

AIDS drug prices cut for Africa

GENEVA (AP) — Five pharmaceutical companies announced last Thursday they would slash the cost of HIV/AIDS drugs in African and other poor nations, which have complained that they are priced out of treating the epidemic ravaging their populations.

The announcement received a cautious welcome from the government of South Africa and the medical aid group Doctors Without Borders, though they worried about possible strings on the offer.

The move came a day after President Clinton signed an executive order making it easier for African nations to get access to cheaper drugs. The order backs off patent enforcement that could stop them from getting generic versions of U.S.-made HIV/AIDS medicines.

Health workers have regularly complained that the high cost of patented AIDS drugs has effectively blocked patients from getting the care they need in Sub-Saharan Africa, which has 80 percent of the world's HIV-positive population.

In last week's announcement, the two U.S. and three

European companies said they were joining together to work with governments and agencies in developing countries to reduce the price of the drugs.

Only one company, Britain's Glaxo Wellcome, was immediately ready to announce what it would offer. Spokesman Ben Plumley said the two-drug package Combivir would be made available at a cost of \$2 per day. It currently sells in the United States for \$16.50 — though it is somewhat cheaper in developing nations.

The other companies involved are Germany's Boehringer Ingelheim, Roche of Switzerland, Bristol-Myers Squibb of New York and Merck and Co. of Whitehouse Station, N.J.

They will work with five international agencies — UNAIDS, the World Health Organization, the World Bank, the U.N. Population Fund and the U.N. Children's Fund.

South Africa said it was worried the companies might attach conditions to their offers — particularly that governments not pursue importing cheaper, generic versions

of the drugs.

"If this offer is attached to a condition that governments like South Africa should not pursue generic substitution, parallel importing and compulsory licensing, then it is not genuine and unacceptable," said Patricia Lambert, spokeswoman for the health ministry.

The Nobel Prize-winning organization Doctors Without Borders also said it wanted to know more.

"We appreciate this announcement, but we are reticent because we don't know all the details of the offer," said spokeswoman Catherine Gavin.

She said the offer seems to cover "retrovirals," drugs that rein in the HIV virus and prevent it from becoming full-blown AIDS, but it was not clear if it covers drugs to treat the infections that attack AIDS patients, whose immune systems have broken down.

"At this moment we still have a tremendous number of questions," she said.

Roche spokeswoman Jacqueline Wallach said decisions about which Roche drugs would be reduced in price would be made in the

next few months.

Rolf Krebs, vice chairman of the board of Boehringer Ingelheim, stressed that the move marks "the first time that both the public and private sector are joining forces to implement a major change in the care of HIV/AIDS in the developing world."

U.N. Secretary-General Kofi Annan last Thursday praised Clinton's executive order, which the president issued after Congress rejected similar legislation.

The order is a "strong indication to the patients that they are not being abandoned," Annan told reporters.

Peter Piot, head of UNAIDS, welcomed the drug companies' offer but said it was only the first step.

"Lowering the price of medicines is only one critical factor in what must become a much broader and more urgent effort to help people living with HIV and AIDS lead healthier and more productive lives," he said.

"We need significant new funding that is on a level with the enormous human, social and economic challenges now being posed by the epidemic."

Study: Ethnic disparities persist in health problems

ATLANTA (AP) — Though more women are seeking early prenatal care, a new study shows that black and Hispanic women are less likely to see a doctor in the early stages of pregnancy, leading to more health problems for minority mothers and their infants.

White women are twice as likely as blacks and Hispanics to see a doctor in the first few months of pregnancy, according to a study released last Thursday by the U.S. Centers for Disease Control and Prevention.

A CDC review of 13 states showed that in 1997, the percentage of babies born to mothers whose first medical exam was more than three months into their pregnancy was 27.7 percent for black women, 26.3 for Hispanic women and 12.1 percent for white women.

Overall, a CDC analysis of U.S. births showed the number of women who delayed prenatal care or did not seek care declined from 25 percent in 1989 to 18 percent in 1997.

Women who don't see a doctor until after the first three months of pregnancy risk complications such as premature delivery and low birth-weight babies, CDC epidemiologist Suzanne Zane said.

Diabetes, high blood pressure, infections, clotting and bleeding need to be caught early to avoid health problems that can kill, she said.

The improvement may be partly due to an expansion of Medicaid in the mid-1980s that made it possible for more women to pay a doctor.

Of the women who did not see a doctor early on, the most frequent explanation was that they did not know they were pregnant. Inability to pay and lack of health insurance were also significant factors.

In Washington, Surgeon General David Satcher called for research into why the gap persists. He pointed out that black women are nearly four times as likely to die of pregnancy-related causes as white women.

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