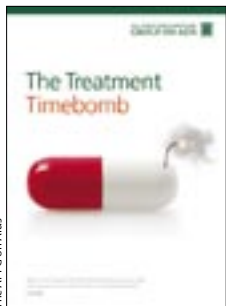


Political activism needed for patent pools for HIV drugs



The APGC on Aids

“Political activism is needed once more to ensure that the next generation of drugs is available to the world’s poorest”, according to a report from the UK All-Parliamentary Group on AIDS published last week. *The Treatment Timebomb* describes itself as an important wake-up call to those who think that successful delivery on the promise of universal access to HIV treatment can be achieved in the long term by just doing more of the same.

One of the report’s recommendations, supported by International Development Minister Mike Foster, is the implementation of a patent pool for HIV drugs. Pharmaceutical companies insist that patents are an important incentive for research and development into HIV medicines but, perversely, patents can also hinder such research. Patent pools could create a win-win situation. Under this system, patent holders would still be rewarded—the originator drug company would receive a proportion of the royalties—while enabling the generic production of newer HIV drugs and the development of new fixed-dose combinations.

The concept of patent pools is not new. The Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG)—established at the World Health Assembly in 2006 to find innovative solutions to fund research and development in neglected diseases—has repeatedly called for a patent pool which would be managed by UNITAID. Drug companies have dismissed these calls preferring the status quo, so it is unsurprising that the UK drug firm GlaxoSmithKline has stated that it does not see the need for the patent pool proposed by the All-Parliamentary Group.

Although the voice of the All-Parliamentary Group is a welcome addition to the fight for improved access to essential medicines, unless there is political clout behind the rhetoric, drug companies will continue to resist potential solutions, such as patent pools. Who better to hold the UK Government to account on its commitment to universal access to HIV treatment and drive the political activism called for in the report than members of parliament themselves? ■ *The Lancet*

For the All-Parliamentary Report see <http://www.aidsportal.org/repos/APPGTimebomb091.pdf>

For more on Mike Foster’s statement see <http://www.dfid.gov.uk/Media-Room/News-Stories/2009/Cost-of-new-HIV-medicines-must-be-reduced/>

For more on IGWG see <http://www.who.int/phi/en/>

For past coverage of IGWG see *Editorial Lancet* 2007; 370: 1666

For more on access to essential medicines see <http://www.msfaaccess.org/>

Maintaining momentum for malaria elimination



Panos/Mikkel Ostergaard

Political drive to eliminate malaria has been gathering pace over recent years and donor funding for malaria control has increased substantially from around US\$18 million in 1998, to \$1.5 billion in 2007. These commitments are seeing results. Seven countries in sub-Saharan Africa and an additional 22 countries worldwide reduced mortality from malaria by 50% between 2000 and 2007. But huge obstacles still need to be overcome to move towards elimination. Coverage of the key interventions to prevent and treat malaria—long-lasting insecticide-treated bednets, artemisinin-based combination therapies, and indoor residual spraying—is poor in Africa and Asia because of weak public health systems and infrastructure. And, as described in a Special Report in *The Lancet* today, resistance to artemisinin is emerging along the Thai/Cambodia border, which suggests that a frontline tool for elimination might not last.

Drug resistance has been a major barrier to controlling malaria in the past. From the 1970s to the 1990s, resistance rendered chloroquine and sulfadoxine–pyrimethamine ineffective treatments for falciparum

malaria. But, as reported today, a huge effort, the first of its kind, is underway to contain and stop the global spread of resistance to artemisinin.

The project is logistically challenging and, as ever, money is a problem. A funding shortfall of around \$20 million has yet to be filled. What is more, funding for malaria control overall remains fragile. A report by the European Alliance Against Malaria reveals that an average of \$5.5 billion is needed yearly from 2009 until the end of 2020 if the elimination and eventual eradication of malaria is to become a reality. Yet the Global Fund to Fight AIDS, Tuberculosis and Malaria—which provides three-quarters of all international funding for malaria—is already facing a \$5 billion funding gap for 2009 and 2010.

What some fear now is that, with the financial crisis and emerging reports of resistance to artemisinin, plans for elimination will slip off the agenda. But political leaders need to weather these storms and maintain their promises and commitments to control malaria. Too much has been gained so far to lose momentum for malaria elimination. ■ *The Lancet*

See *Special Report* page 277

For the European Alliance Against Malaria report see http://www.europeanallianceagainstmalaria.org/uploads/media/G8_Report.pdf