This is why they need to take time before they can accept even a young man for a boyfriend let alone a husband.

The long-term effect of the sugar daddy phenomenon on youth is even more serious. This is because when they become parents, they will be unable to impose any

other standards on marriage and family development except the ones they have witnessed and experienced from their elders.

What girls should know is that whatever gifts they are given now will not be available in future, that they will not stay young forever and that one day, they will need to settle down to the responsibilities of earning a living, whether or not they get married.

Young girls who get hooked to sugar daddies live to expect to lead the same kind of life later and are therefore unable to settle down and face the realities of marriage or world of work. This could push them into full scale prostitution later on.

Girls who have nothing to do with sugar daddies develop confidence of their own abilities and go through life pursuing and achieving their goals without seeking favours from anyone other than relying on their own abilities and have little time for gifts of convenience that just cause confusion and disillusionment. This strengthens their consciences which in turn continues to guide them to achieve high social values in life.

In the case of boys, it is the unfair competition and embarrassing expectations in future relations with girls that affects them. A few fall in the laps of sugar mummies who are said to be even more captivating than sugar daddies.

The sugar daddy/mummy phenomenon therefore has a disturbing effect on the future of society because of its effect on the youth. In some cases, blind dates have been arranged by agencies and sad cases have actually occurred where a father has found himself in bed with his own daughter.

**Our aids against Aids are in imposing standards of ethics on society for people to gauge their actions against such standards.**

• An Aids Education Programme, P.O. Box 72454, Nairobi.

# Migration fans spread of epidemic in Africa

By a Correspondent

As 13,000 people dispersed at the close of the 12th World Aids Conference in Geneva, Switzerland, it was clear to Kenyans participating in the meeting that too little has been done at home.

"You hardly hear about Aids at home," says researcher Dr Ruth Nduati, yet in some areas, it is as high as 30 per cent. People are dying."

Although much has been achieved in creating awareness about the disease, the experiences of others show that much more remains to be done by the Government, NGOs, Media, people living with Aids and wananchi.

Most African countries were represented with their delegates calling for drugs to be made available to their people at reduced rates, enlightenment on state-of-the-art methods in HIV/Aids care and treatment and sharing of ideas in policy and funding.

Senior high court judges discussed the dilemmas HIV posed in legislation.

South African Justice Cameron in his presentation spoke of the need to ensure an essential rights-based approach to dealing with epidemic which has seen some

of the worst human rights abuses perpetrated in recent times.

Cameron questioned the persistent thinking that it is necessary to curtail individual human rights in order to safeguard public health including such practices as ostracising and deportation of people with HIV/Aids.

"Social deprivation and human rights abuses lead to vulnerability and the Aids epidemic has shown that respect for human rights is an essential part of containment and prevention," said Cameron.

In the modern world where up to one third of the people are moving from their homes in search of employment, fleeing war or simply in search of leisure, migration emerged as an important issue that has to be thoroughly dealt within the context of Aids.

Researcher Dr Josef Decosas, who works with ProAction in Accra Ghana linked the spread of the epidemic in West and Southern Africa to the strong economies presented by South Africa and Cote d'Ivoire and the history of migrant labour from neighbouring countries which serve them.

"These migration patterns result in gender unbalanced communities both at the source of the

labour and also in the target areas," Decosas told the participants.

In addition to the dysfunctional social organisations, migrant labourers also have to deal with disruption of their social support structures and deprived living conditions with poor provision for health needs leading to vulnerability to sexual behaviour and practices that spread Aids.

The use of criminal law to arrest the spread of HIV/Aids generated widespread debate during the meeting which coincided with the deportation order made on a Congolese man by the Swiss Government after he was released from a three year jail term for infecting his girlfriend with HIV.

Joshua Odongo, from Kenya who works as a health promotion advisor with African Communities in London, stressed "HIV is not a crime," as he joined activists lobbying the Swiss Government to change its decision.

The diversity of representation at the meeting — researchers, people-living-with HIV/Aids, PLWHA, policy makers, doctors, private sector interests, NGOs — showed clearly an understanding

that this is a multi-sectoral problem requiring concerted action.

Although Kenya was well represented at the meeting by the non-governmental sector, it was clear that there is little dialogue or co-ordination between them.

Roselyn Ngugi, a nurse and community health worker reported on work being done by the Kenya Medical Research Institute in collaboration with the Catholic Church to provide affordable health care for HIV/Aids patients for the control of opportunistic infections in slum areas.

She said the church and KEMRI were producing cheap drugs to help in the control of respiratory infections, diarrhoea and skin infections.

The drugs include such novelties as the extract of a particular type of Frangipani tree which eliminated neurological pain and enhances the healing of blisters associated with herpes zoster when applied to skin infections.

Topical steroids creams have not been found to be as effective as a compound labeled KAD 94 which controls itchy and pseudo-monas and other preparations for

CONTINUED NEXT PAGE

## Plea for healers

By CATHERINE MGENDI

Traditional healers should not be dismissed in the search for a solution to the HIV/Aids scourge, a visiting official of the Organisation of African Unity, Prof Couaovi Johnson said recently.

Prof Johnson, who is OAU's Director of the Department of Education, Science, Culture, Health and Social Affairs, said African Governments and scientists should instead build rapport with herbalists and conventional methods to determine the real medical value of cures.

"A lot of health care in East Africa is done by traditional healers," said. "They should not be dismissed, but rather orthodox doctors should put their science to work to determine the efficacy of the treatments."

Prof Johnson made the remarks during a visit to Kenyatta National Hospital. He is in the country with other OAU health experts to progress in implementation of two declarations to control the spread of HIV/Aids. Kenya is the 21st country the team is visiting. He said potential of viable herbal treatments could only be tapped through the establishment of an organised national mechanism that safeguards the intellectual property and copy rights of traditional healers. Prof Johnson however disapproved the controversial "Dr Stone" from this category of healers. He said Mr Basil Wainwright, as a scientist, should follow the laid down scientific protocol to test his treatment.