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World's first nonprofit drug company launched

One major feature of the existing drug-development industry is that diseases with little profit-making potential fail to attract badly needed investment. But a new organization may change that.

Médecins Sans Frontières (MSF), with backing from health ministries and institutes in several countries, has created the world's first not-for-profit drug research organization. (Canada has yet to commit funds to the project.) Planners hope the Drugs for Neglected Diseases Initiative (DNDI) will spend around US\$250 million over 10 years to develop drugs to combat sleeping sickness, leishmaniasis and Chagas' disease.

The potential impact is great. About 500 000 cases of visceral leishmaniasis occur annually. However, a recent report (*Lancet Infect Dis* 2002;2:494-501) indicates that current treatments "require long courses and parenteral administration, and most are expensive." It said "new and imaginative" approaches are needed because no novel compound for treating the disease is in the pipeline.

But how can a drug company that is not buoyed by profits and investors be created? Where will the money come from?

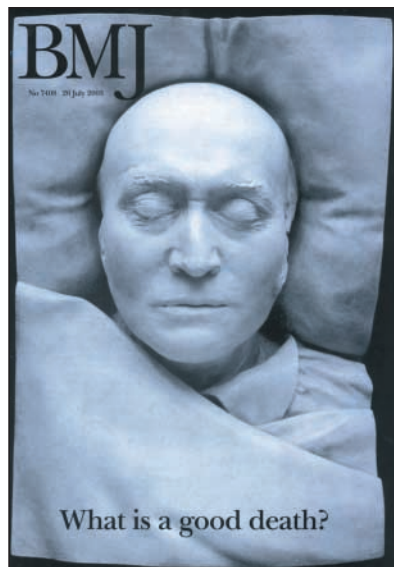
Dr. James Orbinski, a Toronto physician and former international president of MSF, emphasizes that this is a "virtual" drug-development initiative and that development costs should be much lower than at typical "bricks-and-mortar" pharmaceutical firms.

In calculating drug-development costs, says Orbinski, the drug industry typically includes the cost of capital — essentially the opportunity cost — and some marketing costs. However, marketing will not be an issue for DNDI, and most of the research will be done in the developing world by public-sector scientists. This means that expenses should be modest. DNDI is also capital-

Free-access era coming to an end at eBMJ

The small number of medical journals that provide their entire content free online will soon be even smaller, and the loss will be significant. In August, the *British Medical Journal* announced that it will begin charging an annual user fee of £10 (\$22) to £20 (\$44) for annual access (2003;327:241-2). The change will take place in January 2005; access will remain free for 120 low-income countries and BMA members. *BMJ* will also be much cheaper than most restricted-access journals — the *New England Journal of Medicine* charges Can\$14 for a single article and Can\$40 for a day's unlimited access.

In an editorial, Web Editor Tony Delamothe and *BMJ* Editor Richard Smith said the decision was made by the board of the *BMJ* Publishing Group because of "anxiety over falling library subscriptions to the paper journal."



They said the online fee is an attempt to introduce a new source of revenue as other sources begin to weaken. The editorial said that subscriptions account for only 12% of the *BMJ*'s total revenue, compared with 61% for job advertisements. However, the latter revenue stream is threatened by a new National Health Service Web site. Advertising by drug companies is also threatened, with promotional spending by drug companies declining by 8% in the past year.

The editorial attracted dozens of rapid responses at *eBMJ*, and although most writers accepted the argument that new revenue streams are needed, there was also a hint of sadness that an era was drawing to a close. "You will be leaving the *Medical*

Journal of Australia and the *Canadian Medical Association Journal* to carry the flag for the national medical society journals," said Stephen Due, chief librarian at the Geelong Hospital in Australia. "Canada, of course, still leads the way with an impressive array of free electronic journals in the specialties, including the *Canadian Journal of Surgery* and the *Canadian Journal of Psychiatry*."

Under the *BMJ* plan, all content will probably be free for "a week or two" following publication, and will then be placed behind access controls for a year or more.

CMAJ Editor John Hoey praised the *BMJ* for "its tremendous energy, foresight and leadership in providing free online access, which has made it a lot easier for the rest of us." But at the moment, he said, "we have no plans to follow the *BMJ*'s decision to limit access." — *Patrick Sullivan, CMAJ*

izing on drugs that have already undergone some development or been abandoned at some point along the development pipeline.

Brand-name drug companies have agreed to help. Companies such as Merck Frosst have provided significant support in helping DNDI design the drug-development process, and

GlaxoSmithKline says it will give the organization access to its compound libraries on a project-by-project basis.

Orbinski says the next step is to approach donors, although he acknowledges that this won't be easy. "It's always a challenge to raise money for needs outside the constituency of particular governments." — *Alan Cassels, Victoria*