

Private sector

Companies that ‘get it’ need to convince others

Private sector partnerships won't "make or break the search for an HIV vaccine," according to a business panellist at a Tuesday evening community symposium.

But Levi Strauss representative Alan Christie said the value of his company's recent donation to AIDS research, one of many HIV/AIDS-related contributions since 1982, goes beyond the purely monetary.

"We're simply standing up and saying this issue is important, to encourage other companies to join in."

The multinational clothing manufac-

turer is one of 14 large companies that have joined forces to form the Global Business Council on HIV/AIDS. The firms are supported by business-oriented associations in Brazil, India, South Africa, and the UK, and by a number of international bodies.

In the fight against HIV, Christie said, private firms have a responsibility to their employees as well as the larger community. However, many firms still haven't got the message about corporate social responsibility. "Those of us who 'get it' have to get on with it and act," Christie said.

Levi Strauss is now producing an instructional video to help companies and NGOs set up anti-HIV/AIDS campaigns and partnerships. Much of the company's earlier HIV/AIDS work targeted youth, Christie notes, since "we're experts at talking to young people."

Trevor Sharp of Australia's Building Trades Drug and Alcohol Committee described the success of another kind of partnership: between construction workers and their unions, with funding from government and a local AIDS association. The Building Unions

AIDS Programme is modelled on a long-running alcohol and drug programme.

Sharp cites unions as an ideal delivery channel for HIV-related services to construction workers. First, with the infrastructure already in place, "there's no need to reinvent the wheel." Second, unions have historically been interested in health and safety issues, so building HIV/AIDS into the agenda is an easy move. One of the programme's posters shows a cartoon-faced condom wearing a hard hat. The caption reads: "Get real, get safe!"

Benefits of IL-2 added to ART discussed

Adding interleukin-2 (IL-2) treatment to antiretroviral therapy (ART) may be one way of increasing CD4 cell number and repertoire, says Anthony Fauci of the US. "Our goal is to bring CD4 cells to the level where patients are out of danger of opportunistic infections," he told *The Bridge*. "Whether this is attainable is not yet known."

Major steps toward this goal were described at an oral session yesterday. Yves Levy, of France reported on asymptomatic patients who received AZT and ddI alone, or with subcutaneous (sc) or intravenous (IV) IL-2. Treatment with IL-2 increased CD4 cell number by 80% in 70-80% of patients treated, but in only 10% treated with ART alone.

More important, IL-2 significantly increased naïve and memory CD4 cells and measures of immune memory – proliferation to tetanus and candida antigens, improvements not seen with ART alone. Fears that IL-2 stim-

ulation might activate HIV replication were not borne out: HIV RNA levels went below 500 copies/ml in 50% to 60% of patients in all groups.

Richard Davey, of the US National Institutes of Health reported that high-dose (15 MIU/day) sc IL-2 for six months in asymptomatic patients on ART raised mean CD4 number from 650 to 1242. During the 12-month extension, many of those started on the high dose decreased to an intermediate dose (9 MIU/day) with no loss of CD4 number. Most patients who started on low-dose therapy (3 MIU/day) switched to high or intermediate doses. By month 18 their CD4 number had "caught up" to that of the high-dose group, Davey said. Viral load continued to diminish over time. Davey noted that "major flares" of psoriasis have occurred in a few persons and that he has "definite concern" about using IL-2 in persons with autoimmune conditions, who were excluded from this trial.

Vaccine trials pose concerns for community

Communities must seize the initiative and collaborate with governments and researchers in developing vaccine trials, according to Ronaldo Mussauer de Lima, who addressed Tuesday's bridging session on overcoming obstacles to human trials. Political, economic, ethical, technical, human and social barriers must be addressed, and solutions found by both sponsoring and host countries, before trials may proceed.

Using vaccine trials as examples, de Lima noted, the question of whether placebos should be used raises ethical concerns, but a lack of a placebo arm could adversely affect study design. Another thorny issue is withholding post-exposure prophylaxis to participants of vaccine trials. Doing so is ethically unacceptable, and not doing so would confound the results of the trial. Sponsor and host countries must reach consensus on these issues, as well as such questions as who should be able to veto a trial, or

whether treatment should be provided to participants who contract HIV during its course.

NGOs can help increase community commitment to vaccine trials, de Lima said, through providing education and information, as well as by attending international vaccine planning workshops to glean the best, most up-to-date information. When the public or governments see trial participants as mere guinea pigs, NGOs can help foster understanding of the trial process, de Lima added.

Governments themselves can facilitate trials through political and financial support, and through sponsoring national meetings to bring key players together. In the end, de Lima stressed, governments, researchers and communities from both the North and the South must work as proactive team players, to bring urgently-needed vaccine trials to the places they are most needed.

Programme update

The International AIDS Society holds its general meeting today at 12:00 noon in Room D.

The European Commission hosts a satellite meeting on market demand for vaginal microbicides today at 17:30 in the Swissair/IATA Building, Geneva I Suite.

In Session C42 at 11:00, Marie Laga will give an Overview of the STD-HIV Intervention. Maria Wawer will discuss The Rakai randomised, community-based trial of STD control for AIDS prevention. Her

initial abstract will be presented by Ronald Gray. N.K. Sewankando will present the maternal and infant health aspects of the Rakai study. The order of presentations has changed.

In Session C43 at 11:00, Andrew Ball will be the discussant.

In Session D42 at 11:00, Steven Forsythe will discuss Protecting paradise: Tourism and AIDS in the Dominican Republic.

In Session C44 at 13:00, Mauro

Zaccarelli will discuss HIV infection among transsexual workers from developing countries.

In Session C 48 at 15:00, Mark Wainberg will give an overview of the possibilities for specific intervention.

In Session A44 at 15:00, J. Cox will discuss Cross Clade cytotoxic T cell response to HIV-1 proteins among HLA disparate North Americans and Thais. J.M. Mc Nichols will discuss New HLA-A11 HIV-1 subtype E Cytotoxic T lymphocyte (CLT) epitopes identified in studies

of Thai HIV-infected female sex-workers.

In Session D 46 at 15:00, there will be no presentation on European funding for HIV in the developing world.

In Session B46 at 15:00, Tedd Ellerbrock will discuss Comparison of the amount of HPV 16 DNA in cervicovaginal secretions of HIV-Infected and uninfected woman, using quantitative competitive-polymerase chain reaction (QC-PCR).