

# WorldAIDS

Number 15

MAY 1991

ISSN 0954-6510



Courtesy: AIDS Health Promotion Exchange



Soviet best-seller: *AIDS-Info*, a monthly magazine on AIDS and sexuality, published by the non-governmental Association for the Struggle against AIDS, has become the most popular newsmagazine in the USSR. Currently available in Moscow, Siberia and Byelorussia, agents have sold 1,000 copies in 10 minutes.

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A NEWS MAGAZINE REPORTING ON AIDS AND DEVELOPMENT

# POINT OF VIEW

## Raising false hopes

*"I am appealing for assistance from anyone to help me acquire KEMRON from Kenya. I am HIV-positive, as are my wife and five-month baby girl. It is better to have our lives prolonged than to die shortly. I am down on my knees begging for help before the situation deteriorates..."*

This plea appeared in the "letters" section of the *Times of Zambia* last February, and is typical of scores of letters that the Copperbelt Health Education Project (CHEP) has received.

The drug KEMRON was officially launched — in a blaze of publicity heralding its effectiveness as a treatment for AIDS-related diseases — in Nairobi, Kenya, on July 29, 1990.

In Zambia, a flurry of articles about KEMRON appeared in the two national daily newspapers; there were radio and television broadcasts as well. Little of the media coverage made it clear to the public that KEMRON was not a proven treatment for AIDS, that it was still undergoing research, and that Zambians with AIDS should not rush to Kenya to obtain it. Most articles and reports suggested that the Kenya Medical Research Institute (KEMRI) and its Japanese and United States collaborators had discovered a cure.

Shortly after the launch, CHEP conducted a survey to assess the impact on the public of the mass-media coverage of KEMRON. As we expected, almost 60% of those interviewed knew about the drug and nearly one-third of those respondents believed KEMRON was a new miracle cure for AIDS.

However, in September the World Health Organization (WHO) issued a statement that the Kenyan researchers' claims of dramatic improvement in the condition of people with AIDS following treatment with low doses of oral interferon alpha (KEMRON) had not been replicated in other studies. WHO emphasised that "KEMRON remains an experimental drug of unproved benefit for HIV infection and AIDS."

Unfortunately, this information, and similar statements by senior Zambian Ministry of Health officials, have received little media attention. The result: many people still believe that an AIDS cure is available. In teaching sessions on AIDS we are no longer asked if mosquitoes spread HIV, but rather, "Why is the Zambian government not importing KEMRON for treating AIDS patients?"

Undue publicity for unproved AIDS remedies can have dangerous consequences. If the message of AIDS educators is that no modern or traditional medicine can presently cure AIDS, the mass-media should reinforce this message, since contradiction creates confusion.

And if people believe that a cure for AIDS exists, it is unlikely that they will make any effort to adopt (or maintain) sexual practices that will prevent the spread of HIV. Also, irresponsible publicity about unproven cures unfairly raises the expectations of people with AIDS, their families and friends. Many may spend considerable time, effort and money travelling to distant places in pursuit of an illusory treatment, which compounds their economic hardship and could contribute to a worsening of their health.

As the dust settles, and educators in Zambia and elsewhere begin to undo the damage that has been done, it is worth remembering that all the misinformation generated about KEMRON could have been avoided if the KEMRI team had not rushed to publish their findings.

WHO and national AIDS programmes must ensure this never happens again. AIDS education cannot afford another setback.

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*WorldAIDS* is published every two months by the Panos Institute in association with the Bureau of Hygiene and Tropical Diseases.

*WorldAIDS* is made possible by funding provided by the Ford Foundation and Misereor. The Panos AIDS Programme is funded by the Norwegian Red Cross, the Swedish International Development Authority and the UK Overseas Development Administration.

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**SUBSCRIPTION RATES:**  
£12 or \$25/year (six issues).  
Remittance to UK office should be made in sterling (payable to Panos Books). International bank drafts and Eurocheques made out in sterling are also acceptable. Remittance to the US office should be made in US\$ (payable to the Panos Institute). Discounts available for bulk subscriptions.