

New organization to promote African health research



A research officer carrying out a chequer-board titration for human IFN-ELISA at the Kenya Medical Research Institute, Nairobi.

A pan-African forum has been launched to promote health research for development in Africa. It will also strengthen the continent's voice in setting and implementing the global health research agenda.

The African Health Research Forum (AfHR) was inaugurated in the presence of more than 700 health researchers attending the sixth annual conference of the Geneva-based Global Forum for Health Research, in Arusha, United Republic of Tanzania, in November last year.

The AfHR will be headed by Professor Raphael Owor, a pathologist, currently president of the Uganda National Health Research Forum (UNHRO), and will be managed by a steering and executive committee representing the whole of Africa. The body will include policy-makers and "selected" nongovernmental organizations, and will divide into sub-regional chapters along the lines of the existing Francophone Health Research Network.

According to William Macharia, Associate Professor of Paediatrics at the University of Nairobi and one of the architects of the Forum, 42 networks and organizations have been contacted as potential members of the new research body. "While it is too soon to

know what the overall response will be throughout Africa, it has been encouraging so far," says Macharia.

The steering committee has proposed a three-year programme of activities. Three flagship projects will involve research ethics, leadership development, and a communication system for sharing research information throughout Africa. The AfHR will also investigate existing national health research systems, and the state of North-South collaboration.

The Vice-President of the United Republic of Tanzania, Dr Ali Mohammed Shein, hailed the initiative saying, "Research will have more impact if nations and regional groupings can create better functional networks for concerted action." The new research body would go a long way towards ensuring that Africa's voice "is heard loud and clear at the global level, allowing us to take part in shaping the global health research agenda," Shein told participants. Without such a forum, Africa would find it difficult to fight for an equitable share of global resources, he said.

So far, however, the new forum itself has received no substantial funding. "We are living from hand to mouth" said Professor Owor. Initial seed funding — mainly for committee

meetings — came from the Ottawa-based International Development Research Centre (IDRC) and the Council on Health Research for Development (COHRED). The amount so far donated is about US\$ 100 000.

However, Professor Rose Leke, Associate Professor of Parasitology and Immunology at the University of Yaoundé medical school, Cameroon, and a member of the AfHR steering committee is optimistic. "There are many agencies willing to fund quality proposals. African scientists must come up with proposals worth funding," she said.

AfHR officials also hope that African governments will endorse the Forum next year in Harare, Zimbabwe, during the WHO-organized African ministers of health meeting. "They will be asked to lobby the Africa Union (AU) to set up a health research desk within its administrative structure," said Dr Mohammed Said Abdullah of the National Health Research and Development Centre, Kenya, who will oversee the ethics and training components of AfHR's programme. "We want governments in this continent to put a certain amount of money into health research through the AU." If the Forum became an organ of the AU, it might attract an annual budget.

As for the Forum's activities, Abdullah said they would help to give health researchers in Africa ownership of their work.

"Often researchers from the North come to Africa to collect blood and human tissue. If there is a major invention based on these materials, they take all the credit, forgetting all other players from the South," he observed. "An international code of research ethics and rules will be designed by AfHR to enhance understanding of such collaboration," Abdullah said. "Even the ordinary man or woman needs to be educated that he or she cannot be coerced to donate blood or tissue for research."

Professor Leke observed that most African countries lacked ethics committees that were capable of accurately

and competently interpreting WHO's international guidelines on health research.

"In the absence of such committees, it becomes difficult for countries to uphold and enforce research ethics, either for their home researchers or outsiders," said Leke. "This forum will ensure that African countries establish competent ethic committees capable of facing the challenges of our times". She added that health researchers needed rigorous and continuous training on the ethical issues they were likely to encounter in the course of their work.

For example, most African women would seek consent from their husbands before submitting to being subjects of any kind of research. "This is something researchers ought to know. In such circumstances, they should beware of coercion to obtain information," said Leke.

Other members of the steering committee of AfHR include Dr Mutuma Mugambi (Secretary), Dr Sama Martyn (Vice Chairman) and the head of the Essential National Health Research, Cameroon, and Dr Andrew Kitua, the Director-General, National Institutes of Medical Research, United Republic of Tanzania. ■

James Njoroge, *Arusha*

In South Africa HIV infection is decreasing, safe sex increasing

South Africans have made substantial changes to their sexual behaviour and fewer people are living with HIV than was previously estimated, according to results from the biggest household HIV/AIDS study ever undertaken in the country.

The independent study was commissioned by former president Nelson Mandela, and is based on a representative sample of almost 10 000 people, 8840 of whom consented to anonymous HIV saliva tests.

An estimated 4.5 million people — 11.4% of the population over the age of two — are HIV-positive, which is lower than the government's estimate of 4.75 million people, and much lower than UNAIDS estimates based on data from antenatal clinics.

The latest UNAIDS fact sheets do note a decline, however, reporting that "for pregnant women under 20, [South

Africa's] HIV prevalence rates fell to 15% in 2001 (down from 21% in 1998). This, along with the drop in syphilis rates among pregnant women attending antenatal clinics (down to 2.8% in 2001, from 11% four years earlier) suggests that awareness campaigns and prevention programmes are bearing fruit. A major challenge now is to sustain and build on such tentative success".

The Mandela study also found that since a health department survey was made in 1998, many more people have been practising safer sex.

"We found that the number of women who had no current sexual partner had increased, and condom use had increased significantly," said Olive Shisana, principal investigator for the study. "For example, for women aged 15–49, condom use at last sexual intercourse has more than tripled, from 8% in 1998 to 29% in the present study, and amongst women aged 20–24 it has increased from 14% to 47%."

Young people (aged 15–24) were most likely to use condoms: among those sexually active, 57% of males and 46% of females had used a condom the last time they had sex. Over 90% of youths and adults also said that they could get a condom if they needed one — mostly through the Department of Health's free condom programme at public clinics and hospitals.

Among 15–24 year-olds only 56% of males and 58% of females had previously had sex, and there were very low levels of partner turnover. Of those who were sexually active, 85% reported that they had had only one partner in the past year. For adults aged 25–49, the rate was 93%.

Nearly half of all males and over a third of females over 15 years of age reported that they had changed their behaviour as a result of HIV/AIDS. Steps taken included staying faithful to one partner, condom use, sexual abstinence and reducing the number of sexual partners. The survey found that African women aged 25–29 who lived in informal settlements were most at risk of HIV infection, but it also clearly showed that everyone could be affected.

The infection rate among whites was unexpectedly high, at 6.2%. This is considerably higher than in countries with predominantly white populations such as the US, Australia and France, where prevalence amongst whites is less than 1%. HIV prevalence amongst

Africans was highest (12.9%). This can be explained by historical factors, such as labour migration and relocation. In addition, more African people live in informal settlements, which had the highest HIV prevalence of all household types (21.3%). Coloured (mixed race) prevalence was 6.1% and among Indians 1.6%.

Prevalence among children aged 2–14 years was unexpectedly high at 5.6%. Shisana said more research was needed to determine the causes of this, though sexual abuse and unsafe injections could be among them. Females accounted for 12.8% of those testing HIV-positive, and males 9.5%. Among those aged 15–24, 12% of females and 6% of males tested positive.

At a briefing to release the report, Mr Mandela appealed for prevention efforts to be increased. "What is important is what we do on the ground to ensure that people understand how HIV is contracted and how to deal with it," he said. "We have to smash the perception that if you enter a house where people have AIDS, you will contract the virus," he added. ■

Kerry Cullinan, *Durban*

Drug companies should cut prices for developing countries, says G8 report

Key pharmaceuticals should be sold to developing countries at much lower prices than they command in the richer parts of the world, says a British-led report on global access to medicines.

The report of the UK Working Group on Increasing Access to Essential Medicines in the Developing World, chaired by Britain's International Development Secretary, Clare Short, was commissioned by the G8 group of the world's richest countries, and involved UK drugs companies as well as developing countries in the lengthy negotiations leading to its publication. The companies involved have effectively "signed up" to its conclusions, but US companies, which dominate the world market in pharmaceuticals, were notable absentees.

The report should now go before the next G8 summit in France in June, if the French Government, which will chair the meeting, agrees to put it on the agenda. Its reception by the