

from the satellite's orbit that Eugenia has a low density and therefore is probably a rubble pile, it is in the main belt of asteroids between Mars and Jupiter and never would have passed close by a planet. Observes Melosh: "That will certainly give us theoreticians something to chew on." —**RICHARD A. KERR**

HIV

French-Led Therapy Fund Kicks Off in Africa

PARIS—Potent antiviral drugs have begun to cut the death rate from HIV infection in developed countries, allowing many infected people to live longer and relatively normal lives. But in the developing world, where 90% of the world's estimated 35 million HIV-infected people live, the high cost of these drugs makes them virtually unobtainable, and death rates continue to climb (see next story). In December 1997, French health minister Bernard Kouchner, supported by France's president, Jacques Chirac, launched a campaign to reduce this global inequity: He proposed the creation of an international fund to subsidize anti-HIV therapies in the developing world. Last month, after nearly a year and a half of often frustrating toil by Kouchner and his aides to raise money, the fund announced its first projects.

The Fund for International Therapeutic Solidarity (FSTI), as it is now called, will provide about \$1.7 million over the next 4 years to support therapy and prevention programs for selected groups of patients in the West African nation of Côte d'Ivoire, with emphasis on preventing the transmission of HIV from infected mothers to their infants. In addition to FSTI's contribution, a charitable foundation set up by the French arm of the Glaxo Wellcome drug company will kick in about \$250,000 and the Côte d'Ivoire government will supply \$1 million. Other partners—including the U.S. Centers for Disease Control and Prevention in Atlanta and UNAIDS, the Geneva-based United Nations AIDS program—will lend logistical support and expertise.

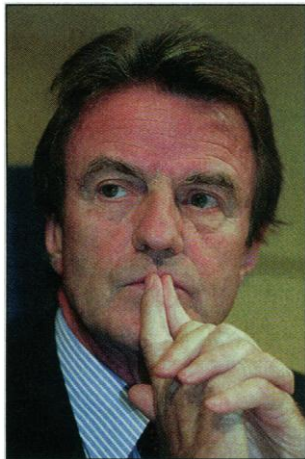
Kouchner has had a tough time raising money for his fund: The sole contributor so far is the French government, which has provided \$4 million in start-up money. "It has been a terrible battle" to get the FSTI started, says Eric Chevallier, Kouchner's senior adviser in charge of the effort. "Obviously we

have been rather frustrated." On the other hand, Chevallier says, more recently there has been a "noticeable evolution" of positive attitudes from potential donors. For example, an additional \$3.3 million may soon be forthcoming from the European Commission, after a vote by the European Parliament last October directing the commission to make a donation. And Chevallier says Kouchner's staff is currently talking with the World Bank about participating in the fund.

Because of the limited funds, the pilot project in Côte d'Ivoire will target a small fraction of the at least 700,000 people estimated to be HIV-positive in that country. It will subsidize "bithery"—two drugs that inhibit the key HIV enzyme reverse transcriptase (RT)—for just 500 patients, chosen among infected AIDS prevention activists and patients who have already participated in clinical trials for antiviral agents. A second, larger effort will support testing and therapeutic follow-up for 20,000 pregnant women and their families in Abidjan, the nation's capital. Those who test positive will be offered a "short course" of antiviral drugs to prevent mother-child transmission, and mothers in the advanced stages of HIV infection will be offered triple therapy—generally two RT inhibitors and a protease inhibitor directed at another HIV enzyme.

Although they welcome the program, health officials agree that it will have only a small impact on the explosive AIDS epidemic. Makan Coulibaly, coordinator of the Côte d'Ivoire government's HIV treatment access program, says that with about 90,000 women giving birth each year in Abidjan, the program will catch only a fraction of the potentially infected population. "It is very easy to be paralyzed by the magnitude of the problem," says Joseph Saba, who is in charge of UNAIDS's drug-access initiatives. "But do we wait until everything is perfect and everyone has access, or should we go on a step-by-step basis?"

Despite Kouchner's limited success at raising money for the FSTI, a dozen other countries have lined up to request money from the fund. With the money remaining, new programs in Uganda and Morocco will be starting up soon, and Chevallier says that once the European Commission begins to contribute, the number of recipients should expand considerably. Says Saba: "This initiative has one great merit—it is trying to accomplish something." —**MICHAEL BALTER**



Frustrating toil. French health minister Bernard Kouchner.

HIV

AIDS Now World's Fourth Biggest Killer

PARIS—AIDS is now the fourth leading cause of death in the world, and the number one killer in Africa, according to figures released this week by the World Health Organization (WHO). The disease has moved up several notches from last year's ranking as seventh leading killer worldwide, according to WHO's latest World Health Report. Only ischemic heart disease, cerebrovascular disease, and acute lower respiratory infections outrank AIDS on the international death list. In Africa, AIDS caused an estimated 1,830,000 mortalities in 1998, twice as many as due to malaria, which is now relegated to the number two spot on the continent's roster of lethal diseases.

Bernhard Schwartländer, senior epidemiologist for UNAIDS, the United Nations AIDS program, says that some of the change in disease ranking is due to new and improved methodologies for estimating disease mortality, which have revised estimates of some diseases downward while AIDS cases have been skyrocketing. Nevertheless, the new figures dramatically vindicate warnings late last year by UNAIDS that the epidemic is still raging out of control (*Science*, 4 December 1998, p. 1790). UNAIDS estimates that new infections by HIV, the virus that causes the disease, are increasing by at least

LEADING CAUSES OF DEATH WORLDWIDE IN 1998

(1997 rank in parentheses)

- 1 Ischemic heart disease (1)
- 2 Cerebrovascular disease (2)
- 3 Acute lower respiratory disease (3)
- 4 HIV/AIDS (7)
- 5 Chronic obstructive pulmonary disease (5)
- 6 Diarrheal diseases (6)
- 7 Perinatal conditions (new category)
- 8 Tuberculosis (4)

6 million each year. But a UNAIDS study released last month indicated that donations to international AIDS programs have failed to keep up with the growth of the epidemic.

"AIDS is now the [single] leading infectious disease killer in the world, and the number one killer of Africans," Peter Piot, UNAIDS's executive director, told *Science*. "It's an outrage that the international community is only investing \$150 million each year to stem the spread of HIV in Africa."

—**MICHAEL BALTER**