

EU faces world's fastest growing HIV epidemic

Fledgling democracies in Eastern Europe and the former Soviet Union — ten of which are set to join the EU on 1 May — are facing the world's fastest growing HIV epidemic, warned the United Nations Development Programme (UNDP) in a new report released in Moscow on 17 February 2004.

The report was published ahead of a high-level meeting in Dublin on 23 February during which experts on HIV/AIDS warned ministers from 55 countries in Europe and Central Asia that the region's rapidly accelerating HIV/AIDS epidemic could cripple Europe's economic and social development.

According to the report, *Reversing the Epidemic: Facts and Policy Options*, future members of the EU (such as Estonia, Latvia and Lithuania) along with the Russian Federation and Ukraine are facing increasing growth rates of new HIV infections that are amongst the highest in the world. One in every one hundred adults in these three countries is thought to be carrying the virus — a threshold above which efforts to turn back the epidemic have failed in many other countries.

Examining the epidemic in the 28 countries which compose Eastern Europe, the Baltics and the Commonwealth of Independent States, the 117-page study reported that between 1.2 million and 1.8 million people in the region were infected with the virus last year compared with just 30 000 in 1995. However, only 9% of those in need of antiretroviral treatment are currently receiving it.

UN Secretary-General, Kofi Annan, warned of the grave economic impact posed by an epidemic which, in Eastern Europe, sees 80% of new infections occurring among young people.

"No nation can afford to see its future workers and leaders struck down by AIDS before they reach maturity," said Annan in a video message for the Dublin conference entitled, *Breaking the Barriers: Partnership to Fight HIV/AIDS in Europe and Central Asia*.

In a joint statement issued at the conference, UN agencies including



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A young Russian waves a flag whilst taking part in the "March For Life" in central Moscow, on World AIDS Day, 1 December 2003. One in every one hundred adults in the Russian Federation is thought to be HIV-positive — a threshold above which efforts to turn back the epidemic have failed in many other countries.

WHO, UNAIDS and UNICEF, and the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), called on European Ministers to take decisive action to prevent the further spread of AIDS across Europe and to treat those in need.

"There is no time to waste — European Ministers must urgently scale up and roll out effective HIV prevention and treatment programmes," said Dr Peter Piot, UNAIDS Executive Director. "Given that the EU will form the biggest trading bloc in the world, covering more than 500 million people, it is in the EU's best interest to prevent the AIDS epidemic from crippling Europe's social

and economic development."

"Europe cannot divide over the issue of AIDS treatment, and only provide treatment in richer countries," said WHO Director-General, Dr LEE Jong-wook. Treatment should be a right for all, including for sex workers and injecting drug users."

Sex-workers and injecting drug users are some of those at highest risk of contracting HIV. Other high-risk groups include men who have sex with men, and prisoners. Experts report a rise in the use of intravenous drugs, the sharing of dirty needles and unsafe sex since the collapse of communism in 1991. Overcrowded and insanitary prisons

are also contributing to the problem. Prison reform and the decriminalization of injection drug use are essential in combating the epidemic, says the UNDP report.

The impact of the epidemic has been compounded by insufficient public awareness, frequent stigmatization and lack of adequate policy instruments to cope with the disease, said UNDP in a statement accompanying the release of the report.

"Members of at-risk groups are often subject to social exclusion, poverty, stigmatization or incarceration factors which actually heighten the spread of the disease," said Kalman Mizsei, Assistant UNDP Administrator and Regional Director for Europe and the Commonwealth of Independent States.

According to WHO, the percentage of people reporting premarital sexual relations more than doubled between 1993 and 1999, from 9% to 22%. Lack of education may be the underlying cause — in Tajikistan for example, only 10% of girls have ever heard of HIV/AIDS.

"Schools are the best defence against HIV infection," said Carol Bellamy, Executive Director of UNICEF. "They offer the best mechanism to deliver HIV prevention information."

A draft declaration adopted at the Dublin conference entitled *Partnership to Fight HIV/AIDS in Europe and Central Asia*, aims to offer 80% of drug users access to treatment and harm reduction services by 2005 and to provide "universal access to HAART [highly active anti-retroviral therapy] in Europe and Central Asia by 2010," among other targets.

According to the UNDP report, lessons can be learnt from success stories in countries such as Poland, the Czech Republic and Slovakia which have leveraged progress in building democracies into effective responses to HIV/AIDS.

World Bank figures indicate that funding to tackle the epidemic in the region needs to increase from an estimated US\$ 300 million in 2003 to US\$ 1.5 billion by 2007.

GFATM, which has approved over US\$ 400 million over five years for 22 programmes in 16 countries in Eastern Europe and Central Asia, recently announced the re-launch of its AIDS grant to one of the worst-hit countries — Ukraine. The decision follows the suspension of funding in January 2004

due to the slow pace of the projects which had received GFATM funds and the country's escalating HIV/AIDS crisis. A new fund management structure is now in place to tackle these concerns.

"But money alone is not the issue," warned Shigeo Katsu, World Bank Regional Vice President for Europe and Central Asia. "It is crucial to improve the information base for programs, to support what works against HIV/AIDS, and to break down the policy and social barriers to effective actions across the region." ■

Sarah Jane Marshall, *Bulletin*

MMR controversy raises questions about publication ethics

Ten members of a team of 13 doctors who published a controversial study in the UK-based medical journal, the *Lancet* (1998;351:637), suggesting a possible link between the triple mumps, measles and rubella (MMR) vaccination and autism and bowel disease withdrew this interpretation of their findings last month — an interpretation which triggered a collapse in confidence in the UK's MMR programme and reduced immunization coverage to below WHO recommended levels by 2002.

The move came after it emerged that the study's Senior Author failed to disclose a potential financial conflict of interest either to editors of the *Lancet* or to the paper's co-authors.

"We judge that it should have been so disclosed ... we believe that our conflict of interest guidelines at the time should have triggered such a disclosure," said Richard Horton, Editor of the *Lancet*, in a statement issued on 23 February 2004.

The case has since sparked a major debate on the ethics of publishing research findings, in particular on how editors can ensure that all conflicts of interest relating to the authors of research are declared.

Horton said he would not have published the study had he known that its Senior Author, Dr Andrew Wakefield, had a US\$ 102 000 contract with the then Legal Aid Board to conduct a separate study involving tests on 10 children in support of claims by their families against vaccine manufacturers. Furthermore, a "significant minority of children" described in the 1998 *Lancet*

paper were also part of the Legal Aid Board-funded project. The Legal Aid Board, replaced by the Legal Services Commission in 1999, is a public body in the UK offering legal services to those who cannot afford the associated fees but are deemed to have a case.

The *Lancet* devoted several pages in the 6 March edition to printing the retraction (*Lancet* 2004;363:750), statements from some of the researchers justifying the ethical conduct of the study as well as a commentary by the editor.

"We wish to make it clear that in this paper no causal link was established between MMR vaccine and autism as the data was insufficient," the 10 researchers wrote. Wakefield and two other co-authors of the study did not join the retraction.

Triple vaccine MMR is used in 94 of WHO's 192 Member States according to 2002 data, including 46 countries in western and eastern Europe, and the former Soviet Union, as well as Indonesia, Malaysia and Australia.

Although WHO and many other public health bodies insisted the MMR vaccine was safe at the time the study was published, the researchers' findings dented public confidence in the UK where many parents stopped having their children vaccinated with MMR and fears around the safety of the vaccine spread to other parts of Europe and the Americas.

In the UK, immunization coverage had dropped to 83% by 2002 — the lowest level since 1989 and well below the 95% WHO recommended level — and in Ireland, similarly low immunization coverage led to a measles outbreak with 234 cases last year.

Last year US health officials expressed fears that measles cases could be imported from the UK and Ireland to parts of North America where immunization was low.

WHO experts do not attribute recent measles outbreaks in the Marshall Islands, Asia and Italy to the MMR scare in the UK.

But while damage, in terms of a reduction in immunization coverage appears to have been limited to the UK, the case underlines the devastating effect the interpretation of research findings can have on public health.

The case has sparked soul searching among the UK's medical bodies, ethics committees and medical publications on how to avoid research misconduct in