

assembled governments will then decide the future of its proposals.

Tony Blair, the British Prime Minister, discussed the report at 10 Downing Street, London, last November, at a working breakfast with WHO's Director-General, Dr Gro Harlem Brundtland; the Ugandan High Commissioner, Professor George Kirya; Chris Viehbacher of GlaxoSmithKline; other pharmaceutical industry leaders; and representatives of the European Commission and charitable foundations.

Although Clare Short's spokeswoman described the breakfast as "private", it is clear that the main issue was how to implement the report's recommendations. According to the report itself, while Europe is more or less on board, the US position is less clear. "The European Commission has laid much of the groundwork for this agenda in Europe through their Plan for Action," the report states, "resulting in a European Parliament Resolution. Further work will need to be done to secure the commitment of European governments and industry to work in partnership on this agenda. Working with the US Government and gaining their support will be particularly critical given the importance and size of the US Industry. Continued dialogue directly with US Industry may be a promising way forward. There may be scope for tabling this agenda through regional and global industry associations".

According to Dr Brundtland, improving access to medicines will not be easy. "It is a complex struggle where governments, a range of actors in the private sector, and civil society all play important roles".

On the company side, John Patterson of AstraZeneca, commented: "this is a many-faceted challenge and needs the best efforts of all of us, in partnership, to make an impact. Companies are committed to making their contribution ... by providing more and better medicines so that they can be accessed more easily by patients in the developing world, without undermining the ability of industry to operate in the developed world."

Chris Viehbacher said "Glaxo-SmithKline welcomes this Report." He claimed that his company already offered "sustainable, not-for-profit preferential prices for our antiretrovirals and antimalarials to a wide range of customers in all the least developed

countries and all of sub-Saharan Africa — a total of 63 countries". But increasing the scope of preferential pricing "requires a sustainable framework, incorporating ... barriers against diversion of product. [This report] is a very useful step towards meeting these needs."

The full report is available from: URL: www.dfid.gov.uk/Pubs/files/access_to_medicines_report28.11.pdf ■

Robert Walgate, *Bulletin*

Vaccine against cervical cancer passes "proof of principle"

A recombinant vaccine against the human sexually-transmitted papillomavirus type HPV-16, which is thought to cause as many as half of all cervical cancers, has been shown to prevent long-term HPV-16 infections in a trial with 2400 young women.

This Merck vaccine is the first of what may be several candidates for a vaccine against HPV infections, some prophylactic and some therapeutic, but it has come through with flying colours. Although the trial was designed to measure HPV infection and not cancer, which occurs with only a small percentage of infections, it may prove significant that nine women in the placebo (unvaccinated) group developed clinical lesions — the beginning of cancer — but none did so in the vaccinated group (*New England Journal of Medicine* 2002;347:1645-51).

Sonia Pagliusi of the WHO Initiative for Vaccine Research told the *Bulletin* "This is a very interesting vaccine for developing countries as they have 80% of the world's cervical cancer. And they have few other options. They can do the Pap [smear test, requiring cytological observations] but it's not very effective — it's not working. People take the test, but follow-up is difficult".

According to Andreas Ullrich, who works on national cancer control planning issues at WHO, "Cervical cancer is a high priority: it's first or second in developing countries, among all cancers."

Pagliusi added: "This is the first proof of principle of an HPV vaccine in humans. But it is important to know if the result is relevant to the disease". So it will be necessary to do larger trials measuring the effect of the vaccine on

precancerous lesions. "HPV is not like HIV — it's only a small percentage of infections that go on to cause cancer."

Moreover, there are 15 high-risk HPV viruses. Type 16 causes 50% of cases of cervical cancer. Type 18 causes an additional 10–15%; then Types 31, 33, 45 and others account for another 5% or so. An ideal vaccine should cover several virus types. "But the object of this trial was a proof of principle, which would be more difficult to show with the other viruses because they are relatively rare. You'd need even bigger trials to get a statistical result" said Pagliusi.

Vaccines are the most cost-effective interventions to prevent life-threatening infections "And we hope we will need to vaccinate only once in a woman's lifetime, before they become sexually active — with a three-shot course like HepB" said Pagliusi.

The Merck HPV vaccine is based on the same principle as HepB: a recombinant capsid protein. The trial has so far only measured protection for 1.5 years. But it is a great beginning. ■

Robert Walgate, *Bulletin*

Peru tries vinegar against cervical cancer

Women in the isolated Amazon jungle region of San Martín in Peru are participating in a research programme to prevent cervical cancer, which kills an unusually large number of women in that country — some 40 per 100 000 women per year compared to just over 9 per 100 000 per year in North America, according to figures from WHO's International Agency for Research on Cancer.

Under the programme the women in San Martín, many of them small farmers who live far from the nearest health post, are being diagnosed and treated for precancerous lesions in one visit, rather than having to return at a later time to learn the results of the usual Pap smear test. Before the programme began, only 23% of the women with abnormal Pap smear tests had received follow-up treatment in San Martín, according to a survey done before the screening and treatment programme began.

The programme is sponsored by the Pan American Health Organization and the national and departmental health