

## HIV vaccine partnerships offer hope to the developing world

Hugh Matthews, *BMJ*

Two research programmes into a vaccine for HIV, costing £5.6m (\$9m) and involving partnerships between British, American, and African researchers, were launched last week. They aim to produce a vaccine for the virus which is effective against the strains prevalent in the developing world and affordable to the governments of the worst affected countries.

Launching the new projects, Dr Seth Berkley, the president of the International AIDS Vaccine Initiative, a scientific organisation set up to find an AIDS vaccine, said: "Only a vaccine has any chance of ending the global epidemic."

Clare Short, the British secretary of state for international development, said, "Work on an AIDS vaccine is of enormous importance to the world." Promising further funding by the British government for the initiative, she stated: "If we leave the development of a vaccine to market forces, the strains that

are killing people in Africa will not be tackled."

Any vaccine resulting from the initiative's research will be subject to unique agreements on intellectual property, which will allow its use at low cost in the developing world, where 95% of cases of AIDS occur.

Ms Short criticised those who thought that the answer to AIDS in the developing world was to be found in expensive Western drugs as "fantastically misguided." This view was echoed by Professor Michael Adler, the chairman of the National AIDS Trust, who pointed out that many countries in Africa spent only about £5 per person per year on health, while the annual cost of providing drugs for a patient with HIV infection in the UK was £7000.

The International AIDS Vaccine Initiative, which is based in New York, United States, was set up in 1996 to develop a safe, affordable AIDS vaccine and is funded by a number of large



Clare Short and Dr Omu Amzala of Nairobi University at the launch of the research projects

foundations and charities, the British government, and the World Bank.

The two HIV vaccine partnerships announced last week are its first two large projects and involve Western scientists working closely with those from African countries that are badly affected by HIV and AIDS.

One of these partnerships,

between Professor Andrew McMichael in Oxford and the University of Nairobi in Kenya, will start phase I safety trials within a year. To date, only one potential vaccine against HIV has entered clinical trials, and that is specific for the B subtype of the HIV virus, which is common in the United Kingdom and United States, but rare elsewhere. □

## Few patients are aware of contents of patient's charter

Ann Kent, *London*

Doctors were sceptical about the impact of the patient's charter when it was launched in 1991, and subsequent events did little to change their minds. A report from the King's Fund published last week examines how a future charter could improve on the original.

The researchers, commissioned by the NHS Executive, consulted patients, carers, managers, and clinicians, along with voluntary and professional organisations. They found that two of the charter's greatest

strengths lay in raising awareness of patients' needs and experiences and in helping to "change the culture towards a user perspective."

The charter also helped to set performance standards and identify priorities, but the researchers were told that it offered "a mixed bag of short-term imperatives rather than a long-term policy for improving the whole service."

In focus groups, NHS staff said that there was little point in measuring how long patients were left waiting on trolleys with-

out examining the wider issues of bed management.

Moreover, the staff thought that the charter encouraged the public to expect more than the service could deliver. In reality, few patients were misled; the researchers found that most patients had little idea of the contents of their charter and were only vaguely aware of its existence.

One frustrated doctor pointed out that for a clinician, quality means quality of care. "It [the patient's charter] never actually looked at the care and it was never meant to look at the care and that was most frustrating to clinicians."

Another disenchanted doctor pointed out that having a crude policy that no one must wait

more than 18 months created a meaningless standard. Trivial procedures like varicose vein operations could displace more worthwhile operations, the doctor objected.

There were problems about monitoring standards. For instance, the presence of a nurse to greet new patients in accident and emergency departments might be used to conceal long waits for treatment. Moreover a "culture of blame" directed against healthcare staff discouraged the accurate collection of information. □

*The Patient's Charter: Past and Future* by Christine Farrell, Ros Levenson, and Dawn Snape, is available from the King's Fund (tel: 0171 307 2591), price £12.95.