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tion unknown, and the published trials do not allow any conclusion about its efficacy (let alone its effectiveness or cost effectiveness). In its defence it does seem to be very safe—and any safe, effective compound used for osteoarthritis could do much good, even if the effect size is small. However, given the confusion we cannot recommend its wholesale use. We need large clinical trials, without company interference.

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Twenty years of AIDS, and no end in sight

A BMJ theme issue will refocus attention on this catastrophic epidemic

A Martian researcher is sent to earth. His mission is to assess a pandemic sweeping the southern hemisphere. On returning to Mars he files his report: “Human beings are undergoing one of the greatest catastrophes in recorded history. The epidemic rages far beyond their control and is steadily gaining momentum. Widespread misery, the devastation of communities, and death outpace the inconsequential expenditures of governments in denial. Nothing stands in its way.”

All this began without fanfare. In 1981 the *Morbidity and Mortality Weekly Report* published a small case series of five gay men in Los Angeles who had *Pneumocystis carinii*—a rare form of pneumonia usually found in people with immune dysfunction.¹ Since then, the disease has left 23 million dead; it will have killed 55 million by 2010. Africa suffers most of the disease burden. India is next in line.

Why did the Martian’s report fail to mention the United Nations Secretary General’s call for a \$10bn (£7bn) global health and AIDS fund?² Because the international response has been feeble. President Bush has pledged only \$200m, when a donation of \$2.5bn would have been consistent with his country’s wealth.³ Worse, as the southern pandemic spirals out of control, northern development assistance has fallen to its lowest level in 20 years.⁴

Drug company discounting of various medications is largely immaterial since the most heavily indebted countries still cannot afford them. And heterosexual transmission rates, and thus incidence, will probably remain high in many southern regions with or without medications.

The HIV tragedy in the south must be foremost on every country’s agenda. The *BMJ* wants to help by pub-

lishing a theme issue in January 2002 on “Global voices on the HIV catastrophe.” By focusing on the south, we aim to boost international and cross-cultural understanding and cooperation. We want to stimulate inquiry, attract high quality research, and collect outstanding educational materials to improve clinical practice among all people infected or affected by HIV.

Among other topics, the issue will include the long term care of AIDS orphans, influencing the social status of women, reducing mother-to-child transmission, the opportunities and pitfalls of an HIV vaccine, and prospects for an effective response by the global health community. We welcome your manuscripts for any section of the journal, but particularly research papers on the HIV epidemic in the developing world. The closing date for submissions is 1 August 2001; please email them to papers@bmj.com.

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