HIV/AIDS TREATMENT: The Harvard Consensus
The worldwide pandemic of AIDS and soaring death rates from HIV/AIDS in low-income countries, makes it imperative for all to consider all options in the fight. One option is treatment by Antiretrovirals (ARVs).

However, use of these drugs in poor countries is hindered mainly by four factors: lack of adequate medical infrastructure to assure treatment safety and effectiveness; difficulties with adherance to complicated medication regimes and therefore danger of promotion and spread of drug resistance; high prices of ARV and costly treatment procedures; and lack of political commitment.

Proposals on how to make ARVs available to poor countries have been submitted by various members of the Faculty of Harvard University in what is being referred to as "The Harvard Consensus". They argue that there are four reasons to combine prevention with AIDS treatment (ARVs) i.e.

i. Treatment is essential for the thirty-six (36) million people already infected. This is an immediate humanitarian rationale.

ii. Treatment is necessary to save the children and fabric of society. Many children (currently 13.2 million) are being left orphans as their parents die. Without family support the children drop out of school, suffer poverty and malnutrition and become victims of violence and sexual abuse. These factors place them at high risk of acquiring AIDS! The demographic shift may contribute directly to political instability and violence

iv. Treatment is necessary for continuing economic development. As millions of adults in their prime die, they take with them the skills and knowledge necessary for human and economic development.

To address the limitation on use of ARVs in poor countries, the statement makes a number of proposals including:

a. Use of the directly observed therapy (DOTS) in the delivery of Highly Active Antiretroviral Therapy (HAART) in poor settings. Such a system would ensure HIV-patients take the medication regularly, promote best clinical outcomes and would minimize development of resistance.

b. After confirming HIV status, observable clinical signs and symptoms, rather than laboratory tests, should be used to identify who to give the drugs. This would be combined with clinical trials to define "best practices" for treatment in poor countries and thus develop treatment guidelines.

c. Use of simplified treatment regimes e.g. once or twice-daily fixed dose HAART products now available.

d. Use of existing infrastructure (e.g. those developed for TB-DOTS) and support for further development of infrastructure in poor countries.

e. A global effort be mounted to provide funds for purchase of ARVs (estimated 3-5 billion dollars per annum)

f. Need for political will, from both wealthy and poor countries, necessary to provide financial and scientific leadership and institutional support at all levels.

There is still much discussion on the proposals of the consensus. There are also a few areas that need further thinking and deliberation. For example:

i. The proposal is to treat those late in the course of the disease. But if those detected to be in early stages of HIV infection and not treated, there would be then no incentive for early and regular testing. Wouldn't treatment of those in early stages have a better impact on prevention, improve their quality and length of life and therefore benefit society?

ii. Unless pharmaceutical industry in developing countries and generic competition is promoted and supported, (including specific funding) the proposal can be seen as a way to provide a market for transnational drug companies.

iii. Recent information from high income countries where ARVs have been used, show that risk behaviour may be on the increase. This could be due to a false sense of security, an assumption that there is a cure for AIDS or infection from the people alive for a longer and therefore having no sexual contacts. It is not yet clear if infection rates also increase. Whatever the case, potential unexpected consequences need to be kept in mind.

The Global Health/AIDS Fund is likely to lead to more discussions around this area. EPN members need also to share views from their perspectives and your reactions are welcome. For the full paper visit:
"http//www.iasusa.org/pub/June_Journal.pdf"

Churches Medical Association of Zambia (CMAZ)
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The Churches Medical Association of Zambia (CMAZ) is an inter-denominational, non-governmental umbrella organization for church- administered health institutions in Zambia. CMAZ plays the role of facilitator in the provision of health services in Zambia, while its members implement. Due to the need for sustainability in financing, a drug revolving fund was established with the help of NORAD and this has helped improve the procurement ability of CMAZ.

CMAZ has a membership of 95 institutions representing 16 different denominations and church organizations. Of the 95, 34 are hospitals and 60 are rural health centres and 1 is an associate member. Together these are responsible for 50% of formal health services in rural areas in the country.

The main services provided by CMAZ member institutions include:

· Curative services
· Preventive services
· Training of nurses
· Community mobilization

· Disaster response
· HIV/AIDS Community Programs.

The goal of CMAZ is to represent and provide assistance to church-related health institutions and programs to improve health in Zambia through:

i. Assisting members to develop the best possible level of health-care.

ii. Providing one proactive voice for members in dialogue with the Ministry of Health and allocation of national health resources.
iii. Providing and/or facilitating technical, administrative and logistical support to members.

iv. Providing and assisting members in training programs in cooperation with the ministry of health and other relevant agencies.

v. Providing a forum for communication and exchange of ideas in provision of health services as well as helping members evaluate and monitor health programs.

vi. Assisting churches to formulate policies and plans regarding health issues.

vii. Assisting members in procurement of pharmaceutical and medical supplies and promoting community based approaches of addressing health problems.

viii. Exploration of means of increasing efficiency and achieving sustainability of health services.

The Health programs with CMAZ are: Primary Health Care; Primary Eye Care; and AIDS care and preventive program. The Pharmaceutical services department renders support to members in drug supply, management and rational use through: training, information dissemination, mobilization of donations, quality control and administrative support. Other support offered is in procurement, storage and distribution of drugs and other supplies. Drugs and medical supplies are procured and distributed to health facilities at a mark up and this ensures recovery of cost to run CMAZ and its warehouse.

CMAZ has a newsletter "Balm" which highlights issues on rational drug use, drug information and other articles from members.

A staff member of the CMAZ secretariat (the Pharmaceutical Services Manager) Mr. Marlon Banda is a member of the EPN Board and CMAZ is the Country Focal Point for Zambia.

CMAZ's address is:
Ben Bella Rd, P O Box 34511, Lusaka, Zambia
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Renewed production of sleeping sickness drugs
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WHO and a pharmaceutical company "Aventis" have signed an agreement securing the production of drugs to treat sleeping sickness to cover a global need of upto five years. Moreover, Aventis (which had stopped production of the drug 6 years ago due to its unprofitability) has agreed to transfer technology and technical assistance to potential long-term manufacturers of the drugs (eflornithine, pentamidine and melarsoprol). This move was facilitated by MSF's quest to bringing abandoned drugs back into production. MSF will undertake to distribute the drugs to the affected areas. This is the best organization to oversee distribution as it has been caring for patients with sleeping sickness since 1985 and runs seven sleeping sickness control programs in Sudan, Angola, DRCongo, Central African Republic and Congo-Brazaville. MSF aims to add three more control programs by the end of this year. (Surie Moon, MSF)

IMPORTANT ANNOUNCEMENTS:

1. **New Malaria Drug**
   WHO and a major drug company have signed an agreement to develop a new treatment for Malaria. LAPDAP-combines two existing anti-malarial compounds chlorproguanil and dapsone for oral treatment for uncomplicated malaria for use in sub-saharan Africa. Clinical trials have demonstrated its effectiveness and it will be made available at a preferential price for public health programmes. This initiative has been done with the help of DFID/UNDP/World Bank. The full report is available on "www/ldb.org/iphw/index.htm" . We wait for information on the place of this drug in the Roll Back Malaria effort.
   In another development, a new anti-malarial drug- Malarone- will soon be available. It is a combination of proguanil and atovaquone and trials show that it is 98% effective in preventing malaria. Unfortunately its expected to be very expensive. A dosage to cover a two-week trip would cost $ 90! (source: CPA Newsletter No. 62)

2. **HIV/AIDS proposal**
   Those with plans for effective strategies in prevention of HIV/AIDS whether or not combined with care for AIDS-patients can continue to send project proposals for funding to MDOBuitAfMO@sowkerken.nl or admin@icco.nl

3. **EPN Website The Ecumenical Pharmaceutical Network website is now ready.**
   Comments and contributions are welcome. The website is www.epnetwork.org. but the webpages are temporarily available at "http//acr.wananchi.com/ciss"

4. **Warning: potential for confusion between Humalog and Humalog Mix 25**
   The names of the wide range of insulin products can cause confusion e.g. the case of Humalog and Humalog Mix 25. Humalog is a product name for lispro insulin a fast acting analog of human insulin while Humalog Mix 25 contains 25% lispro insulin and 72% lispro insulin protamine suspension. The Australian Adverse Drug Reactions Advisory Committee has been notified of instances where the similartiy of the two product names has led to dispensing

or transcribing errors. No serious cases have been reported but there is potential for harm. Prescribers and dispensers should be aware of the potential confusion. Humalog is a clear, rapidly acting insulin while Humalog Mix 25 is cloudy and combines rapid with intermediate actions.

5. **Books**

5.1 User fees for health services:

Guidelines for protecting the poor Health policy makers and program managers in both the public and private sectors will find this book useful for designing and implementing financing mechanisms that protect the poor and ensure equity. The guide helps policy makers and program managers to consider what information they need if they plans to introduce user fees. Other issues it addresses are:

- the role of user fees in funding health services?
- When are special mechanisms necessary to protect the poor?
- What types of mechanisms are available and how effective or costly they are.
- This publication is free to people in Asia, Latin America and Africa.

For more information of copy of book contact: bookstore@msh.org"

5.2 ABC of Rational Use of Medicines

A handbook for community education designed to help consumers learn how to use medicines safely and effectively is available on request from EPN. The book is published with the help of Health Action International (HAI) Africa.

CALENDAR OF EVENTS

Event name: **Drug Management and Rational Drug Use (DMRUD) Course in English**
Date: **October/November 2001**
Location: **Nairobi, Kenya**
Ecumenical Pharmaceutical Network is organizing a 4-week DMRUD course in English. This course is designed for physicians, pharmacists, hospital administrators, senior nursing staff and their health care staff in church-related services involved in the management of drug supplies at national, institutional or programme levels. For more information or application forms, contact the EPN Coordinator at the address or email given below.

Event name: **Drug and Therapeutics Committees (DTC) one-week Course**
Date: **18th -26th October 2001**
Location: **Nairobi, Kenya**
This is a seven-day course run by the EPN in collaboration with WHO EDM department and MSH. The course will be conducted in English and will focus on the role of the drug and therapeutic committee in promoting more rational use of drugs. The deadline for registration for the course is September 10th, 2001. Early applications are encouraged due to limited space. For more information or application forms contact the EPN Coordinator at the address or email given below

Event: **Training course on promoting rational drug use**
Date: **6th August - 8 September**
Location: **Victoria Falls, Zimbabwe**
INRUD, MSH AND WHO are organizing a 2-week training course for healthcare providers, policy makers and researchers. For more information or application form contact: inrudzim@healthnet.zw . Deadline for registration is 20th July, 2001.

Event: **Pharmaceutical Advisory Group (PAG) meeting**
Date: **3-4 October**
Location: **Ecumenical Centre, Geneva**
This year the PAG will discuss the massive effort against diseases of poverty including Tuberculosis, HIV/AIDS and Malaria. Confirm your participation early to the EPN Coordinator.

Event name: **Health Research Ethics in Africa**
Date: **November, 2001**
Location: **Banjul**
The African Malaria Vaccine Testing Network is inviting applications from African scientists in the employment of African institutions/ministries of health to participate in the above workshop. Applicants must at least be middle or senior level investigators, key members of ethics (or scientist) review committees, study monitors, members of data safety monitoring boards, sponsors of research involving human subjects, members of regulatory bodies or editors of biomedical journals. Details must be submitted by 31st July 2001. For further details visit website: "http//www.kabissa.org/kfn/newsletter.php?id=847" or write to email wkilama@africaonline.co.tz

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Event Name: **Training course on Managing Drug Supply for Primary Health Care**
Date: **17th - 28th September, 2001**
Location: **Volendam, Netherlands**
This course is organized by Management Sciences for Health (MSH) and International Dispensary Association (IDA) in collaboration with WHO. This course is aimed at enhancing the skills in managing a drug supply system of pharmcists, physicians, senior health system managers and technical assistance professions from ministries of health. Applications must be submitted together with the fees by August 17th. For more details contact: Ms Renate Tol, IDA Foundation, P O Box 37098, 1030 AB Amsterdam, Netherlands. Email: rtol@ida.nl Fax: 31-20 4031854. Tel : 31 20 4033051