

Bioterrorism becoming too dominant on public health agenda?

Given the shadow cast by the Sept. 11 terrorist attacks and the recent anthrax scares in the US, it is no surprise that the growing threat posed by biological weapons was the main topic when the World Medical Association (WMA) met in Washington, DC, in October. Representatives of medical associations from around the globe used the 2-day meeting to discuss how national health authorities and health professionals should deal with the possibility that diseases such as anthrax, smallpox and even influenza might be used as weapons of terror. Serious concerns were also raised that the constant focus on potential bioterrorism will push other urgent items off the public health agenda.

The bioterrorism threat has led the US to commit \$1.5 billion in new funding for research in this area in 2003. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Dis-

eases, described the spending as “quite unprecedented,” calling it the “largest single increase of any discipline in any institute in the history of the [National Institutes of Health].” His institute must now decide how to spend US\$1.75 billion next year on vaccines and treatments for problems such as smallpox.

Several people questioned the size of such budgets, arguing that the medical community is being unduly influenced by fears of terrorism. The remote chance of a bioterrorist attack means that there is little profit motive for private companies to invest in this kind of research. Fauci agreed that this poses a difficult challenge.

The discussion about how to convince companies to invest has already been marred by controversy. The US Department of Health and Human Services was recently criticized for holding closed-door meetings with the Pharmaceutical



Global threat: postal workers in Bombay take precautions against anthrax

Research and Manufacturers of America Emergency Preparedness Task Force. Sidney Wolfe of US Public Citizen, a legislative watchdog group, said that having pharmaceutical executives at the table was an inherent conflict of interest and that these executives have “powerful economic self-interests in shaping government policy on this topic.”

Dr. David Heymann, executive director of the Communicable Diseases Cluster at the World Health Organization, sidestepped that debate to discuss public health dangers that have nothing to do with terrorism.

“At present, less than 10% of global research is being invested in dealing with the world’s major communicable diseases, which kill 14 million people a year,” he said, and a balance has to be struck between spending on bioterrorism and on issues that already kill or endanger millions of people.

Most delegates attending the WMA General Assembly — the CMA was represented by Past President Hugh Scully — probably agreed about the need for better cooperation between health and defence departments to brace the world against the potential use of infectious and biologic weapons, however remote the danger might be.

However, it was also clear that finding the proper balance between funding the response to bioterrorism and making progress on other urgent public health priorities has become a major challenge since Sept. 11, 2001. — *Alan Cassels, Victoria*

Africa-bound AIDS drugs resold illegally

Reduced-price antiretroviral drugs intended for Africans are turning up in European pharmacies and in private clinics in Africa, undermining a 2-year-old UN program to provide medicine to people with AIDS/HIV living in the world’s poorest nations.

In October, Dutch officials announced that 36 000 boxes of lamivudine-zidovudine (Combivir) and lamivudine (EpiVir), with a market value of around US\$15 million, had been reshipped from Africa and resold to unsuspecting customers in the Netherlands and Germany. The antiretroviral drugs were marketed at more than 4 times the price intended by the manufacturer, GlaxoSmithKline. A box of lamivudine-zidovudine priced at US\$88 in Africa was being sold for \$390 in Europe.

The illegal trade was first detected by Belgian customs agents, who raised questions about a shipment sent from Senegal to a Dutch wholesaler in Antwerp. The drugs, originally packaged in French, had been relabelled in Dutch and sold to a second Dutch distributor.

A Glaxo spokesman said that some of the Africa-bound drugs may never have left Europe, and the company is going to review its distribution and packaging methods.

The European Federation of Pharmaceutical Industries and Associations, which called for urgent action, warned that the unscrupulous practices were jeopardizing drug companies’ participation in the program.

Meanwhile, Ugandan health authorities said part of a 290 000-pill shipment of fluconazole (Diflucan) donated by Pfizer was being sold illegally on the open market. Health Minister Jim Muhwezi said Uganda has asked the World Health Organization to audit distribution of the drug in the country. He warned that the illegal trade might hurt “the commitment and goodwill of Pfizer and other donors to support the poor in Africa.” — *Mary Helen Spooner, West Sussex, UK*