

SA institutions named as HIV/AIDS clinical trials units

Four South African institutions, the Medical Research Council, University of KwaZulu-Natal, Wits HIV Research Group and Wits Health Consortium, have been named by the US-based National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), as HIV/AIDS clinical trials units (CTUs). These are among 60 US and international institutions that have been selected and that through the NIAID HIV/AIDS clinical trials networks – AIDS Clinical Trials Group, HIV Prevention Trials Network, HIV Vaccine Trials Network, International Maternal Pediatric Adolescent AIDS Clinical Trials Network, International Network for Strategic Initiatives in Global HIV Trials, and Microbicide Trials Network – will participate in research to address the highest priorities in HIV/AIDS prevention and treatment. Among these are developing a safe and effective HIV vaccine, translating lab findings into clinical applications through new drug development, optimising clinical management of HIV/AIDS, including co-infections and other HIV-related conditions, developing microbicides to prevent HIV acquisition and transmission, and creating strategies to prevent mother-to-child HIV transmission.

In addition to the CTUs across the US, others are in the Dominican Republic, Haiti, Jamaica, Peru and Switzerland. With additional funding over the next few months the number is expected to increase to 73, with additional CTUs anticipated in Brazil, China, France, India and Thailand.

The selection process for the CTUs involved a rigorous and extensive scientific peer review of their proposed clinical programmes and capabilities,

including access to populations most affected or threatened by the HIV/AIDS epidemic, particularly women, children, adolescents and people of diverse ethnic or racial backgrounds.

Total funding for the clinical trials networks and the CTUs and their affiliated clinical research sites is expected to reach \$285 million during the first year of the awards.

In addition to the CTU locations, clinical research sites are also anticipated in Botswana, Malawi, Tanzania, Uganda, Zambia and Zimbabwe, among other countries.

Source: www.niaid.nih.gov

Population prospects to 2050

New projections by the United Nations Population Division suggest that the world population will increase from the current 6.7 billion to around 9.2 billion by 2050, provided that fertility continues to decline in developing countries. At the same time Africa's population is projected to more than double, from 922 million currently to almost 2 billion, increasing from 14% of the world population up to 22% in 2050.

In addition, as a result of this declining fertility coupled with increasing longevity, the world population will continue to age, with half of the projected increase between 2005 and 2050 being accounted for by a rise in the population aged 60 years or over – in the more developed regions, the population aged 60 and over is expected to nearly double, whereas the number of children (aged under 15) will decline slightly.

In Africa's case population ageing is projected to be only moderate, increasing from 19 years up to 28 years, with 34 of the 54 countries in Africa projected to have median ages lower than 30 by 2050. In only

three countries (Mauritius, Réunion and Tunisia) are the median ages projected to be higher than 40.

These data are contained in the *2006 Revision of World Population Prospects*, which now provides the population basis for the assessment of trends at global, regional and national levels, and serves as input for calculating many key indicators in the UN system.

The world population is in the midst of an unprecedented transformation brought about by the transition from a regime of high mortality and high fertility to one of low mortality and low fertility. In Africa, however, most countries are in an early stage of the transition and are poised to enter a period characterised by a beneficial age distribution, in which the proportion of adults of working age increases relative to that of dependents (children and the elderly).

The realisation of the projections, however, is contingent on ensuring that fertility continues to decline in developing countries, and this in turn depends on ensuring that access to family planning expands in these countries. In addition there must be a major increase in the proportion of AIDS patients who get antiretroviral therapy to treat the disease, and on the success of efforts to control the further spread of HIV.

Writing on population projections in the World Bank's recent publication *Disease and Mortality in Sub-Saharan Africa*, US-based independent consultant Rodolfo Bulatao says that while the demographic impact of AIDS in sub-Saharan Africa is substantial, its dimensions remain largely a matter of conjecture, due to the inadequacy of the data on mortality and HIV/AIDS. He also comments that the impact of fertility on population trends is at least as important as that of HIV/AIDS.

Source: www.unpopulation.org