

## A CRACK IN THE DAM WALL

I feel optimistic! I think that there is at last light at the end of the tunnel, and ART access for all the HIV-infected people of South Africa may just be coming into view. We have a lot to do! To date, despite the World Health Organisation call for expanded access, the South African public sector has had very limited access to antiretroviral agents. For ART to have an impact on the South African epidemic, where it is estimated that 5 million people may already be infected, it will be necessary to establish care structures in the communities that carry most of the disease burden. Implementation of a national HIV treatment programme is likely to require a variety of reproducible delivery models to service areas with different levels of care and infrastructure. There is an urgent need to investigate the various models of ART delivery available in public sector settings in South Africa in order to estimate our national human resource, training and infrastructure requirements more accurately.

This operational research is an amazing opportunity to inform not just ourselves but our continent and the rest of the world. There is real recognition that while there are lessons to be learnt from the developed world our situation in the developing world is different, and we need to find out what is applicable in Africa, culturally and logistically – time is running out.

In order to carry out this type of research it is often necessary to provide ART to a group of research volunteers or people recruited onto programmes for a defined period of time. However, researchers find that drug supply for such research poses a catch-22 situation. A recent editorial in *Science* describes the difficulty that has become central to the ongoing funding of operational research, about which a debate has been raging in the USA. Funders have previously not provided the drugs or the finance to purchase ART. The US National Institute of Health has recently encouraged research on the best ways to



deliver ART to developing countries, but it is concerned that the cost of drugs for such studies would swamp its research budget. A draft policy from NIAID, the AIDS division of the Institute, states that the cost of purchasing drugs would severely restrict the Institute's research capacity by limiting the number, scope, duration and focus of its international HIV-related research activities. The Institute is also concerned that it would be unethical to stop treatment when the trial ends. The editorial in *Science* quotes Professor Bruce Walker from Massachusetts General Hospital in Boston as saying that a limited period on drugs is better than none, that the NIAIDS policy is less than visionary, and that it is stifling research since it is obviously a tall order to expect the researchers to come up with the drugs themselves. The policy has resulted in long waiting periods before these projects can be undertaken, while pharmaceuticals and NGOs are wooed into supplying drugs.

South Africa has a number of internationally approved grants, where building infrastructure and implementation costs are paid for but funding for ART remains outstanding. Most of these projects involve innovative research that will teach us much about ART delivery models and operational issues around drug delivery. Researchers are now trying a variety of well-worn avenues to obtain drugs so that their research can go forward. It was refreshing and encouraging to hear recently that at least one major funder, Secure The Future from Bristol Myers Squibb, is calling for operational research proposals investigating ART provision and that they will provide treatment. Let us hope that others will overcome the difficulties and follow suit. Obtaining these drugs and initiating these projects will be instrumental in breaking down some more of the obstacles to a national ART roll-out in South Africa.

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